

Reasonable adjustments for student nurses in clinical placement in the United Kingdom: The perspectives of the associated Community of Practice on current criteria and procedures.

UCL

Thesis submitted as part of a Doctor in Education (EdD)

## **Declaration**

I, 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.

## Abstract

Background: In the United Kingdom, pre-registration nursing students include those with a disability or impairment who can require extra learning support to maximise their achievement of clinical proficiencies. My earlier EdD research suggests a Community of Practice (CoP) related to facilitating these reasonable adjustments in clinical placement. This group of practitioners can optimise the clinical learning environment but are potentially hindered by limited evidence-based knowledge and a lack of national guidance.

Research aim: To confirm the existence of this CoP and investigate the development of these practitioners' reasonable adjustments capability. In addition, to seek the views from these individuals regarding the efficacy of current related criteria and procedures.

Methodology: Using a broad interpretivist approach, semi-structured interviews elicited the opinions and experiences from 13 study participants, involved with supporting student nurse learning in clinical placement, from varying parts of the United Kingdom. All interview data were transcribed, coded and then thematically analysed in conjunction with the chosen theoretical lenses.

Findings: Three main themes were identified- 'lack of consistency', 'an experiential approach', and 'sharing good practice'.

Conclusions: The Thesis findings confirm the emergence of a CoP associated with reasonable adjustments for student nurses in clinical placement, but with traits differing from those of a conventional CoP. A lack of both knowledge and national guidance can hinder the capability development of CoP members and can contribute towards negative attitudes within the CoP regarding the ability of these student nurses. Further research and investigation is recommended to fully understand this unique CoP and promote its existence to the wider nursing body.

## Impact Statement

With an increasing number of pre-registration student nurses globally declaring a disability or impairment, it is of import that relevant learning support is provided for these individuals to optimise their potential of qualifying as registered nurses. The provision of these reasonable adjustments in clinical placement is particularly vital due to the complex nature of the clinical environment. Reasonable adjustments to support clinically based learning can be bespoke and vary depending on the type of placement area and the individual experiences of student nurses.

Currently, relevant available research is limited internationally leading to a gap in the evidence base of how to support these students nurses with their learning. Additionally, the majority of this literature reports upon theoretical learning which takes place within the university setting. It is apparent that further research is required regarding reasonable adjustments for student nurses in general and specifically relating to achieving clinical proficiencies.

The Thesis contributes to this limited evidence base by investigating an emerging Community of Practice (CoP) associated with reasonable adjustments for student nurses in clinical placement. This research aids the identification of key individuals within the CoP and their role in the facilitation of this learning support. Findings from my previous EdD studies identify that the recognition of this CoP could enhance effective application of reasonable adjustments and the use of available official guidance.

Dissemination of this investigation into the CoP, which will be globally unique in its content, is planned through journal publication, conference attendance and with the use of social media and podcasts. Through sharing the Thesis findings nationally and internationally, it is expected that this will increase awareness of reasonable adjustments for student nurses in clinical placement and the existence of the

associated CoP. I also envisage that the Thesis findings could be incorporated into future official guidance and contribute towards relevant professional and academic discussions. Already, my previously published EdD work has been cited in international journals and I have become a member of a national forum; my involvement will now continue with the inclusion of promoting this unique CoP.

Additionally, successful delivery of comprehensive learning support for these student nurses can add to universities' widening participation agenda. Effective provision of reasonable adjustments could also improve students' overall experience of the pre-registration nurse training programme thus potentially decreasing related attrition. Not only is ensuring the facilitation of reasonable adjustments for these student nurses' legally and ethically the right thing to do, it helps ensure that the nursing profession remains inclusive and representative of its patients' demographic.

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## Reflective Statement

When applying for the EdD programme in 2015, my initial research proposal centred around the investigation of how student nurses requiring reasonable adjustments were supported by nurse mentors whilst attending clinical placement. Answers to this research question would emanate from the viewpoint of nurse mentors, link lecturers and student nurses. From personal experience, as a nurse lecturer and from my previous clinically based roles, it was obvious to me that this learning support was not always facilitated or fully understood by the nurse mentors.

Through reviewing the available literature at this point, I found that published research relating to the topic was limited and also did not address all types of disability or impairment. Additionally, I could also elicit that associated national guidance was not comprehensive and potentially lacked clarity regarding its application to pre-registration nurse training. Therefore, the gap in the literature had been identified and provided the basis for my EdD studies.

On commencing the EdD programme, I found the Foundation of Professionalism (FoP) module very enlightening and used the assignment to delve deeper into the link lecturer role and how these individuals were viewed by their peers. From being a link lecturer myself, I understood how pivotal this role is to the facilitation of reasonable adjustments for student nurses. However, any support offered by link lecturers to clinical practice staff could be hindered by a perceived lack of clinical credibility from these peers due to the fact that lecturers no longer work exclusively in the clinical environment. My FoP assignment confirmed that this can indeed be the case with clinically based staff and student nurses questioning link lecturers' clinical expertise. Although the FoP assignment did not focus wholly on my initial EdD research idea, the information gleaned from completing this work informed my subsequent EdD assignments by providing justification of relevant discussions of how this stigma can affect relationships within the associated Community of Practice (CoP).

The next module, Methods of Enquiry 1 (MoE 1), proved very useful in revisiting and extending my research knowledge. By writing the summative assessment, this allowed me to read more widely around research processes, and create a research proposal which would be relevant to the next two taught modules and the Thesis. The proposal documented plans to interview student nurses, link lecturers and nurse mentors about their experiences of reasonable adjustments, for student nurse learning, in clinical placement. Activity within this module also developed my confidence in presenting my ideas to my academic peers and justifying my ideas; useful for both the pending upgrade and Viva examinations.

Part of the MoE 1 research proposal then formed the basis for the small scale study required for the Method of Enquiry 2 (MoE 2) module, by looking at the views of link lecturers on reasonable adjustments for student nurses in clinical placement. This was my first experience of undertaking a primary research project and I thoroughly enjoyed the whole project. I developed my skills of collecting and analysing data and could also apply ideas garnered from my FoP assignment. Although this was a small scale project, responses from study participants helped me to build a picture of the reality of supporting these student nurses. Through publishing this work in the British Journal of Nursing and creating posters for two nursing conferences shortly after completing the MoE 2 module, I elicited informal viewpoints from other nursing colleagues and student nurses. This contributed to my general knowledge of the reality of the topic and aspects which still needed to be investigated to improve nursing practice. Additionally by sharing my publication on Twitter at this time, I became part of national network for supporting student nurses requiring reasonable adjustments which has proved invaluable to my EdD studies including being able to access experts in the field of disability.

In response to the findings of my MoE 2 study, I wanted to carry out further research which would extend the available evidence base regarding reasonable adjustments for student nurses in clinical placement. I wanted this research to include the investigation of a wider range of reasonable adjustments and if these were feasible in the clinical environment. I also viewed the identification of the key stakeholders

and their role in facilitating this learning support as essential to the research inquiry for my EdD studies. Both ideas grew out of the MoE 2 study participants responses as particular areas which required further investigation. Therefore, I utilised the Institution Focused Study (IFS) to elicit the viewpoints from more link lecturers and also student nurses. The research project for the IFS was limited by time and word count and so these two specific stakeholders were identified for this study. Similarly to the MoE 2 module, I thoroughly enjoyed the process and gathered insightful data for analysis. My research knowledge continued to develop during this module as well as my dissemination skills with this work being published (again in the British Journal of Nursing) and contributing towards another nursing conference poster presentation.

The conclusions from this IFS work then formed the basis of my Thesis proposal with the suggestion of an emerging CoP who appeared to be integral to the effective facilitation of reasonable adjustments for student nurses in clinical placement. IFS study participants indicated that this group would be worth investigating to further promote the roles and responsibilities of these practitioners and to enhance future nursing practice. In addition, the IFS findings echoed my personal belief that available national guidance is not wholly comprehensive for application to pre-registration nurse training. The Thesis research proposal was thus created and presented at my upgrade examination receiving a positive reaction from the examiners and passing on the first attempt. The examiners provided helpful advice regarding the enhancement of some of the aspects within the proposal which were successfully applied to my Thesis research. Examples include, suggested supplementary readings, scaling down the proposed sample size and the application of the concept of CoP to this work.

On production of my Thesis, I have identified that an emerging CoP does in fact exist but with unique traits which differ from a traditional CoP. This CoP aids the capability development of the involved practitioners which ultimately can contribute to facilitation of reasonable adjustments for student nurses in clinical placement. It is clear that the existence and membership of the CoP is not widely known within the

nursing body which can hinder the processes of providing this specific learning support. Furthermore, it is apparent from my Thesis data analysis that the available national guidance is insufficient for the provision of clear guidance on how to support the student nurses and informing the CoP of relevant procedures. Overall, my Thesis has been successful in answering the associated research question and, I believe, has produced an insightful piece of work identifying unique findings currently absent from existing nursing literature.

Throughout the Thesis stage of the EdD, I also continued to build my research knowledge base as well as how to incorporate theoretical concepts. For the Thesis, CoP and Sen's capability approach were utilised which allowed deeper analysis of the findings, providing richer data and more extensive conclusions to be made. My research skills have also been enhanced inclusive of adapting to being a 'COVID researcher' as the pandemic occurred during the data collection stage. At the Thesis stage of my EdD, my confidence had grown to the extent where I have been able to advise student nurses and work colleagues directly about reasonable adjustments with a level of authority on the topic.

For my proposed post doctorate plans, I intend to continue my research of this topic, including publication of the Thesis, and contribute to national guidance. I have already had discussions with my line manager about becoming an Associate Professor for inclusion in my workplace specifically within our Institute of Health and Social care. My membership of the associated national network will continue involving the organisation of relevant conferences and projects. I aim to become a champion for reasonable adjustments for student nurses which has already commenced with dissemination of my EdD research. This includes the recent production of a podcast for the Nursing Standard journal using an inclusive publication approach and reaching a wider nursing audience.

Each module of the EdD has provided an effective pathway to the Thesis both academically and in terms of linking the overall topic under investigation. Overall, my

EdD studies have enabled me to develop both professionally and personally whilst contributing to an under researched element of nursing practice. Having kept a reflective diary throughout the EdD, this development has been documented and I can see how I have also learnt from my EdD peers and benefitted from effective collaborative working with my Supervisors. I believe that I have achieved the goal which I set out in 2015 and have successfully investigated key aspects of how to enhance the learning environment for student nurses requiring reasonable adjustments in clinical placement. I feel privileged to have had the opportunity to undertake my EdD programme and to be able to contribute original research to the evidence base for the nursing profession.



# Chapter 1: Introduction and Rationale

## 1.0 Introduction to the chapter

This Thesis aims to expand upon my recent EdD research and continues my investigation of reasonable adjustments related to student nurses in clinical placement. These students who have a disability or impairment are legally entitled to this extra support for their learning to maximise their potential in successfully becoming a registered nurse. This support is individualised, and examples include extra time to complete tasks and access to specific IT software. However, with limited available national guidance, and an apparent lack of awareness of reasonable adjustments within the nursing body, accessing this essential support can be complex and potentially unachievable. As a university lecturer who trains student nurses, I have first-hand experience of supporting these student nurses and can concur how this can be directly influenced by varying levels of engagement from nursing colleagues. My role as a lecturer will be discussed in more detail in this Introductory chapter and throughout the Thesis.

My previous EdD research has heavily influenced this Thesis and indicates a clear need to further investigate the experiences of the individuals associated with facilitating these reasonable adjustments. Initially through the Methods of Enquiry (MoE) 1 and 2 modules, I was able to plan and then investigate the experiences of nurse academics who support student nurses who require reasonable adjustments in clinical placement (Appendices A and B). The findings from my MoE 2 study clearly indicated the complexity of this process and the lack of available national guidance. The MoE 2 study participants (link lecturers) were generally happy to support students, but reported a lack of advice on how to do this and were unsure of their role in this process. For the next EdD module, the Institution Focused Study (IFS), a larger scale study was implemented which elicited views from more nurse academics and also from student nurses. The study participants confirmed the complexity of facilitating reasonable adjustments in clinical placement and also highlighted the importance of professional practice (Appendix C).

Specifically, findings from my IFS suggested the existence of an associated Community of Practice (CoP) and indicated the need for further sustained research into the interactions and learning experiences of this group. It was apparent that a concept very similar to a CoP was already being utilised successfully for supporting learning practices. Therefore, the Thesis focusses on the CoP associated with supporting student nurses who require reasonable adjustments in clinical placement. It is expected that this research will inform both my own practice as a nurse lecturer and that of the nursing profession through publication and by possible contribution to national guidance.

This chapter begins by introducing the topic of the Thesis and then identifies the specific aspect being explored. Later in the chapter, the rationale for the Thesis topic is discussed in further detail in relation to my previous EdD research and the selected theoretical frameworks. The remainder of the chapter specifically identifies the professional context of the Thesis which incorporates self-positioning; this emphasises the contribution to the professional practice of pre-registration nurse training.

## **1.1 Introduction to the Thesis topic**

In the United Kingdom (UK), pre-registration nurse training programmes are facilitated by approved Higher Education Institutions (HEIs). Student nurses are assessed via academic work and completion of proficiencies in clinical placement. When a student nurse finishes the programme, they have been deemed to be safe and effective and qualify as a registered nurse (Nursing and Midwifery Council (NMC), 2010a; Willis Commission, 2012; NMC, 2018a).

Student nurses who attend pre-registration training programmes include individuals who require reasonable adjustments for a disability or impairment. Examples of types of disability or impairment are physical and mental health conditions as well as students who are neurodiverse which includes ADHD, dyslexia, and dyspraxia. Recruitment of these student nurses contributes both to universities' widening

participation agendas and also to the existing inclusive approach within UK healthcare workforce planning. These student nurses are legally entitled to access reasonable adjustments during their training both in the HEI and whilst in clinical placement as a form of additional support to maximise their learning and increase their success in qualifying as a registered nurse (Equality Challenge Unit, 2010; Tee *et al.*, 2010).

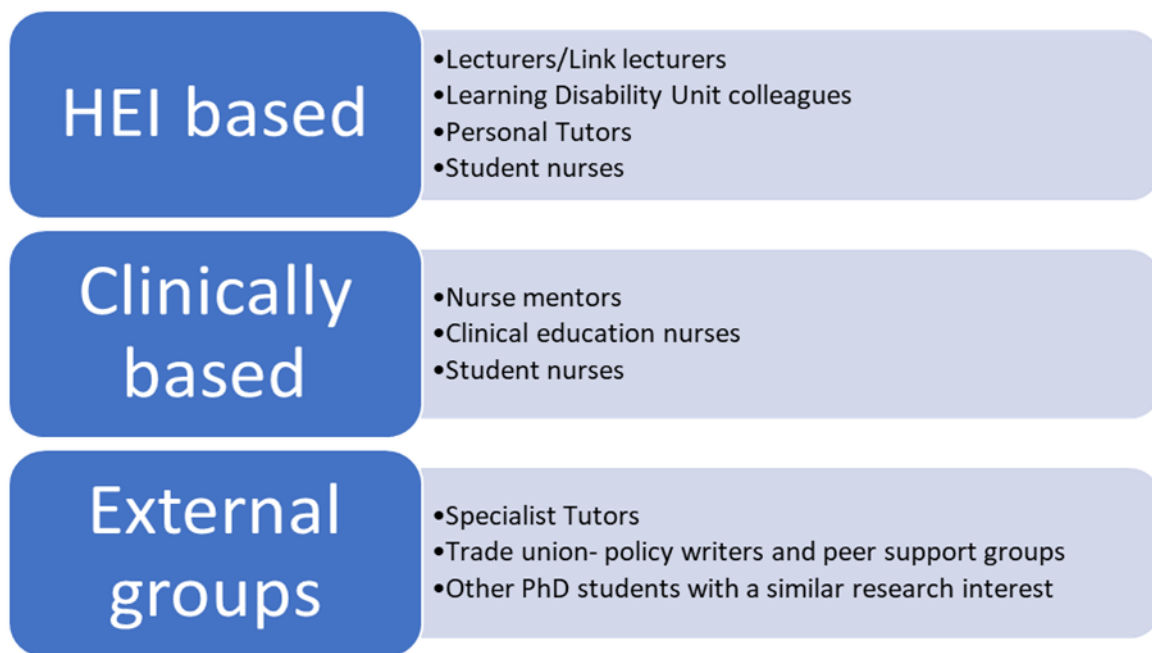
Currently, guidance is accessible for reasonable adjustments in the HEI environment for academic work such as extra time for exams, coloured paper for ease of reading and specific computer programmes to aid writing. However, issues exist when defining reasonable adjustments related to clinical placements. The problem is compounded by limited national guidance on this matter (NMC, 2010b; Royal College of Nursing (RCN), 2017a; RCN, 2017b NMC, 2018a). This potentially leaves the key stakeholders associated with reasonable adjustments in clinical placement unsure of the overall processes involved which could affect student nurses' learning in clinical placement. The stakeholders currently in the UK are predominately the student nurses, nurse mentors and link lecturers (HEI based nurse lecturers who support the students and nurses by regularly visiting the clinical placement areas).

This issue of reasonable adjustments in clinical placement, has remained the focus throughout my EdD and has proved successful in the creation of unique research whose existence has been gratefully received by study participants. Data from my MoE 2 and IFS elicited findings which identified the negative impact of limited national guidance on how to support student nurses who require reasonable adjustments in clinical placement. Encouragingly, areas of good practice were also recognised predominately associated with individual stakeholders' engagement with ensuring this support for learning (King, 2018; King, 2019). These studies also recognised the potential existence of a CoP, which includes the main stakeholders plus other nursing colleagues, which can be the key to success or central to the failure of the facilitation of reasonable adjustments. This led me to want to explore this CoP in more depth and, as the existing literature relating to this group is also limited, I proposed to make this CoP the basis of my Thesis.

Once this decision was made, I was aware that this work would include reviewing other general debates about CoP to clarify the ways in which the group related to this theoretical concept. Although a comparison seemed credible, it was clear that explanation would be required for the use of CoP and how this concept could be applied to the group. Through initial reading, I identified that the group could be termed as a CoP but that not all the 'traditional' attributes were present. This was discussed at my Thesis Upgrade assessment and it was agreed that my comparison to a CoP was achievable utilising an innovative approach with robust justification for the use of this theoretical framework. This approach is discussed in further detail later in this chapter.

In further preparation for the Thesis, I was advised by my Supervisor to access key professionals to provide the context of reasonable adjustments and ascertain an idea of current practices and membership of the CoP. Therefore, I spoke informally with policy writers, experts in disability knowledge, a specialist disability tutor and other academics who had completed a Thesis relating to student nurses requiring reasonable adjustments from various parts of the UK. These conversations were invaluable, and all confirmed the existence of this CoP (Figure 1).

Figure 1: CoP suggested by conversations with key relevant professionals



As all the professionals spoken with are heavily involved with supporting student nurses who require reasonable adjustments, the assumption underpinning my investigation is that the actual CoP discovered through this Thesis will be very similar in content. It is predicted that through the associated data analysis, this will indeed prove in fact to be the CoP, but as analytically identified as opposed to merely suggested by these preliminary conversations. Additionally, all the professionals agreed that research is required to ascertain a clearer picture of current practices and areas for development for the CoP. On completion of these discussions with key professionals, I decided that this EdD Thesis would investigate the CoP associated with reasonable adjustments within the UK context.

## 1.2 Rationale for the Thesis

It is well documented that disability has been a source of inequality in UK society in the past and in present time (Lawson, 2008; Barnes & Mercer, 2010). Davis (2017) argues that historically this is due to disability challenging society's construct of normalcy of the human body thus not accepting that not all human bodies function in the same way. Individuals can therefore be viewed by society as deviant from this

norm and are defined by their disability; this legacy is still evident today. One initiative that seeks to overcome this inequality and readjust the idea of normalcy is reasonable adjustments. First introduced in the UK by the Disability Discrimination Act (Her Majesty's Stationery Office, 1995), reasonable adjustments have been described as central to disability non-discriminatory law and that 'it is no exaggeration to suggest that such legislation would be ineffective without them' (Lawson, 2008, p. 6).

The current primary legislation in the UK which stipulates reasonable adjustments for individuals with a disability, is the Equality Act (Her Majesty's Stationery Office, 2010). Disability (or impairment) is defined as a condition that has 'a substantial and long-term adverse effect on [a person's] ability to carry out normal day-to-day activities' (Her Majesty's Stationery Office, 2010 Section 6 (1a and b)). Conditions have usually been diagnosed by a doctor or specialist and are not always immediately obvious. Examples include dyslexia, dyspraxia and dyscalculia as well as some cognitive, mental and physical health related conditions (Storr, Wray & Draper, 2011). As such, these individuals are entitled to reasonable adjustments for employment, transport and education.

It is stated that:

'The first requirement is a requirement, where a provision, criterion or practice of [an institution or organisation] puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled, to take such steps [adjustments] as it is reasonable to have to take to avoid the disadvantage.' (Her Majesty's Stationery Office, 2010, Section 20, (3)).

Where possible, these adjustments include physical changes (instillation of ramps, use of technology, specific equipment) and non-physical changes (work patterns, ways of working, attitudinal changes) (Medical Research Council, 2012).

Reasonableness of an adjustment is determined by its practicality, the cost, the organisations' resources and size, the availability of financial support and how effective the change will be in avoiding the disadvantage the disabled person would

otherwise experience (Equality & Human Rights Commission, 2018). The aim is to avoid any individual requiring reasonable adjustments being substantially disadvantaged and ensure that access to this support is available.

An extension of the argument of no one being potentially disadvantaged, is the importance of maintaining a quality of (working/personal) life. One of the most eloquent, passionate, well-regarded and cited writers on the issue of the development and celebration of human capability is Amartya Sen (The Quality of Life, 1993; Development As Freedom, 1999). For this reason, I have chosen to use Sen's concept of capability as a way to establish a broader frame of reference for reasonable adjustments. Sen conveys that human beings must have the freedom to achieve their goals in life in conjunction with understanding their capabilities. Although Sen has not specifically addressed the concept of reasonable adjustments, his work on the key elements in a free society offers a helpful perspective on how inequalities can impact quality of life; this mirrors the ethos of supporting individuals with a disability or impairment as stipulated in the Equality Act (Her Majesty's Stationery Office, 2010). Usage of this concept will appear first in the Literature Review chapter in order to frame discussions involving the available research that links to the Thesis research question.

When applying the work of Sen (1999), it could be suggested that the availability and access to reasonable adjustments allows individuals to have the freedom to develop and work towards achieving their goals. For individuals who have a disability or impairment that require these adjustments, if applied effectively, a quality of life can be sustained even 'in the face of a diminished opportunity range' (Brock, 1993, p.124). This also has strong links with maintaining the Human Rights for disabled people as stipulated by the United Nations General Assembly (1982) by responding and planning to the differing needs of each individual disabled person. This echoes the idea that needing reasonable adjustments should not be a barrier to success and happiness in work or personal life (Barnes & Mercer, 2010).

Kolanko (2003) states that student nurses who need reasonable adjustments can find it difficult to pursue pre-registration nurse training leading to high levels of attrition from this programme. The Department of Health (2006) reiterates this argument suggesting that student nurses with dyslexia are at a higher risk of this attrition and that effective student support can help reduce students leaving a pre-registration nursing programme. Therefore, this potential problem and inequity in learning requires further investigation in order to contribute to the knowledge base of reasonable adjustments for student nurses. This could also help to ensure that individuals with a disability or impairment are not disadvantaged and optimise their ability to fulfil their desire of becoming a registered nurse.

My previous MoE 2 and IFS research highlights this issue further with student nurse participants reporting how lack of access to reasonable adjustments could lead to reduced attainment levels of required proficiencies in clinical placement. Responses from study participants (student nurses and link lecturers) suggest that there is a CoP associated with these reasonable adjustments which is integral to ensuring the facilitation of this specific support. This CoP, which predominately consists of HEI and clinically based stakeholders, can successfully facilitate reasonable adjustments if members can effectively utilise the CoP for support and advice. It is suggested that the CoP does not always function cohesively which appears to be due to the level of engagement and knowledge base of the members. Study participants stated that this warranted further investigation as it was apparent that cohesion within the CoP was critical to the success of student nurse learning in clinical placement.

Another potential reason as to why there may be this lack of cohesion, which requires further research, is the deviation from the 'conventional' definition of a CoP. For instance, where commonly, a CoP is physically located in the same location as discussed by Lave & Wenger (1991), this CoP associated with facilitating reasonable adjustments for student nurses in clinical placement, is dispersed. This CoP is distributed across clinical placement, HEIs and within other related external agencies across the UK. Additionally, this CoP is also not a formally created group and learning is not its only common focus (patient safety being the predominant goal).



This again differs from the ideas of a conventional CoP as discussed by Lave & Wenger (1991) who describe a CoP as having a prescribed membership and whose focus is their 'learning curriculum'. There are also variations associated with members who are already expert (master) practitioners in nursing, but they become newcomers into this CoP associated with reasonable adjustments. However, core elements of a conventional CoP are evident and so this group can still be identified as utilising this concept to facilitate reasonable adjustments in clinical placement.

The stakeholders act as a CoP for reasonable adjustments, but their ability to function cohesively could be affected by the members being distributed and dispersed over various locations (different clinical placement areas, HEIs and external agencies around the UK). Therefore, it is also possible that there are 'sub-communities' within the CoP i.e. reasonable adjustments that are specific to a particular clinical placement area which create differences to how student nurses need be supported. For example, student nurses based in a community setting may require different support to those in an acute hospital setting. Again, this warrants further investigation.

For the purpose of this Thesis, the underpinning theoretical framework as suggested is a CoP but this is 'reworked' from the conventional concept given by Lave & Wenger (1991). Predominately, this 'reworking' stems from the fact that the CoP associated with reasonable adjustments for student nurses in clinical placement is co-located but not necessarily a community. It includes a range of colleagues, in varying locations, including those at national level. The definition of Lave & Wenger's is used heavily within the Thesis, but this is then developed and 'reworked' by introducing a concept of capability by individuals requiring reasonable adjustments and also the people supporting them. This 'reworking' will be utilised in the Literature Review chapter to frame the Thesis research question and then throughout the remaining chapters to justify and explain the Thesis findings.

This reworking of the concept of a CoP is justified by previous literature. For example, Hodkinson & Hodkinson (2004) utilise a variance of the CoP by investigating the learning of teachers as part of their ongoing working practice. Teachers with differing years of experience describe how participating in a CoP contributes to continual acquisition of new skills and knowledge throughout their careers. This echoes the notion of the experienced nurses developing their new membership to the reasonable adjustment CoP. A contemporary example is the work of Chang & Yano (2020) who report how some countries are utilising a CoP to address the disruption in education arising from the COVID-19 pandemic. With similar challenges occurring across the world, good practices are being shared via the internet by educators such as plans for distance learning and managing digital poverty. Edwards (2005, p.49) supports such new perspectives, suggesting that there can be limitations with accepting that a CoP can only exist in its conventional sense and encourages an 'discursive shift' in viewing how CoPs learn and function. Edwards (2005) advocates a change in CoPs, embracing new ways of learning for new learners who are not a homogenous group. Again, this echoes the Thesis topic as student nurses who need reasonable adjustments are unique and vary in their learning needs.

Overall, the intention of the Thesis is to explore the CoP associated with reasonable adjustments for student nurse learning in clinical placement in the UK. This primarily focuses on investigating its membership, function, learning processes and views on current criteria and processes. It is hoped that the Thesis will contribute to the existing body of literature and share knowledge about the CoP with those colleagues working in the UK nursing and educational spheres; the main rationale for this being to optimise successful facilitation of these reasonable adjustments and enhance professional practice.

### **1.3 Professional context of the Thesis**

Effective learning and socialisation into the nursing profession are essential for all student nurses becoming capable, confident and competent registered nurses which is evident in the literature review chapter of this Thesis. This argument extends to the

facilitation of reasonable adjustments for student nurses who require this extra support with their learning. Comparable with any CoP, this particular CoP associated with reasonable adjustments for student nurses in clinical placement, needs to function effectively to optimise this success. This CoP needs to develop and be confident in its role and own scope of practice. After all, those current students will become nurses who will support new students who require reasonable adjustments and so the hope is for these practices to continue to develop and improve into the future.

However, through my previous MoE 2 and IFS research and during the key conversations undertaken in preparation for this doctoral study, it is evident that confusion exists within the CoP with regards to its membership, learning practices and knowledge of current criteria and processes which requires further exploration to improve this area of nursing practice. Study participants suggested that the nursing profession needs to be more open with discussing reasonable adjustments for student nurses which includes disclosure and asking for clarification of processes. This includes planning of the pre-registration nursing curricula; for example, do student nurses need to experience all types of placements in their training or can this be made bespoke in response to reasonable adjustments and avoid unnecessary attrition. These are obviously important dialogues which need to occur within the modern UK nursing body. This doctoral research instigates and continues these professional dialogues and brings new information to be discussed and evaluated.

As a link lecturer and therefore a member of the CoP myself, I can concur that this research is required as I believe that there is currently a lack of awareness of the membership and how its function can be optimised. Indeed, during my EdD studies, I have realised that I do not fully comprehend my own and the role of others within this CoP. I have also experienced a similar response when disseminating my MoE 2 and IFS findings at conference from other nurses and link lecturers. Reactions to the findings were mixed but all agreed that student nurses requiring reasonable adjustments is increasing. Consequently, whatever their personal opinions of training

students who have a disability or impairment, these colleagues stated that further research is essential with the view of improving the efficacy of this process.

The recommendation for improving this element of nursing practice is echoed in the findings from my MoE 2 and IFS. Study participants agreed that all individuals involved with facilitating reasonable adjustments in clinical placement, i.e. the CoP, needed more guidance for the actual logistics of supporting this learning and how their role in this process can be defined and developed. Student nurses especially described knowing their role within the CoP as pivotal to ensuring the success of learning and socialisation into the profession, thus enhancing their future practice as a registered nurse. All study participants stated that increased guidance and understanding of this CoP would enhance professional practice with the aim to keeping the overall experience positive for all involved. With this increased knowledge, potentially, student nurses can be successful with their learning and other members can feel secure in both their knowledge of how to facilitate reasonable adjustments and their membership within the CoP.

An additional aspect relating to the professional context of this doctoral research, is that from January 2019, standards for pre-registration nurse training in the UK (NMC, 2018a) have been updated with all programme providers adopting these new standards by September 2020. Changes include nurse mentors being replaced with Practice Supervisors and Practice Assessors (both clinically based nurses with a similar function to the mentor) and also the development of the new role of Practice Visitor (an extension to working practice for link lecturers). The Thesis captures some early experiences of these new roles providing original research for the associated CoP. This then adds to the existing relevant body of literature which will be discussed in the next chapter.

## **Chapter 2: Literature Review**

### **2.0 Introduction to the chapter**

This chapter begins with discussing the chosen theoretical concepts that will be utilised in the Thesis. Sen's capability approach is firstly presented alongside the justification of the use of the theory to enhance understanding of professional practice rather than providing a moral case for reasonable adjustments. The concept of a CoP is discussed including the identification of parallels with nursing. Literature is then reviewed that acknowledges the existence of a CoP in relation to student nurse learning in clinical placement with specific reference to reasonable adjustments. This current literature includes nursing research, national guidance and policies which are used to set the scene for the Thesis topic under investigation. Concurrently, the chosen theoretical concepts are woven throughout the nursing literature review section of this chapter. Finally, the gap in the literature is identified which justifies the chosen research questions, providing a link to the consequent chapter.

### **2.1 An overview of Sen's capability approach**

Sen writes that we live in a world that has opulence but also deprivation which can lead to humans experiencing inequality in their lives. The overcoming of these inequalities is described as an exercise in human development and that individual agency is central to addressing any deprivation. Despite these inequalities, one must have the freedom to choose a life that one has reason to value. In order to choose this life, one must identify 'functionings' that they value doing or being. For example, eating and being adequately nourished could be viewed as valued and essential to achieving life goals. A person's 'capability' to identify and achieve these functionings is viewed as freedom to developing one's life (Nussbaum & Sen, 1993; Sen, 1999).

Continuing this concept, Sen (1999) describes the 'capability approach' which is based upon 'realized functionings' (what one can actually do) or a 'capability set'

(one's real opportunities in life which one is free to achieve). Nussbaum & Sen (1993) recognise that although this it is possible for humans to be free to develop their life into one they value, this process will vary between individuals and societies. Freedom for this development can be constrained by the social, political and economic opportunities available. The force of these influences on this freedom for individual development must be recognised when applying the capability approach to any relevant discussions.

For this doctoral study, I acknowledge that the capability approach could be adopted for use to provide a moral case for reasonable adjustments; Sen discusses raising awareness in society that having a disability should not prevent an individual from having a good quality of life. However, this is not how I have chosen to apply this to my Thesis. I believe that it is implicit that there is an acceptance of reasonable adjustments for use with patients and staff in healthcare settings. Therefore, the employment of Sen's work is used rather to enhance the understanding of professional practice in this context. This doctoral research utilises the capability approach to help frame the investigation of the CoP's development of knowledge and practices, which includes individuals who personally require reasonable adjustments and those who do not but who support these individuals. Additionally, as reported in chapters 4 and 5, the findings demonstrate how accessing and/or facilitating reasonable adjustments can enhance both an individual's capability and, in turn, the learning practices of the CoP.

Although I am aware that Sen's work is predominately presented from an economist viewpoint, Comim, Fennell & Anand (2018) argue that capability approach can be successfully applied across a broad interdisciplinary range, including the exploration of learning practices, which holds relevance to this doctoral study. Saito (2003) states that the capability approach is indeed suitable for use in exploring education and states that education has a role to play in expanding and developing capabilities, for example, becoming numerate through schooling can give rise to better career possibilities. Walker (2005) concurs that education can provide the opportunity to become literate and numerate which then offers the opportunity to expand human

freedoms. Walker (2005, p. 104) conjectures that through education, one can also become able to make 'informed and reflexive' life choices seen as essential in developing human freedom. However, issues exist globally which can hinder equal access to education, (lack of resources available in developing countries, reduced access to education for women), which need to be addressed through social intervention and at governmental level (Nussbaum & Sen, 1993; Sen, 1999; Saito, 2003).

I also acknowledge existing critique of Sen's work which includes questions around whether the capability approach is sufficient for considering human development. Gasper (2002) implies that the idea of 'well being' is under reported by Sen and that capability theory should include an individual's concept of reason and need. Pogge (2002), who is frequently cited in the critique of Sen's work, questions the perceived superiority of capability theory and discusses its lack of ability in producing a public criterion of social justice compared to other resourcist views. Sen has responded to these views by recognising the theory's limitations but also defends its effective application to exploring a range of aspects of human life. Wells (2022) states that Sen's main response to these criticisms has been 'to admit that the capability approach is not a theory of justice but rather an approach to the evaluation of effective freedom'. Although these criticisms exist, I have decided to pursue the use of the capability approach as I can see strong parallels between this work and pre-registration nurse education. For example, student nurses who have a disability or impairment can view becoming a registered nurse as enhancing their quality of life but require the facilitation of reasonable adjustments to optimise their learning and subsequent achievement this nurse registration.

In relation to this doctoral work, I have integrated the capability approach with CoP, the other principle theoretical concept identified in this Thesis, with the suggestion that development requires the need of 'an integrated analysis of economic, social and political activities, involving a variety of institutions and many interactive agencies' (Sen, 1999, p. xii). Sen believes that individuals' capabilities and factors, which help or hinder life development and freedoms, require public discussion and

scrutiny allowing deliberation between relevant parties. With this group (or community) being open to critical analysis with common ideas and experiences, this allows comparison between the capability approach and aspects of the theoretical framework of CoP. This comparison will also become more apparent in the next section of this literature review.

## **2.2 An overview of the concept of CoP**

The development of the concept of CoP originates from the idea that learning is enhanced when it is 'situated' in both its activity and context. Lave & Wenger (1991) develop this idea by defining the process that they call 'legitimate peripheral participation' within 'situated learning'. This relates to 'newcomers' to a 'community' and how they learn associated knowledge and sociocultural practices in order to become a full participant. This community is further defined as a CoP where the 'newcomers' interact with the 'masters' (established members of a CoP) learning and receiving knowledge 'on activity in and with the [community]' (Lave & Wenger, 1991, p. 33). Apprenticeships as such are identified as examples of a CoP due to the practice-based learning component of this training. Here, practice is viewed as a social accomplishment, in other words, a way that someone demonstrates the development of occupational capability over time. This development relates to the practical and social knowledge and skills needed to successfully operate within a CoP (Guile & Young, 1999).

Seely Brown, Collins & Duguid (1989) expand upon the concept of situated learning and stress the importance of supplementing classroom-based learning with practice. They argue that learning from books alone does not allow full learning of new knowledge. The authors give an example of school pupils learning a new word; learning this word from the dictionary, is not as effective as pupils then utilising this word inside and outside the classroom in everyday conversations. Pupils then not only know the word's definition, but also understand the context of this new word and how and when to use this word in their communication.



Lave & Wenger (1991) encourage a 'rethinking' of learning away from the traditional classroom, shifting to a more experiential form instead. Lave & Wenger (1991) state that the concept of CoP address other aspects which relate to social participation and identity. Therefore, CoPs share a general view of the learning that needs to be achieved, but there should be an acceptance that one specific design or model of learning will not suit all members.

The concept of the CoP develops this idea and identifies the learning practices of the associated 'individuals', 'communities' and 'organisations'. These all form a CoP, have an identity within a CoP and have a responsibility in ensuring and enhancing learning (Wenger, 1998). The function of a CoP is to facilitate this learning and allow the development of professional identity for 'newcomers' within a CoP. Ultimately, 'newcomers' can become full members or 'master practitioners' of a CoP and established members can ensure that learning continues within the CoP (Lave & Wenger, 1991).

There has been an evolution of the concept of CoP from the original ideas by Lave & Wenger (1991), to a 'reformulation' by Wenger (1998) and then a 'major reformation' by Wenger-Trayner *et al.* (2015). When discussing the progression of this concept from 1991-2002, Li *et al.* (2009a) report that the original publication focussed on professional identity and interactions between novices and experts; then the 1998 work hones in on peripheral versus core participation and how CoPs can be applied as a managerial tool for improving a company's competitiveness. This has then been developed further with others since, including Beverley Wenger-Trayner, to recognise the impact of 'landscapes of learning in practice' on CoPs. Li *et al.* (2009a) imply that the CoP concept continues to evolve and so recommend focusing on the optimisation of certain aspects instead such as ways of sharing knowledge, rather than a rigid adherence to one formulation of the theory.

My reworking of the CoP concept for this doctoral study in conjunction with Sen's capability approach could be viewed as further evolvment of Lave & Wenger's

(1991) original CoP conception. As supported by Li *et al.* (2009a), the core concept of CoP is being used but I am choosing to focus on some of the main elements (such as sharing knowledge) and then reworking this with Sen's work. For example, I am investigating *one* landscape only i.e. clinical placement and also the CoP under investigation is not situated in one geographical location; instead this reworking of the concept suggests that a CoP can be distributed spatially and temporally even though they have a common occupational remit. However, the CoP concept can be applied as certain 'traditional' elements of a CoP are present to aid comparison and analysis. Andrew, Tolson & Ferguson (2008) identify how CoPs can be applied successfully in varying spheres of nursing which enhance professional practice and knowledge transfer. My work takes this existing nursing literature a step further with the added innovation of reworking the concept of CoP in combination with another theory i.e. capability approach.

### 2.2.1 The link with nursing

Parallels with nursing can be drawn in general with relevant 'individuals' such as student nurses wanting to become registered nurses or nurses developing their professional practice; the 'community' relating to student nurses and nurses maintaining the use of contemporary evidence-based practice; and 'organisations' pointing to bodies who provide national guidance for pre-registration nurse education.

Fenton-O'Creevy *et al.*, (2015a, p.156) recognise that pre-registration nurse training is comparable to a CoP stating that student nurses negotiate two CoPs during their training- the 'academic' CoP in the HEI and the 'nursing' CoP in clinical placement. It is expected that student nurses do not have to attain 'full participation' in the academic CoP but are expected to have 'full participation' in the nursing CoP in order to establish an identity as a registered nurse. Student nurses navigate the theoretical learning component of their training and socialisation into the profession. Additionally, student nurses can learn to cope with any negative attitudes from any members from the CoP (which is also evident in nursing literature) by asserting their status as a learner and accessing support from peers. Connor (2019) concurs that

student nurses can gain membership to a CoP in clinical placement, however, the work context can make it difficult for students to learn.

Pre-registration nurse training can therefore be viewed as an effective example of a CoP as learning for student nurses occurs in the HEI and is then essentially consolidated in clinical placement. This allows successful interaction with patients and clinically based colleagues with the application of theory-based knowledge into practice. This addresses an important issue in nurse education where there is often a 'theory-practice gap' i.e. student nurses not being able to put HEI delivered knowledge into context until they deliver actual patient care in a clinical environment (Field, 2004; Hays, Matiuk & Townsend 2022).

Additionally, the workplace learning aspect of pre-registration nurse education can be viewed as an Apprenticeship style of training already identified as relevant to the concept of a CoP. This provides a comparison to the discussion of novice midwives by Lave & Wenger (1991) and how their participation in the practice established by experienced midwives facilitated their learning. For student nurses, they demonstrate occupational capability during their training, predominately by achieving prescribed pre-registration curriculum clinical proficiencies required to pass the programme and become a registered nurse. Student nurses who require reasonable adjustments should be able to access individualised support to help achieve these proficiencies. However, this support for their learning is not always facilitated or fully understood by the associated CoP which could potentially impact on their practical and social development (King, 2019).

This potential absence of the facilitation of reasonable adjustments in pre-registration nursing resonates with the existence of inequalities in education as discussed by Sen (1999). The desire to become a registered nurse could be viewed as a 'real freedom' but, for individuals with a disability or impairment, the facilitation of reasonable adjustments is essential to allow this extra support aiming to remove any 'unfreedoms' which may hinder their achievement of this goal. Sen (1999) suggests

that these 'personal heterogeneities' need to be acknowledged by an institution and possible 'compensation' must be made to minimise any disadvantages to the individual's wellbeing and capability. Sen (1999) believes that individual agency is of equal import in this process by a human using their own initiative in overcoming any issues that could hinder their development thus becoming an 'active agent of change'. This argument is echoed in my previous EdD research demonstrating that engagement by both the student nurses and related nursing/HEI colleagues is key to successful facilitation of reasonable adjustments and subsequent success in qualifying as a registered nurse (King, 2018; King, 2019).

For post-registration nursing practice, registered nurses are expected to develop their practice throughout their professional career utilising a CoP. Thus, their occupational capability then continues as a registered nurse to ensure adherence to the code of professional conduct (NMC, 2018a) and to maintain the delivery of safe and effective patient care. This is demonstrated through continual professional development of all aspects of nursing skills and knowledge including responding to the needs of their patients and clinical colleagues (NMC, 2018a; NMC, 2018b; NMC, 2018c). This can be extended to the supporting the facilitation of reasonable adjustments for student nurses under their mentorship/supervision. By registered nurses developing their knowledge of reasonable adjustments, this then allows the development of their own and their student nurses' practice and capability relating to this specific area of learning and support.

It can therefore be surmised that the concept of CoP, merged with capability approach, can be utilised when discussing the group specifically associated with supporting student nurses who need reasonable adjustments in clinical placement. In this case, student nurses and nurses developing a facility to use reasonable adjustment procedures. How this development of knowledge and capability happens, possibly in stages or in a certain pattern, is not currently fully known. By integrating these chosen theories, this Thesis allows further investigation of this topic and can provide evidence of the way in which student nurses and nurses develop their capability of reasonable adjustments.

### 2.3 Review of the nursing literature

Due to the practice-based and innovative nature of the nursing profession, it is not surprising that there is evidence of CoPs in existing literature. This includes developing the practices of clinical nurse specialists and improving the professional identity of nurse academics through shared learning and promoting good practices (Andrew *et al.*, 2009; Keen *et al.*, 2017). However, literature reporting on the effectiveness of CoPs in healthcare in general is lacking (Li *et al.*, 2009b) which extends to a CoP associated with student nurses.

To date, I have been unable to locate any papers that report specifically on a CoP related with reasonable adjustments for student nurses in clinical placement. However, there is literature that suggests membership and practices of a group, which appear to function as a 'community', who support student nurse learning. In relation to associated learning theories, elements of social learning theory are reported as incorporated into the pre-registration nurse training curriculum such as observational learning and modelling (Bahn, 2001; Tutticci *et al.* 2022). Situated learning is also evident which aims to bridge the 'theory-practice gap' with nurse mentors especially being identified as key members of the associated CoP (Field, 2004). Specific to clinical placement, these learning theories are engaged with to promote student nurses' ability to critically think and plan patient care, to socialise into the nursing profession and to develop their professional integrity (NMC, 2010a; Blowers, 2018; NMC, 2018a).

In reaction to the lack of literature relating specifically to the Thesis title, the next section of the literature review is broken down into the three theoretical components of a CoP as identified by Wenger (1998); the 'individuals', the 'community' and the 'organisation'. Relevant nursing literature is applied which illustrates the practices and involvement with learning of each component. Although not all chosen sources of information actively acknowledge reasonable adjustments, it can be suggested that all discussions are applicable as the student nurse body under investigation would have included these individuals.

### 2.3.1 The 'individuals'

*'For individuals, it means that learning is an issue of engaging in and contributing to the practices of their communities' (Wenger, 1998, p. 7).*

Clearly, student nurses are individuals who are a member of the CoP under investigation in this Thesis. Elcock (2007) suggests that a disability or impairment of any kind should not be a barrier to a student nurse participating in clinical placement because disability or impairment does not imply cognitive inadequacy or lack of capability. Indeed, evidence is available that documents successful use of reasonable adjustments whereby student nurses have completed a pre-registration nursing programme (Clemow, 2006; Wharrard & McCandless-Sugg, 2009; Griffiths *et al.*, 2010; Howlin, Halligan & O'Toole, 2014a and 2014b). Fundamentally, it is evident that the engagement of these student nurses is key to ensuring successful learning in clinical placement (King, 2018). This stance is echoed by Sen (1999, p. 73) who suggests that individuals must be able to access 'minimally required freedoms' (in this case, reasonable adjustments) but then also be determined to 'take part in the life of the community' they wish to join. Not only is it a necessity to have access to the 'primary goods' required to enhance their capabilities in life, a person must also learn how to convert these goods into the ability to promote these capabilities (Sen, 1999, p. 75).

Firstly, disclosure of requiring reasonable adjustments by student nurses is an essential factor in facilitating successful learning in clinical placement (Elcock, 2007). Reported benefits of disclosure in the workplace include ensuring access to any reasonable adjustments, providing explanation for certain student nurse behaviours and contributing to the creation of a more accepting culture (von Schrader, Malzer & Bruyere, 2014). By being proactive with disclosure, student nurses are engaging with their specific learning needs which also encourages self-monitoring of how this relates with their professional role (Evans, 2015). However, Morris & Turnbull (2007) report that student nurses in clinical placement suggest that after disclosure, some nurse mentors have been unsupportive, and the students have felt discriminated

against. Additionally, disclosure does not necessarily guarantee that student nurses receive reasonable adjustments, either at all, or have time to be utilised wholly due to the transient and short nature of clinical placements (Kolanko, 2003). This could lead to student nurses not wanting to disclose and potentially therefore not fully engaging with a CoP.

This argument extends to those student nurses who are diagnosed with a disability or impairment via the HEI system. Initial screening and first diagnosis of dyslexia and dyspraxia are particularly common in health and social care programmes which evokes mixed reactions from these student nurses. Whilst some embrace the diagnosis and then modify their learning needs accordingly, some do not engage with the HEI based Disability Services who can provide useful reports detailing recommendations for reasonable adjustments (Wray *et al.*, 2012). It is important to note that some student nurses who did access support from the HEI, report that they viewed this as a 'tick box exercise' and they did not feel that the process cared about them as an individual (Ridley, 2011). Again, this perception may lead to a lack of student nurse participation with the CoP and reduced engagement with maximising their capability.

As well as feeling cared for personally, it is evident that there are other factors which promote student nurse engagement with their learning in clinical placement and socialisation into the nursing profession. Student nurses value support from their nurse mentors and link lecturers and benefit from being directly involved with patient care (Andrews *et al.*, 2006; Borrott *et al.*, 2016). This contributes towards being made to feel part of the nursing team and being valued which is advantageous to their learning (Bradbury-Jones, Sambrook & Irvine, 2011; Gidman *et al.*, 2011; Foster, Ooms & Marks-Maran, 2015). Student nurses also appreciate personalised support, which could be extended to the facilitation of reasonable adjustments, which is important to contributing to achieving their dream of becoming a nurse (O'Brien, Graham & O'Sullivan, 2017). Student nurses often encounter negative experiences which can make them feel unsupported, but some are able to reframe these experiences and reduce any disruption to their learning and professional

development in clinical placement (Keeling & Templeman, 2013; O'Mara *et al.*, 2014).

This 'reframing' includes the use of coping strategies by student nurses which can be used at times of stress or anxiety in clinical placement. In general cases, these strategies include accessing support networks within the CoP and adopting a positive attitude towards their nurse training (Gibbons, Dempster & Moutray, 2008). Student nurses also report developing coping strategies in relation to managing their reasonable adjustments which were optimised when disseminated to their nurse mentors (Crouch, 2019) thus utilising the CoP. Examples of coping strategies include the acceptance of their diagnosis, knowing their preferred learning style, being aware of how their confidence to learn could be impacted and asking for constructive feedback on their performance (Sanderson-Mann & McCandless, 2006; White, 2007; Child & Langford, 2011; McPheat, 2014). Goldberg *et al.*, (2003) suggests that good coping strategies for student nurses who require reasonable adjustments are essential to successful learning and to developing 'unconscious competence'. These coping strategies can be viewed as another reasonable adjustment and nurse mentors should actively encourage student nurses to utilise these strategies to promote a 'positive learning journey' (Porteous & Machin, 2018).

In addition to supporting coping strategies, student nurses have repeatedly identified in the available literature how the nurse mentor is critical to their learning in clinical placement. Predominant examples include effective assessment of their clinical proficiencies and successful orientation to the placement area (Beskine, 2009; Vinales, 2015). However, there is also ample literature which reports how negative experiences of nurse mentorship can be detrimental to student nurse learning in clinical placement. Extreme cases include bullying and horizontal violence (hostile behaviour from nurses to other nurses) towards student nurses which is prevalent enough to be given the label 'nurse mentors eating their young' (Curtis, Bowen & Reid, 2007; Edwards & O'Connell, 2007).



Nurse mentors can have mixed reactions to incorporating reasonable adjustments into their approach to student nurse learning. Whilst some nurse mentors are happy to 'work with it' and adopt a flexible and positive approach to learning, others have pre-conceived ideas that student nurses who need reasonable adjustments are unable to learn and are therefore unsafe practitioners (Ashcroft & Lutfiyya, 2013; L'Ecuyer, 2019a and 2019b; Phillion, St-Pierre & Bourassa 2021). The RCN (2011a) and the World Health Organisation (WHO) (2011) have reported that nurse mentors' attitudes and perceptions may contribute to the standard of learning student nurses receive especially if a mentor has their own assumptions and judgements towards reasonable adjustments. It is possible that a lack of nurse mentor support could prevent legitimate peripheral participation for student nurses with reduced engagement with the social practices of nursing. As Lave & Wenger (1991) suggest, this process is essential to achieving full participation within a CoP and is important for student nurses to reach an identity as a 'master practitioner' i.e. a registered nurse.

It is apparent that some nurse mentors want to fully support student nurse learning, but due to contemporary constraints in clinical placement, this is not always possible. The busy clinical environment can leave nurse mentors little time for teaching and staff shortages can lead to student nurses being used as 'an extra pair of hands' for patient care rather than having time for learning (Myall, Levett-Jones & Lathlean, 2008; Veeramah, 2012). However, despite these constraints, some nurse mentors strive to overcome these barriers by promoting an effective learning environment and transferring enthusiasm for the nursing profession to student nurses (Huybrecht *et al.*, 2011). Fenton-O'Creevy *et al.*, (2015a, p.154) suggest that nurse mentors who demonstrate this behaviour, are driven to maintain their identity (as mentor) within the CoP; despite the stressful setting of clinical placement, these nurses strive to ensure that student nurses' learning is not diminished.

Effective nurse mentorship and student nurse learning in a complex and demanding clinical environment is enhanced through the engagement with link lecturers. Link lecturers can answer questions from clinically based colleagues about the nursing

curriculum and draw upon their own experiences as nurse mentors from their previous clinical nursing roles to resolve any issues. Link lecturers can contribute to learning by role modelling effective working relationships between HEI and clinically based staff and help progress the learning abilities of both nurse mentors and student nurses (Ahern, 1999; Deering & Williams, 2019). Subsequent successful progression of student nurses who require reasonable adjustments to a newly qualified nurse, is also influenced by link lecturers during their nurse training with the use of inclusive practices (Major & Tetley, 2019).

Unfortunately, there can be a depreciation in the value of link lecturers' contribution to student learning as there is confusion surrounding the role. Student nurses and nurse mentors do not always comprehend how accessing support from link lecturers can enhance learning (Aston *et al.*, 2000; Price *et al.*, 2011). This is compounded by clinical colleagues perceiving link lecturers as lacking clinical (nursing) credibility due to their workplace being based in a HEI rather than the clinical area (Williams & Taylor, 2008; Salminen *et al.*, 2013). Link lecturers can then experience difficulties with forming effective working relationships with colleagues and the student nurses in clinical placement leading to social exclusion (Ramage, 2004). Link lecturers themselves are unclear of their role in the clinical area and call for further guidance from regulatory bodies (Younas *et al.*, 2019). The combined work as a link lecturer whilst remaining a registered nurse can lead to the removal of a 'concrete identity' and confusion with their role in learning within the clinical environment (Adams, 2011; Andrew & Robb, 2011). MacIntosh (2015) recommends the creation of an agreed working model which could then potentially reduce any further debate on the link lecturer role. Currently, even though pockets of good practice exist, the lack of clarity with the link lecturer role continues to be a problem which could also lead to tensions for the CoP related to reasonable adjustments.

Link lecturers need to maintain effective working relationships with student nurses and nursing colleagues in clinical placement as their role is important to learning. Link lecturers are also responsible for writing the content of nursing curricula and so

access views from student nurses and clinical colleagues regarding the clinical component of pre-registration nurse training (Thomas & Davies, 2006; Gibbons, Dempster & Moutray, 2008). Evans (2014) advises link lecturers to endeavour to be inclusive and innovative in their curriculum design and quash any ideas that student nurses with reasonable adjustments cannot be expected to succeed in qualifying as a registered nurse.

Link lecturers also have the role of a Personal Tutor to student nurses which is of import to supporting student nurse learning but further includes a pastoral duty to ensure student nurse welfare. In fact, it is possible that the same person can be the link lecturer and Personal Tutor for a student nurse in clinical placement thus having a dual role. Personal Tutor work can be time consuming and, at times difficult, but these lecturers can utilise their nursing attributes (caring, compassion, and communications skills) successfully to aid student nurse learning and reduce attrition (Rhodes & Jinks, 2005). Student nurses may need to contact their Personal Tutor whilst in clinical placement and report that this can be beneficial in managing any personal, professional or academic related issues (Newton & Smith, 1998). Student nurses who require reasonable adjustments echo the benefit of this Personal Tutor role especially how it allows for access to personalised support for their individual learning needs (Crouch, 2010). Fenton-O'Creedy *et al.*, (2015b, p.33) discuss how this tension between academic and work-based learning within a CoP is not new and can be responsible for the potential depreciation in value of HEI colleagues (such as the link lecturer and Personal Tutor roles). This tension is described as creating boundaries to practice-based learning, like nursing, which can present challenges to learning. It is suggested by Fenton-O'Creedy *et al.*, (2015b, p. 45) that a CoP should aim to overcome these boundaries to promote clarity of each CoP member's identity in their learning role and understanding between all members.

One method of overcoming these boundaries in a CoP, is the utilisation of roles that seek to support nurse mentors and that can aid communication between HEI and clinical placement. Many UK public and private healthcare services employ practice

educators (also known as practice development nurses or clinical nurse educators). These are senior nurses who do not provide patient care but remain involved in the clinical area by supporting the education and development of registered nurses and student nurses. Practice educators can be invaluable with leading student nurse learning and socialisation into the nursing profession. Additionally, Field (2004) suggests that by assisting nurse mentors in planning practice-based learning for their student nurses, practice educators are facilitating situated learning and subsequent legitimate participation.

Some HEIs also employ lecturer practitioners who work equally between the university and clinical areas. These are registered nurses who also have a teaching qualification and aim to support student nurse learning in both environments. Although issues can arise associated with having two employers, generally the lecturer practitioner role is effective and viewed positively by student nurses and nurse mentors (Carnwell *et al.*, 2007). Lecturer practitioners can help bridge the 'theory practice gap' and can forge good relationships with student nurses and nurse mentors predominately by the noticeable maintenance of their clinical credibility (Brown, 2006; Noonan *et al.*, 2009; NIPEC, 2022).

Encouragingly, a UK clinically based role has also been developed in response to student nurses who require reasonable adjustments. Tee *et al.*, (2010) evaluated the efficacy of a student practice learning advisor (SPLA). The SPLA is employed specifically to support students who required this extra support with their learning and can aid the facilitation of any reasonable adjustments. The SPLA can also liaise with the nurse mentors regarding planning of student learning including collaborative writing of a learning needs assessment. It is suggested that a SPLA should become commonly used in nurse training who can help tailor bespoke learning support in clinical placement and aid student nurses who require reasonable adjustments to optimise their potential. With the expertise and focussed nature of this role, a SPLA could be very beneficial for the CoP under investigation in this Thesis.

### 2.3.2 The 'community'

*'For communities, it means that learning is an issue of refining their practice and ensuring new generations of members' (Wenger, 1998, p. 7).*

Wenger (1998, p. 141) stipulates that for a CoP to be credible and function effectively, new knowledge and understanding must be continually sought by the 'community'. This is gained through experience but also by engaging with known 'historical, social and institutional discourses and styles'. As a profession, nursing is familiar with utilising research to ensure evidenced based care and to continually develop and refine its practices. This includes student nurse training which is viewed as paramount in the production of competent registered nurses who are fit for the modern nursing workforce (Taylor *et al.*, 2010; Glasper, 2015). Fitzpatrick, While & Roberts (1996) state that nurses should aim to optimise the learning experience in clinical placement to ensure effective socialisation of student nurses into the nursing profession. Forber *et al.*, (2015, p. 1114) agree but also acknowledge that there are barriers to providing 'accessible, effective and quality clinical learning experiences' for student nurses and so embrace any related research as this continues what they view as an 'essential dialogue'.

Encouragingly, research for improving the learning experience for student nurses who require reasonable adjustments is included in this 'essential dialogue'. This research not only acknowledges the individual learning needs of these student nurses, but also advises to guard against any misrepresentation of this group through inappropriate study designs (Taylor, Baskett & Wren, 2008; Gillin, 2015). Literature also exists that raises awareness of the potential barriers to the provision of reasonable adjustments, but it is emphasised that ultimately there is a legal obligation to ensure this support is available for student nurses (Konur, 2002; Storr, Wray & Draper, 2011). Although this literature remains limited, the presence of this research indicates the desire to support these student nurses thus widening participation into the nursing workforce.

Unsurprisingly, nurse mentors feature heavily in this literature which includes the evaluation of associated training preparation for this role. Until recently, this is via an official mentorship course run by HEIs either face-to-face or online. In general, nurse mentors have found this course beneficial and report both personal and professional development during and after completion of the training (Huybrecht *et al.*, 2011; Zannini *et al.*, 2011). Most nurse mentors who attend the course want to develop their own knowledge and enhance the learning experience for student nurses (Watson, 2004). Nurse mentors describe how attendance provides a sense of community and improves their ability to develop 'multi-dimensional teaching strategies' which could incorporate reasonable adjustments (Wolak *et al.*, 2009; Chen & Lou, 2014).

There is an ongoing debate that this mentorship training course does not fully prepare nurse mentors for their role in student nurse learning. The content of the courses can vary, and the use of existing online resources has given rise to concerns about nurse mentors lacking the opportunity to discuss important issues with their peers (Kings College London, 2014). It is suggested that nurse mentor preparation needs re-thinking as it currently only 'skims the surface' of the required knowledge; it does not sufficiently include relevant topics such as socialising student nurses into the nursing profession and facilitating reasonable adjustments (Ketola, 2009; Elcock, 2013). There is also the question as to whether all nurses should be mentors as some do not want to be involved with student nurse training. Some nurses report only undertaking the training to increase their job prospects (the nurse mentor qualification being required for promotion) and consequently their student nurses can receive sub-standard mentorship (Watson, 2004; Kings College London, 2013).

This dialogue now continues with the introduction of new pre-registration nurse education standards and nurse mentors being replaced by Practice Supervisors and Practice Assessors. Both groups will be registered nurses, with the Practice Supervisor's role predominately for teaching and learning and the Practice Assessor's role for assessing student nurse proficiencies and outcomes for practice

learning. All registered nurses will be expected to undertake one or both these roles (NMC, 2018c). The new standards do not stipulate a formal preparation programme (similar to the nurse mentorship qualification) but does indicate the need for Practice Supervisors and Practice Assessors to have receive 'ongoing support and training'. The content is not prescribed and again will vary between HEIs and clinical areas. It is hoped that this removal of an academic qualification for nurse mentorship will not diminish nurses' perception of their ability to teach and assess student nurses (Andrews & Chilton, 2000).

Reassuringly, there is already literature available sharing good practice of organised Practice Supervisor and Practice Assessor training using an innovative, collaborative approach between clinical colleagues and link lecturers (Leigh, Rowe and Inglesby Burke, 2019). This partnership working between HEI and the clinical area for enhancing student nurse learning in clinical placement is highly recommended by the NMC and should include the use of innovative approaches to training (Kings College London, 2015). It is predicted that online training and communication via IT resources will be utilised as part of this innovative approach with a view to reducing any subjectivity in assessing student nurses' proficiencies (Cassidy, 2009; Segal *et al.*, 2013). Gherardi (2009) promotes the use of online approaches with CoPs as these can be as beneficial as face to face methods and can overcome any geographical dispersion of members. As IT based learning has been previously identified as not wholly successful in nurse mentorship training, these online approaches would need to be reviewed regularly to ensure their quality and effectiveness.

However, online resources have already been utilised successfully in relation to developing nurse mentors' understanding of reasonable adjustments. This includes an online module and 'short, multi-media bite size chunks' of learning aimed at increasing nurse mentors' understanding of the support required by these student nurses (Wharrard & McCandless-Sugg, 2009; Tee & Cowen, 2012). Access to some face to face learning is still requested, such as diversity and learning workshops, which provide registered nurses with the opportunity to share knowledge and

experience of implementing reasonable adjustments (Johnston & Mohide, 2009). The new standards for pre-registration nurse education acknowledge that 'learning experiences are inclusive and support the diverse needs of individual students' and thus the associated 'community' must be trained on how to implement this legal obligation (NMC, 2018c). Whichever approach to training Practice Supervisors and Practice Assessors is chosen by HEIs and clinical areas, it must be optimised and include raising awareness of student nurse learning incorporating reasonable adjustments.

Literature also exists that provides an evidence base that documents techniques that student nurses can engage with to enhance their learning success during their training. Holistic examples prompt student nurses to be more self-aware of personal issues that can impact their learning and suggest the use of mindfulness, resilience awareness and emotional intelligence training (Healy & McSharry, 2011; Snowden *et al.*, 2015; Hwey-Fang *et al.*, 2019). Peer support groups are advised for student nurses who require reasonable adjustments as well as accessing special study skills workshops in both the HEI and clinical settings (Gilmour, Kopeikin & Douche, 2007; Christansen & Bell, 2010; Wray *et al.*, 2013; Newman, 2019). Fenton-O'Creevy *et al.* (2015b, p. 57) support this development of resilience and accessing peer support with practice-based learning as this can manage the transition from student nurse to registered nurse. Bliss (1993, p. 429) agrees that for a person to develop their capabilities, they must engage socially with a community in order to form and sustain their abilities.

For widening their social interactions with peers further, all student nurses can also utilise a 'hub and spoke' approach to their learning in clinical placement to create a bespoke structure to their learning experiences. This involves the student nurses arranging time to work with other members of the multi-disciplinary team associated with healthcare. This practical approach to learning can be viewed as empowering to student nurses and can also enhance socialisation into the nursing profession (Roxburgh, 2014; Harrison-White & King, 2015). A future example for empowering student nurses to access reasonable adjustments in clinical placement, is the



creation of a 'disability passport'. This will outline any requirements for the clinical workplace including any individual needs for learning that can be shared with the manager of a clinical area. This is planned for trial with registered nurses but will then be extended for student nurse use (Stephenson, 2018). Using the viewpoint of Sen (1999, p. 10) this passport could be defined as a 'transparency guarantee' which is a type of freedom allowing advancement of a person's capability. Using the passport, student nurses can clearly present their reasonable adjustments to clinical colleagues therefore instigating the facilitation of this learning support.

Further evidence of the CoP developing its knowledge, is the nursing profession identifying different models of working that aim to acknowledge and alleviate the complexity of student nurse learning in clinical placement. These models can be multi-faceted with the use of new technologies and modes of learning such as simulation and problem-based learning. These models have introduced new clinically and HEI based roles including practice development nurses and the successful creation of a Clinical Practice and Placement Support Unit (Burns & Paterson, 2005; Walsh & Jones, 2005). For student nurses who require reasonable adjustments, a tripartite model has been effectively utilised with a HEI placements team, clinical practice educators and the inclusion of the HEI based disability service. However, this model has not been maintained within the HEI involved with the study and issues now exist with supporting these student nurses (Griffiths *et al.*, 2010). This echoes the thoughts of Budgen & Gamroth (2008) who suggest that, while the use of new and innovative working models is to be commended, further research is needed examining the maintenance of these models and that reviews the success of associated learning and patient outcomes. However, the development of new and responsive working models should be perused as student nurses have evaluated these positively reporting an increase in 'belongingness, acceptance, confidence and meaningful learning experiences' (van der Riet, Levett-Jones & Courtney-Pratt, 2018 p. 42).

These models of working mirror the membership and function of a CoP which could provide support for all members with pertinent learning issues. The most difficult

issue being the assessment of whether a student nurse is eligible to be investigated under 'fitness to practice' procedures i.e. not able to work safely in the clinical area. Student nurses and nurse mentors have reported a lack of understanding of the processes involved and fear the worst outcome of a student nurse being removed from the pre-registration nurse training programme (Haycock-Stuart *et al.*, 2016). This difficult decision can be compounded with the need for reasonable adjustments and therefore reliance exists on link lecturers to provide advice and support (MacLaren *et al.*, 2016). A method demonstrated to mitigate against this is a clinical needs assessment for student nurses who require reasonable adjustments. This tool highlights individual learning needs and improves communication between all stakeholders, but unfortunately this tool is not widely used in the UK (Howlin, Halligan & O'Toole, 2014b). Any evidence of shared learning regarding fitness to practice procedures is particularly beneficial to student nurses who require reasonable adjustments as it promotes a positive attitude from the nursing profession towards health and disability in nursing practice (MacLaren *et al.*, 2016).

The most recent model present in the literature suggesting how to assist student nurses who require reasonable adjustments for their learning, is the introduction of the Universal Design for Learning (UDL). Essentially, the core concepts of UDL are to promote learning activities in multiple formats allowing access to these materials in multiple ways. This aims to promote students developing 'self-regulation and autonomy' in their learning (Center for Applied Special Technology, 2011). This has been utilised successfully in both the HEI and clinical placement areas by embracing new technologies and promoting flexibility in learning styles. It is hoped, by authors who report on this model, that UDL will continue to be utilised as this contemporary approach has already led to positive results (Harris, 2018; Halligan *et al.*, 2019). Members of the CoP that have developed and utilised all the mentioned models in this section could be described as 'system conveners'. Wenger-Trayner & Wenger-Trayner (2015, p. 99) state that these people 'forge new learning partnerships in complex [learning] landscapes' and can bring positive change by widening the membership of a CoP. Importantly, leadership of these changes is viewed as key to its overall success.

Unfortunately, although research is available that aims to develop the student nurse learning experience in clinical placement, a predominant problem exists with leadership which hinders complete progression. There is confusion around who is responsible for leading student nurse learning in the clinical area and subsequently there is a tension between HEI and clinical practice colleagues. An 'uncoupling' in this relationship has occurred since UK pre-registration nurse training transferred to HEIs which needs to be addressed in order to optimise leadership of student nurse learning (O'Driscoll, Allan & Smith, 2010). All stakeholders have a leadership role; nurse mentors lead the day to day student learning whilst clinical managers have an ultimate responsibility for the student nurses in their workplace. Student nurses also have a responsibility to lead their own learning which includes identifying and requesting any reasonable adjustments (King, 2018). Macalister-Smith (2013) suggests that the creation of skilled nurses requires stakeholders to be committed to leading student nurse training on all levels- professional, national and organisational. This issue requires further investigation for the nursing community to be able to truly move forward in honing student nurse learning in clinical placement.

### 2.3.3 The 'organisation'

*'For organisations, it means that learning is an issue of sustaining the interconnected communities of practice through which an organisation knows what it knows and thus becomes effective and valuable as an organisation' (Wenger, 1998, p. 7).*

In this next section, the key organisations associated with the UK nursing body are identified as the 'organisations' within the CoP relating to reasonable adjustments. This ranges from the main UK governing body, to national and international groups who produce guidance and standards for nurse education. UK governmental papers are also acknowledged as these contribute to nursing workforce planning which is closely linked to pre-registration nurse training curriculum design. Wenger (1998 p. 141) concurs that knowledge within a CoP must involve 'an interaction between the local and global' context in order to maintain its competence.

The primary 'organisation' associated with UK nursing is the regulatory body- the Nursing and Midwifery Council (NMC). The NMC has a pivotal role in issuing standards for pre-registration nurse training which stipulates curriculum content and clinical proficiencies that must be achieved to complete the journey from student nurse to registered nurse (NMC, 2010a; NMC, 2018a; NMC, 2018c). The NMC strongly recommends the maintenance of effective working relationships between HEI and clinical colleagues to ensure high quality student nurse education (NMC, 2008; NMC, 2018c).

However, it is argued that the NMC does not provide enough practical guidance for supporting student nurse learning in the clinical placement area. This includes limited information on how reasonable adjustments can be implemented (Storr, Wray & Draper, 2011). This concern is compounded by NMC guidance focussing on the content rather than the processes of learning (Gallagher, 2007). This can then lead to being subject focussed and thus not fully acknowledging the learning needs of all stakeholders involved with student nurse training (Thomas & Davies, 2006).

Aiming to provide further guidance for reasonable adjustments for student nurses in clinical placement, is the main trade union for nursing in the UK- the Royal College of Nursing (RCN). The RCN also contribute to national policy writing for UK nursing and aim to offer accessible advice to members and non-members. Published guidance offers practical information for nurse mentors on how to facilitate and implement this extra learning support (RCN, 2002; RCN, 2010). Guidance is also available for student nurses on making the most of clinical placements which advocates the use of collaborative working and learning practices between all stakeholders involved with student nurse training (RCN, 2013; RCN, 2016; RCN, 2017a).

Nationally, there is an agenda to widen participation and entry into nursing to enrich the workforce but also to help solve the current shortage of nurses in the UK (Dunkley & Haider, 2011; Willis Commission, 2012; National Health Service, 2019; NHS Improvement, 2019). There are concerns from the nursing body that this may dilute the calibre of its members but, with careful interventions and planning involving key stakeholders and available national and international guidance, nurse education

can maintain its high quality of training (WHO, 2016). Wenger (1998) agrees with this approach and states that any design of learning must involve the affected CoP members whilst accessing local and global connections to fully inform the design. Other national organisations provide useful guidance on becoming a registered nurse whilst having a disability or impairment with the emphasis on disclosure and accessing appropriate support (Higher Education Funding Council for England, 2015; Health and Care Professionals Council, 2015). The National Health Service (NHS) (the main employer of nurses in the UK) advocates reasonable adjustments for its nursing staff and includes this in its workforce planning strategies (National Audit Office, 2016; NHS England, 2018). Ultimately, requiring reasonable adjustments should not be an obstacle to entering the nursing profession (Sharples, 2008) and the transition to registered nurse can be achieved if the available organisational guidance is utilised.

## **2.4 The gap in the literature**

It is apparent that the available nursing literature does not capture the complete picture of the CoP associated with reasonable adjustments for UK student nurses in clinical placement. For example, the view point of other professionals that contribute to the CoP is limited or absent such as specialist skills tutors and disability support unit employees. A deeper understanding is needed into the associated CoP regarding its manifestation, identity and learning practices in order to contribute to the professional knowledge base for student nurse education.

Primarily, this Thesis aims to further explore the overarching topic of the CoP associated with reasonable adjustments for student nurses, thus contributing to this gap in the nursing literature. Specifically, this doctoral study seeks to investigate the associated learning required by individuals to become members of the CoP and to maintain this membership. By reworking this concept, and integrating this with the capability approach, this aids exploration of the CoP whilst bringing a unique focus. The next chapter continues this discussion and presents the research methodology employed for the Thesis.

# **Chapter 3: Researching Reasonable Adjustments Capability in Nursing**

## **3.0 Introduction to the chapter**

The purpose of this next chapter is to describe and provide rationale for the methodological aspects chosen for the Thesis. This begins with a discussion pertaining to the review of associated literature and how this has been key in informing the Thesis topic, research design and methods. This then leads into the presentation and justification of the research aim and sub-questions. Next, the theoretical frameworks and research methodology are discussed including issues arising from being an insider researcher. Research methods are then described and reflected upon including the impact of the coronavirus disease 2019 (COVID-19) pandemic upon data collection plans. Detail is then given of the data analysis techniques employed with presentation of the emerging themes and sub-themes. The chapter ends with an in-depth discussion of associated ethical issues and approval processes. In writing this chapter, I aim to clearly explain and justify my methodological stance and the thought processes and literature that have led to these decisions. Ultimately, the chapter seeks to defend how my chosen theoretical and methodological approaches are robust and fit for purpose in exploring the Thesis research topic.

## **3.1 Exploration of the literature informing the Thesis research methodology**

To present how the research methodological choices were made for the Thesis, it is important for me to firstly discuss the role of the literature searches and literature reviews undertaken throughout my EdD. These have not only been key to developing my knowledge of the overarching EdD topic of reasonable adjustments for student nurses in preparation for the Thesis, but have also been integral in informing the choice of research design and methods. This on-going review of the literature has ultimately helped provide a platform for researching reasonable adjustments capability for nurses within the associated CoP.

### 3.1.1 Initial literature searches

The genesis for my EdD topic initially came from my personal experiences of working with two student nurses who required reasonable adjustments for clinical placement. My clinical and HEI colleagues, the student nurses and I were unsure of how to facilitate this support and, when reviewing available national guidance, we discovered that the advice was limited and focussed predominately on the HEI setting. For me, this did not comply with the essential evidence base required for nursing practice and so I wanted to explore this issue further. Consequently, when applying to commence my EdD studies, this experience formed the basis of my research enquiry.

The EdD application process required the production of a research proposal which included a relevant literature review to provide rationale for investigating reasonable adjustments for student nurses in clinical placement. Moule & Goodman (2014) suggest that it is important for healthcare researchers to have a basic understanding of a topic before commencing literature searches. The researcher can then have a grasp of the research question and have awareness of the required search processes, for example, the inclusion and exclusion criteria. Therefore, I firstly adopted a practice-based approach as I already had some insight into the topic in general; this related to the choice of databases to search and the likely key search terms to utilise.

At this stage, to ensure that I had performed a thorough search of the literature, I liaised with the Senior Librarian for nursing studies in my workplace HEI. My colleague had extensive knowledge of databases and other sources that could be utilised for my literature review. This input was highly valuable and guided me to widen my literature searches to include databases associated with law and general education.

Using a practice-based approach and advice from my Librarian colleague, relevant key words and Boolean operators were chosen to refine my literature searches. The

utilised inclusion and exclusion criteria were kept deliberately broad at this stage due to my lack of awareness of the available research and how these papers were framed in their dissemination. These initial literature searches retrieved relevant research papers and allowed for snowballing from the associated reference lists. At this stage, to ensure that I had reached saturation point, I accessed the Royal College of London library services who performed a literature search using the same chosen criteria. Only one new research paper was retrieved from their results and so I was satisfied that these initial literature searches for research papers had been comprehensive. Throughout these searches, literature was critically appraised for its research methods and relevancy.

Secondary sources were then reviewed including grey literature consisting of local guidance produced by UK based HEIs and associated national nursing guidance. Snowballing of these included reference lists was also performed. Relevant books, including seminal texts for disability, were also accessed as suggested by either the reference lists from retrieved literature or via recommendation from academic nursing colleagues who had an interest in reasonable adjustments. Web pages for related charities and organisations were also accessed to ensure a contemporary approach who advise on many issues including workplace reasonable adjustments. This approach is recommended by Green & Thorogood (2004) who report that in healthcare research it is important not just to rely on mechanical sources and searches. Green & Thorogood (2004, p. 236) also suggest that in qualitative research, it is 'worth reading widely and imaginatively' to ensure access to the latest findings, to access any 'classic' material and to read resources outside of the 'narrow field of interest'. These initial literature searches framed the overarching topic of reasonable adjustments for student nurses in clinical placement and have continued to provide the basis for my MoE 2, IFS and Thesis studies.

### 3.1.2 Subsequent EdD literature reviews

As my EdD has progressed, subsequent literature searches of databases have been performed to ensure that all newly published research has been captured and to identify the gap in the literature. Holloway & Galvin (2017) would agree with this



approach and state that literature reviews are not necessarily exhaustive and should be an ongoing process. Green & Thorogood (2004, p. 237) agree that reading should not be restricted to the beginning of a project and that it is important to keep up to date with the literature; this allows for a literature review to be comprehensive whilst being 'flexible and contingent'.

My literature searching technique has changed over time during the EdD to a more intuitive approach whilst maintaining fidelity to the original search criteria. This is due to my increased knowledge of the EdD topic and being aware of where to access current information. In addition, through publication of my MoE 2 and IFS, I have become part of a national network via Twitter which includes peers who also research student nurses who require reasonable adjustments. Relevant information is shared regularly including access to a specific repository for research and theoretical papers on this topic published by the journals *Nurse Education in Practice* and *Nurse Education Today*. I have also subscribed to regular email updates from the charity Disability UK which has proved invaluable for updates on reasonable adjustments in the workplace and associated national and legal guidance. Colling (2003) concurs that varying types of literature searches are relevant when conducting healthcare research; these include primary and secondary sources as well as accessing papers from a conceptual/theoretical viewpoint and incorporating anecdotal evidence/opinions and clinical reports. These categories echo the sources accessed for my literature searches thus contributing to the all-inclusive nature of the review of the literature associated with the EdD topic.

Although it could be argued that my literature searches have not adopted a wholly traditional method, a systematic and critical approach has been maintained. My literature searches have been both fruitful in their retrieval of information and have identified gaps in the available nursing literature which justify my EdD research aims and sub-questions. Cronin, Ryan & Coughlan (2008) state that there are indeed different methods that researchers can use to perform literature searches but, as long as there is evidence of a step by step process, this can produce a comprehensive literature review which is robust enough to justify a research

question. The presence of my published MoE 2 study being referenced in research papers from the USA and Canada reporting on reasonable adjustments for student nurses, reassures me that my EdD studies are relevant and reflect the contemporaneous activity in nurse education.

For the Thesis, literature searches have been expanded to retrieve research papers that reported upon CoPs in nursing or the associated capability of nurses pertaining to reasonable adjustments. These searches have identified the gap in the literature reporting on this CoP for reasonable adjustments. The lack of available nursing literature was key in evoking the choice of the exploratory research methods and design to be adopted for the Thesis. Review of the literature for the Thesis has then been extended to include theoretical material for CoP and capability approach. All the literature utilised to frame my MoE 2 and IFS studies in conjunction with the material chosen for the Thesis literature review have been key to the development of a working title for the Thesis- 'Reasonable adjustments for student nurses in clinical placement in the United Kingdom: The perspectives of the associated Community of Practice on current criteria and procedures'. The confirmation of the Thesis research aim and sub-questions has also been heavily informed by retrieved material from the continual review of the literature throughout my EdD. The next section of this chapter discusses the research aim and sub-questions and then subsequently links these with the theoretical frameworks and the chosen research design.

### **3.2 Research aim and sub-questions**

As previously discussed, the decision to investigate a CoP associated with reasonable adjustments for student nurses in clinical placement, was initially informed by the findings and narratives of the study participants generated from my IFS. Although the IFS focussed on exploring the general experiences of link lecturers and student nurses, the existence of a CoP was apparent and framed the suggestion of future research in the IFS conclusion. The informal discussions with relevant professionals undertaken during the Thesis proposal then confirmed the existence of this CoP. Both the IFS study participants and relevant professionals also indicated the importance and impact of local and national guidance upon the facilitation of

reasonable adjustments. This then led to the creation of the Thesis research aim which is to investigate perspectives of the associated CoP on reasonable adjustments for student nurses in clinical placement in relation to current criteria and procedures.

During the production of the Thesis proposal, the decision was made for the integration of CoP with capability approach. This has allowed for the development of a unique focus to the Thesis expanding beyond the concept of CoP and provides a link with the potential challenges emanating from reasonable adjustments. This has then informed and is reflected within the choice of research sub-questions. It is worth noting that, although capability approach is not directly mentioned in the research questions, capability is implied within the questions; this is explained further in the following supporting statements:

*1. How do members establish and develop their identity within the CoP?*

Maintaining a close link with the theoretical concept of CoP, the identity of all members needs to be explored. This then aids the application of capability approach by exploring why and how individuals establish and maintain effective membership within this CoP.

*2. How is the CoP manifested in practice?*

As demonstrated by the available nursing literature and from the discussions with relevant professionals, little is formally documented about the existence of this CoP. This sub-question aims to investigate and subsequently elicit the study participants' views on its manifestation.

3. *What specific learning processes assist members of the reasonable adjustments CoP to develop their own capabilities?*

Again, limited literature is available which documents how the CoP members describe the development of their knowledge and skills relating to reasonable adjustments. This sub-question aims to explore learning processes in detail and capture examples of good practice worth sharing with the nursing body.

4. *Do members of the CoP view current associated criteria and processes as effective?*

As the nursing profession utilises an evidence base to ensure safe and effective practice, it is essential that the views of the CoP are sought regarding the available local and national guidance. Content of this guidance has also been identified via my previous EdD study participants as directly impacting upon their facilitation of reasonable adjustments; therefore, it is essential that this sub-question is included in the Thesis.

### **3.3 Theoretical frameworks and research methodology**

Firstly, as previously identified, the concepts of CoP and capability approach have been chosen as key theoretical frameworks to be utilised within the Thesis. As the associated research is exploratory, the use of these theoretical concepts provides a focussed lens for the investigation. Parahoo (2006) states that the use of theories can frame a study and provide boundaries for the research. Holloway & Galvin (2017) purpose that using theory is beneficial as it illuminates any study findings and could lead to the modification of this theory. This echoes the Thesis intent of extending the concept of CoP by integrating this with capability approach.

Next, the theoretical framework informing the methodological perspective adopted, is a broad interpretivist approach. This approach was chosen rather than using one

specific framework, i.e. phenomenology, as this broad approach was seen to fit with the exploratory nature of the Thesis. Holloway & Galvin (2017, p. 12) concur with this choice and state that the use of too rigid/delimited theory at the beginning of a study could lead to creating assumptions rather than leaving researchers 'with an open mind and free to develop their own theoretical ideas'. This also ensures that the theory drawn upon actually helps to shed light on the capability of the CoP regarding reasonable adjustments.

The main philosophical tenets of a broad interpretivist approach to gain knowledge through seeking an understanding of people's experiences (Ryan 2008), effectively reflect the overall aim of this doctoral study. My main intention is to learn more about the suggested CoP; this desire to gain further *understanding* and *explanation* again echoes the underpinning of an interpretivist approach (Crotty 1998). By seeking the opinions from members of the CoP, this also maintains an interpretivist focus described by Parahoo (2006, p. 42) of eliciting 'subjective experience, perception and language in order to understand intention and motivation which can explain behaviour'. The utilisation of a broad interpretivist approach means that the study participants will provide information about facilitating reasonable adjustments for student nurses in clinical placement and help 'construct the reality' of an associated CoP (Robson 2011, p. 24). This approach is also congruent with the interpretivist view that 'human beings differ from the material world [and that this distinction] should be reflected in the methods of investigation' (Holloway & Galvin 2017, p. 22).

Holstein & Gubrium (1998, p. 147) report that the interpretivist paradigm can be used to research and understand a wide variety of 'everyday' topics including health and education. Related phenomena can be analysed at both 'macro and micro' levels and researchers following the paradigm seek to discover new knowledge of social practices. Fenton-O'Creevy *et al.* (2015a, p. 158) concur that any formal investigation of learning practices, especially those associated with universities, is essential to the 'co-construction of new forms of knowledge, new practices, and social change'. These perspectives provide further justification for delving deeper into the CoP and its practices.

Further justification for the interpretivist approach employed within this research is suggested by Green & Thorogood (2004) who state that this is suitable for healthcare related research. They argue that this paradigm also has the potential to contribute to policy development and help explain how this policy can be applied in the clinical setting. This mirrors one proposed intention of the Thesis whereby findings could inform local and national guidance for reasonable adjustments associated with clinical placement.

Broadly speaking, within an interpretivist approach paradigm, there are a variety of ontological positions which range along a continuum of 'realism' to 'relativism' of human practices and understandings (Braun & Clarke 2013). Although, I have experience of supporting student nurses who require reasonable adjustments, I am aware that I do not fully understand the CoP and its practices. Snape & Spencer (2003, p. 16) suggest that having this view that 'an external reality exists independent to [a researcher's] beliefs or understanding' is indicative of a realism ontological stance. Therefore, the ontological position I have chosen to follow is framed applying the work of Brinkmann & Kvale (2015 p. 21) using interviews for the 'social production of [known and new] knowledge'.

Brinkmann & Kvale's (2015) 'seven steps of an interview inquiry' were followed closely to ensure the maintenance of quality processes relevant to my chosen paradigm. These steps cover all aspects of interview inquiry from study design to reporting new knowledge with advice that aids a researcher 'through the potential hardships of a chaotic interview journey and [contributes to] retaining the initial vision and engagement throughout the investigation' (Brinkmann & Kvale 2015, p. 129). Creswell (2007) purports that this is important as any worthy qualitative study should demonstrate rigorous methods of data collection and analysis. I strived to stay true to an interpretivist approach throughout this doctoral study, including the avoidance of incongruent positivism terms/concepts such as hypothesis or reliability, to ensure consistency. Positioning myself in this way also helped to ensure representative and authentic interpretation of my interview data. Brinkmann & Kvale (2015, p. 352) argue that this aspect is essential as interviews 'give voice to people in expressing

their opinions, hopes, and worries in their own words' thus optimising any understanding of the reality under investigation.

Finally, Pope (2006, p. 23) advocates the use of interviews and describes how studying phenomena in its natural setting is consistent with an interpretivist philosophy. This requires a researcher interacting with individuals or groups through interviewing to learn about 'the issues they confront, the perspectives they hold, or the experiences they endure'. Robson (2011) also suggests that interviewing is a suitable interpretivist data collection method as it captures the experiences of study participants helping to construct the reality of phenomena with the researcher. Furthermore, similar research methods used for the MoE 2 and IFS had proven successful which also informed the choice of interviews. Importantly, Brinkmann & Kvale (2015, p. 139) provide reassurance that I could use the incorporation of theory and data derived from interviewing in the analysis of exploratory research findings which they describe as 'getting wiser' throughout a study. By closely following this guidance, overall quality has been ensured throughout the Thesis. This militated any critique that could arise from choosing to follow a broad interpretivist approach.

### 3.3.1 Insider researcher issues

Acknowledgement of my insider knowledge, and the potential influence this could have, also optimises credibility within the Thesis. Indeed, Parahoo (2006, p. 410) argues that objectivity can be 'redundant in qualitative studies' and therefore it can be surmised that the issue of being an insider researcher is inevitable. If a researcher is associated with the field and/or topic under investigation, they will already have inside knowledge to some extent.

By being an insider researcher, I am aware that this does not necessarily mean that I may have bias in terms of disliking or opposing the views of study participants, but I may pre-judge any Thesis findings based on my own experiences of having been a student nurse, nurse mentor and now a link lecturer. Therefore, it is proposed, that by applying reflexivity and acknowledging my nursing career/background, this will

reduce this potential impact upon the credibility of the Thesis. It is important to remember though, that little is known about the CoP under investigation and indeed their reasonable adjustment capability, by me or the nursing body via documentation in available literature. I believe that this also contributes to reducing the impact of me being an insider researcher due to this lack of existing knowledge and associated experience of the CoP's capability regarding reasonable adjustments.

Consequently, I believe that collecting the data myself for the Thesis is important due to this lack of current knowledge of *reasonable adjustment capability* in nursing. By undertaking the interviews, myself, with my existing understanding of the associated literature, responses from study participants could be probed deeper utilising this background knowledge, thus enhancing the interpretation of the findings. Thomas (2017, p. 111) would agree with this decision stating that a researcher using an interpretivist paradigm, whether an insider researcher or not, should 'be a participant in their own research situation and understand it as an insider'. Pope (2006) also supports this involvement of interpretivist researchers with their data collection as it creates empathy with their study participants, augmenting their ability to extract meaning from the findings.

Extending this discussion to nursing research, Parahoo (2006, p. 326) suggests that it is important for qualitative nurse interviewers to be a 'tool' of data collection to aid accurate interpretation and analysis of findings within such a specific sphere of practice; by being directly involved with data collection, this can enhance a researcher's understanding of this data and develop the creation of associated discussions and conclusions. For nurse education, Osborne (1996, p. 402) advocates nurses undertaking relevant research themselves to allow influence over policy to prevent any national 'decisions and plans being taken out of our hands'. This further justifies my rationale and personal involvement with the Thesis research topic, which is prevalent, but currently under researched in contemporary UK pre-registration nurse training programmes.



Subsequently, this encouraged me to utilise reflexivity throughout the Thesis. Parahoo (2006, p. 411) would agree with this approach stating that acknowledging reflexivity is important in qualitative studies as this allows the researcher to 'account for their influence on the research process'. Braun & Clarke (2013, p. 67) agree that reflexivity is vital for researchers as it encourages 'reflecting on, learning from, and moving beyond' any potential bias. Advice from Braun & Clarke (2013) regarding reflexivity was followed closely during the Thesis to maintain 'quality control' of data collection and subsequent findings.

### **3.4 The impact of COVID-19**

During my data collection period, the COVID-19 pandemic occurred and so amendments had to be made to my original plans. Thankfully, the amendments were not detrimental to the Thesis research but were necessary to ensure that I could continue with my EdD studies without interruption of studies. Having accessed a webinar at the time discussing the impact of a pandemic upon qualitative studies (Lupton, 2020), it was clear that I now fell under the banner of being a 'COVID researcher' and so changes to my data collection methods were inevitable but achievable.

The main change to data collection, was the removal of a focus group planned with clinically based nurse mentors/Practice Assessors. The rationale for only using a focus group for clinically based nurse study participants was primarily due to time constraints for accessing these colleagues who worked in the busy ward areas. This combination of techniques was agreed during the Upgrade examination as an acceptable method of data collection for the Thesis. Face to face or telephone interviews were to be employed for all other study participants. The opportunity to carry out this focus group was no longer available as the nurses were heavily involved with caring for COVID-19 patients and additionally my HEI had stopped face to face link lecturing activities.

Having personal experience of nursing clinically during the outbreak of Avian and Swine flu in the UK, I understand the pressure and emotional drain of caring for patients during an unprecedented situation. I felt that it would be unfair to ask my clinically based nursing colleagues to assist with an alternative virtual focus group for my Thesis at this time. Therefore, I interviewed two nurse lecturing colleagues who had very recently left clinical practice; their mentoring experiences were current, and both were able to provide worthy and appropriate information. I was satisfied that this decision was both credible and ethically the right thing to do.

The remainder of the planned interviews not completed prior to COVID-19 took place via telephone which worked well and did not cause any issues with audio quality for subsequent transcription. Other amendments were applied associated with the study participant recruitment, interview technique and ethical considerations. So that clarity of the changes can be enhanced, these further specific amendments in response to the COVID-19 pandemic are discussed subsequently in the relevant sections of this chapter.

### **3.5 Research methods**

As discussed, interviews were now the sole data collection method for the Thesis. The main rationale for this choice of using interviews was due to this form of data collection proving successful for my MoE 2 and IFS studies. This previous research had demonstrated that nurses felt comfortable in providing honest and open responses during interviews.

#### **3.5.1 Sampling and study participant recruitment**

Whilst writing the Thesis proposal, a general picture had emerged of individuals who formed the CoP whose views and experiences could answer the research sub-questions. Therefore, purposive sampling was utilised to recruit study participants for the interviews. The demographics of the chosen sample can be seen in table 1.

**Table 1: Study participant information**

<b>CoP member</b>	<b>Geographical location</b>	<b>Number interviewed</b>	<b>Experience of reasonable adjustments (RAs)</b>
Student nurses	My HEI workplace (Southeast England)	2	Both students have accessed RAs for mental health issues and neurodiversity
Nurse mentors	Various healthcare workplaces (South/Southeast England)	2	Both have supported student nurses requiring RAs; one nurse mentor/Assessor is neurodiverse
Link lecturers Personal Tutors	My HEI workplace	3 (covered all aspects)	All lecturers have supported student nurses requiring RAs; one lecturer is neurodiverse
Specialist disability (SpLD) tutor	Based in Northeast England (supporting student nurses across the UK)	1	SpLD tutor has supported many student nurses with various RAs; the SpLD tutor is neurodiverse
Student Disability Lead	My HEI workplace	1	Lead has supported many student nurses with various disabilities and RAs
Graduate Teaching Associate Tutor	My HEI workplace	1	Tutor has supported many students/student nurses who are neurodiverse
Practice Education Facilitator (PFE)	Hospital associated with my HEI workplace (Southeast England)	1	PFE has supported many student nurses in clinical placement with various disabilities and RAs
Peer Support Officer via trade union (PSO)	Based in Southeast England (representing all UK regions)	1	PSO has supported many student nurses with various disabilities and RAs
Academic Disability lead (ADL)	Scotland based HEI	1	ADL has supported many student nurses with various disabilities and RAs; ADL has recently completed a PhD investigating student nurses who require RAs

My IFS findings had indicated that the membership of the CoP included the individuals ultimately interviewed for the Thesis, but other individuals proposed in my Upgrade plans, were eventually not included in the final Thesis interviews. This was in response to my knowledge of the CoP's capability of reasonable adjustments being developed as the interviews progressed. For instance, I had read that Access Centre representatives and Occupational Health nurses could be involved with supporting student nurses who have a disability or impairment; but it became apparent that these individuals were not routinely utilised to develop a plan for any reasonable adjustments. In fact, the functions of these individuals are more likely to be performed by the HEI Student Disability Lead and SpLD Tutor instead which was referred to frequently in the Thesis interviews by study participants. Therefore, Access Centre representatives and Occupational Health nurses were not sourced.

Feedback from my Upgrade had also indicated that the proposed numbers of certain study participants were too high/overly ambitious. I reviewed these plans and agreed that some study participant numbers could be reduced. After completing the Thesis interviews, I identified that a wealth of data had been collected with these revised number of study participants and felt confident that data saturation had been achieved.

Although the number of study participants for each CoP member comprised only 1-3 interviewees, based on my growing knowledge and the opinions of my previous discussions with relevant professionals prior to my Upgrade, the chosen individuals were fundamentally typical and representative of their UK based peers. Every study participant was able to provide extensive information about issues pertinent to the Thesis topic. In addition, common themes were identified across the interviews which again provided reassurance that relevant study participants had been identified who shed light on this element of contemporary UK nursing practice.

For study participant recruitment, still following the original plan, members of the revised sample (except clinically based nurses and student nurses) were asked

directly by me via email to be involved with the interviews due to their known expertise in the field. Mooney (2008) would concur with 'hand picking' these individuals as this is justified by the high degree of saliency that the Thesis topic has to their current job roles. This saliency assures accuracy in their responses to interview questions as this resonates with their everyday work. Lastly, all study participants were emailed a study information sheet prior to an interview to confirm their understanding of the research. Additionally, an explanation was given within the study information sheet as to the meaning of a CoP as some individuals may not have encountered this term before (Appendix D). As discussed, the recruitment of clinically based nurses was revised but the new plan proved successful. Both nurse lecturer colleagues were also emailed the study information sheet and a consent form (Appendix E) prior to interview.

For recruiting student nurses, the initial plan was to send an email via the HEI Blackboard system using a template agreed during the ethics approval stage to enquire if they would like to be involved with the interviews. Before I could action this plan, the COVID-19 pandemic occurred. The student nurses were receiving many emails from the HEI and were understandably anxious about their studies and colleagues. Therefore, given these new constraints, I decided to adopt a pragmatic approach which led me to contact two students who had expressed an interest in being part of my Thesis research previously after they had read the publication of my IFS. I contacted the students via Twitter (private message) and then via email to send a study information sheet and consent form and to arrange a time for a telephone interview. Both students gave copious and invaluable information which was deemed representative of the student nurse 'individuals' associated with the CoP for reasonable adjustments. Common themes within their responses also echoed those described by other study participants which provided reassurance that enough data had been captured from the two student nurses.

Post COVID-19 some interviews were rescheduled, and one was cancelled completely. The interviews with a SpLD Tutor and Academic Disability Lead were postponed due to their higher levels of work activity. Rather frustratingly, the planned

interview with an academic colleague from the Channel Islands was cancelled at the last minute (due to the individual returning to front line nursing duties during the pandemic) and it proved impossible to reschedule. This was unavoidable but has not proved disadvantageous to the Thesis research as another study participant was successfully accessed who carries out the same job role.

### 3.5.2 Interview schedule

A semi-structured interview schedule was devised for the interviews with the use of open questions. This allowed for a planned but flexible approach suitable for exploratory studies adopting an interpretivist paradigm (Brinkmann & Kvale, 2015). The interview schedule reflected the Thesis research aim and research sub-questions and this interview schedule was for used for all study participants.

1. *Why/how did you become involved with Reasonable Adjustments (RA)?*
  
2. *Why have you stayed involved?*
  
3. *What do you perceive as your role in establishing your reasonable adjustments in clinical placement?*

This first three questions aimed to establish a study participant's understanding and interpretation of their identity within the CoP. Framed by the guidance of Brinkmann & Kvale (2015), these questions also encouraged the elicitation of knowledge which is both conversational and contextual.

4. *Do you meet/liaise regularly with other people in your Trust/the HEI, region, nationally to discuss RA issues?*

- *If, yes, how do you feel you benefit from such meetings etc?*

- *If no, why not – are there any other forms of support available to you?*

*5. Is this meeting/network organised formally/informally – **prompt** do you attend conferences /workshops with other members?*

*6. Looking back, how do you feel you have developed your knowledge and skills with RA?*

*7. Has there been anything in particular at work, through training or from membership of the RA community which you feel has really helped you to develop your knowledge and skills?*

The next set of questions sought to clarify interactions with other members of the CoP and how these individuals helped develop a study participant's capability for reasonable adjustments. These questions also aimed to elicit further information about capability for reasonable adjustments. It was correctly predicted that expansion of the answer to this question by using the included prompt/sub questions, would be required during the interview to aid recall of previous experiences and interactions.

*8. Thinking about the institutional status of RA, do you feel the criteria and processes of assessment are helpful in any way and would you suggest they would benefit from being changed?*

*9. Do you think that current national guidelines and procedures associated with the provision of reasonable adjustments for student nurses in clinical placement are effective?*

These last set of questions expressly asked the study participants their views on the current local and national guidance available for facilitating reasonable adjustments for student nurses in clinical placement. This mirrors the Thesis research aim and one of the research sub-questions. Furthermore, this question ascertains whether the CoP view the current evidence base as effective in developing reasonable adjustment capability.

#### *10. Any final comments?*

This final question allowed study participants to add any further views or experiences which they felt pertinent to the interview. This is not only important for offering study participants the opportunity to add any information that they feel is important, but it is also an effective method to indicate the close to an interview. Therefore, this question prompts the participant to express their final views whilst the audio recording is in progress, and can be successfully transcribed and captured, rather than after the interview has finished (Braun & Clarke, 2013).

#### 3.5.3 Interview technique

Once recruited, face to face interviews took place at a convenient time within my workplace HEI in a private classroom or office. Telephone interviews were also performed at a convenient time with privacy ensured by the study participant being alone in a room during the interview and with me being alone in my home. A consent form was signed in person by all face to face participants before an interview commenced. When telephone interviews took place, a consent form was completed electronically and returned to me via email. Consent was also confirmed again verbally before commencing an interview.

For telephone interviews undertaken post COVID-19, special attention was given to the welfare of the interviewee as all study participants were affected by the pandemic professionally and/or personally. Before I began the interview recording, I initiated a



conversation asking how the individual was coping with the pandemic situation to ascertain if this was suitable time for them to be interviewed. I ensured a genuine approach and aimed to confirm the validity of their consent. Braun & Clarke (2013) note that it is important for interviewers to identify any study participant concerns and recommend this direct acknowledgment of any distress. As a 'COVID researcher' I also ensured that the agreed time for an interview was suitable for me and I planned the data collection timings carefully so as not to become too tired or overwhelmed during the 'lockdown' situation.

All interviews lasted approximately between 23-87 minutes and were audio recorded to optimise capture of all responses from the study participants. Notes were taken by me during the interviews to document emerging themes and key information. However, note taking was limited to documenting these aspects only so as not to distract from listening to the responses and being able to join in with any conversations (Burns, 2000).

The interview schedule was effective in eliciting information from all study participants with minimal rephrasing of questions required. The interview schedule also achieved its aim of helping build rapport with the study participants which Braun & Clarke (2013) describe as one of its main functions. At all stages of the interviews, responses were probed deeper or confirmation was asked for certain emerging themes.

Brinkmann & Kvale (2015) suggest that allowing interviewees space for narrative is important as stories are powerful and can help study participants construct meaning from these experiences. The use of silence was also utilised to allow study participants to 'associate and reflect and then break the silence themselves with significant information' (Brinkmann & Kvale 2015, p. 162). At the end of the interview, study participants were thanked for their time and informed that their contribution had been invaluable. Post COVID-19, study participants were also genuinely asked to

take care of themselves and '*stay safe*'; an established motto associated with the pandemic.

All interviews were successful in allowing the study participants to speak candidly and express their opinions and thoughts; this applies to both face to face and telephone interviews. I was pleasantly surprised that the telephone interviews were as effective as the face to face equivalent as I thought that this virtual approach may generate a barrier to communication. Braun & Clarke (2013, p. 97) suggest that virtual interviews, including via telephone, are no longer viewed as '[poor] substitutes' but as a 'different *type*' of method. Having now completed my Thesis, I concur that telephone interviews have the potential to be a very successful form of data collection.

Once the interviews were completed, all audio recordings were sent for transcription. This involved accessing the same company used for my MoE 2 and IFS studies due to their promptness and accuracy. The transcriptions were then stored securely in preparation for subsequent data analysis.

### **3.6 Data analysis methods**

To commence analysis of the interview data, the transcriptions were read through whilst listening to all audio recordings for accuracy. Pope, Ziebland & Mays (2006) agree that, although this can be a lengthy process, this is an important step if an external transcription company has been used to check that the transcripts are correct. Fortunately, all the transcripts were accurate and complete. Listening to the recordings whilst reading the transcripts also helped familiarise myself with the data. Ritchie, Spencer & O'Connor (2003) concur that this familiarisation with the data is essential before any formal processes of analysis begin. Throughout the data analysis, guidance for thematic analysis was followed provided by Braun & Clarke (2013). This approach to the data analysis had been employed previously for my MoE 2 and IFS studies and had proved successful.

An extension of this familiarisation also involved reviewing my notes taken during the interviews. During the data collection, I had already formed some ideas of the possible findings which were documented in these notes. Moule & Goodman (2014, p. 406) would agree with this approach by stating that analysis of qualitative data should be continuous throughout data collection thus allowing 'the process of analysis to be reflexive and iterative'. Moule & Goodman (2014) view this as an initial step to ensuring reflexivity in nursing research during qualitative data analysis and limiting researcher bias. As the Thesis is investigating a new concept of combining CoP with capability of reasonable adjustments, with no literature retrieved documenting this idea, it is proposed that this limited my bias or pre-judgments of the findings.

To complete this familiarisation process, I regularly revisited the research aim and sub-questions as well as the theoretical frameworks being utilised for the Thesis. Schmidt (2004, p. 254) concurs that this is an important step in qualitative data analysis as by reviewing the research questions, the researcher can then 'guide his/her attention in the reading of the transcripts'. With 352 pages of transcriptions and approximately 520 minutes of audio recordings to analyse, this approach was essential for me to maintain focus during the data-driven analysis. I wanted to ensure that the core content of the findings was reported but also maintain close links with the chosen theories of CoP and capability. Robson (2011) agrees that thematic coding can be used to describe findings but can also be used in conjunction with theoretical frameworks.

Coding was then commenced by reading the transcripts multiple times whilst listening to the audio recordings. Brinkmann & Kvale (2015, p. 218) agree with this idea as they advise that interviews are 'living conversations' and should not be conceived just as transcripts. Coding was carried out manually with pencil, highlighter pen and paper. This was due to personal preference as I had attempted using software in my MoE 2 and IFS studies but felt stunted by the process and found manual coding had an easier flow. Robson (2010) agrees with this decision of a researcher comparing manual coding versus software use as they highlight pros

and cons of specialist qualitative data analysis (QDA) packages. Ultimately, QDA software packages only *assist* with (not *create*) data coding and analysis and so this choice should be weighed against the benefit the researcher personally applies to using these programmes. Braun & Clarke (2013, p. 210) state that there is no right or wrong way to code; what is important is what works best for the researcher and that the process is 'inclusive, thorough and systematic'.

When listening to the audio interviews whilst reading the transcripts, pencil was used to underline and identify sentences or phrases which identified specific issues or my initial conceptual ideas about the data. These pencilled observations are described by Braun & Clarke (2013) as 'noticings' (multiple initial codes) which are viewed as an important first step to coding qualitative data. This process generated interesting ideas that were becoming apparent from the data. After comparing this with my data collection notes, these ideas then translated into three main codes; 'constraints', 'experience' and 'empowerment'. The data were then reviewed again, and the three codes applied to relevant sections of text (with the use of three colours of highlighter pens) within the transcripts. I was satisfied that the three codes captured the main concepts identified within the data. Braun & Clarke (2013, p. 211) state that this is important as qualitative researchers should adopt the motto of 'inclusivity' when managing their data; the chosen codes should be enough to 'capture both the patterning and the diversity within the data'.

Advice was also followed by Joffe & Yardley (2004, p. 63) which involved developing these codes, waiting a few days, and then reapplying the codes to two transcripts; this at least 'indicates that the distinctions made between codes are clear in the researcher's mind'. This process sought to ensure effective representation by testing the consistency of the codes used in place of inter-rater reliability. These codes were then used to create an inductive coding frame with the aim to select examples from the data which answered the research sub-questions and delved into the understanding of the CoP related to student nurse requiring reasonable adjustments in clinical placement (table 2). The devised coding frame was now ready for use with the subsequent thematic analysis.

Table 2: Coding frame

Code	Description	Examples from interview data
Constraints	Identification of varying factors that prevent successful functioning within the CoP and development of capability.	<p>“...it’s a battle.” (SpLD tutor).</p> <p>“.. it was almost as if we didn’t know where else to go.” (Academic Disability Lead).</p> <p>“I’ve found it a struggle to apply anxiety as a disability to me...” (Student A).</p>
Experience	How members of the CoP utilise previous experience to develop their capability and ensure CoP membership.	<p>“... within our training towards clients, that was probably where a lot of my awareness and a lot of my up-to-date information came from.” (Mentor B).</p> <p>“I’ve had reasonable adjustments in place for quite a long time now, and I suppose it does make you more aware of how to approach things...” (Lecturer C).</p> <p>“I’ve got better over the three years.” (Student B).</p>
Empowerment	CoP members value the importance of sharing good practices and the professional development of ‘individuals’, the ‘community’ and the ‘organisation’.	<p>“... on a much wider scale seeing what other universities do, as well and how they deal with these particular issues”. (Student Disability Lead).</p>

		<p><i>“.. we need to normalise that asking for help.” (Graduate Teaching Associate Tutor).</i></p> <p><i>“.. it’s about me enabling the practitioner to recognise the issue, appreciate the issue, and then how to execute our reasonable adjustment...” (Lecturer B).</i></p>
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At this point, ‘pattern-based analysis’ was utilised to apply the three codes to the data in order to identify themes. This approach helps a researcher to ‘interrogate and interpret the patterns identified’ across a dataset and to capture the elements of the findings which are ‘most meaningful for answering [the] research question’ (Braun & Clarke 2013, p. 223). The collated data for each code was reviewed whilst identifying recurrent topics and issues. This allowed me to recognise the most salient patterns in my data relevant to answering my chosen research questions. Guidance from Braun & Clarke (2013) was adhered to during this analysis to maintain quality and to ensure that clear, coherent themes were chosen. This process led to the creation of the main themes derived from the data which are ‘lack of consistency’, ‘an experiential approach’ and ‘sharing good practice’. I felt confident that these themes exemplified the three codes and also the viewpoints of the study participants.

Following the advice from Braun & Clarke (2013, p. 178), themes were identified using a ‘bottom up’ approach i.e. data driven and decided upon ‘the basis of what is in the data’. This decision was made due to the exploratory nature of the Thesis and a lack of available literature directly relating to the research aim and research questions. Thematic networks were then devised whereby sub-themes were identified to aid further exploration of the themes (Figures 2-4). This decision acknowledged the guidance from Braun & Clarke (2013, p. 224) who state that each

theme acts as a 'central organising concept', with the sub-themes capturing the related aspects and ideas. These themes and sub-themes were then ready for utilisation with a full analysis of the interview data.

At this point, data could have potentially been returned to study participants for 'member checking', but I decided to not carry out this process. I was confident that the thematic analysis had voiced the main messages from the study participants and that 'member validation' had essentially been carried out during the interviews by asking for clarification and expansion of opinions. This broadly echoes the strategy proposed by Tracy (2010, p. 844) of 'member reflections' as an alternative method to 'member validation'. Although these reflections occurred during the interviews, rather than after thematic analysis of the data, dialogue occurred between the study participants and I allowing the stipulated opportunities for 'questions, critique, feedback, affirmation and even collaboration'. To enhance quality assurance of the Thesis data and findings, I ensured that I adhered to the '15-point checklist for good thematic analysis' developed by Braun & Clarke (2006). Braun & Clarke (2013) concur that 'member checking' does have its limitations and could be eliminated when interpreting findings underpinned by theory; by using an existing criterion (such as a checklist) this can ensure the optimisation of the quality of thematic analysis.

### **3.7 Ethical considerations**

Brinkmann & Kvale (2015, p. 22) recognise that interview practices are laden with ethical aspects but believe that ultimately interviews are 'a particularly ethical form of research'. Janesick (1998, p. 41) concurs that qualitative researchers are more attuned to ethical issues due to the regular contact with study participants being 'part of life in the field'. Specifically, for interpretative qualitative research, Creswell (2007) suggests that it is of import that all ethical issues should be acknowledged relating to the potential impact upon study participants.

Following this advice and guidance from both educational and professional bodies (RCN, 2011b; British Educational Research Association, 2018), I devised an ethics

approval form which was then submitted to both UCL and my workplace HEI. Successful approval was granted by both institutions. The approval form attempted to address and plan for all possible ethical considerations related to the Thesis. Although the COVID-19 pandemic occurred post ethical approval, I felt assured that the main identified ethical aspects associated with the Thesis remained unchanged and so I decided not to re-apply to the ethics committees.

### 3.7.1 Risks to the study participants

Potential risks that may occur during the interviews were acknowledged in the ethics approval form. To address these, I confirmed the content of the interview schedule with my EdD Supervisors to avoid any intrusive or coercive content. I also ensured that all interviews would take place at the convenience of the study participants. Confirming testimony was also acknowledged through reassurance to the study participants that interviews were non-judgemental in their approach and respectful of their practice and knowledge of this topic.

Study participants were assured of confidentiality and anonymity throughout the Thesis processes via the study information sheet given prior to data collection. This assurance was extended to subsequent publishing and dissemination of the Thesis findings. Green & Thorogood (2004) agree with this approach of discussing all confidentiality and anonymity issues from the outset with study participants ensuring an open and realistic approach.

Vulnerability of the study participants was also acknowledged as, student nurses particularly, could be disclosing sensitive and personal information. Plans were made that if a study participant became upset, the interview would be stopped, and signposting given to counselling services available via my workplace HEI. These services would also be advised if required by study participants post data collection. Although I would adopt a compassionate approach if either situation occurred, I would resist the temptation as a healthcare professional to counsel the study participant myself. Lewis (2003) agrees with this decision by viewing the role of an



interviewer as a researcher only which does not include the role of counsellor for study participants.

### 3.7.2 Possible gatekeeper issues

Due to accessing some of the study participants via my workplace HEI, I planned to gain consent for the Thesis from the associated 'gatekeeper'. Therefore, I emailed the ethical approval form to my Head of School, prior to this form being sent to the HEI workplace ethics committee. This individual gave their consent willingly which has allowed me free access to the HEI workplace study participants. Merkens (2004) suggests that 'gatekeepers' are often not referenced to in qualitative research but that this should be included in the writing up of research as a way of explaining how ethical accessibility to study participants was achieved.

### 3.7.3 Methods

Throughout compiling the Thesis proposal and ethics approval form, I ensured that all employed methods were ethically sound. As well as data collection being conducted at a convenient time and location for study participants and the provision of the study information sheet, thought was also given to the actual interview technique. Following advice from Brinkmann & Kvale (2006, p. 170) the interviewer must protect a study participant by exercising 'situational judgment, clear perception, and proper attention to the particularities of the situation'. Therefore, I was mindful of study participants including observing their body language, being aware of any distress in their voice, limiting the length of an interview and having awareness of my 'hidden agenda' by not being forceful in asking for expansion of any responses.

### 3.7.4 Data storage and security

As identified by Moule & Goodman (2014, p. 69) any data generated during a research study needs to be 'kept safely and with due regard to issues of confidentiality and anonymity'. For the Thesis, any data was treated with the upmost care including audio recorded material and written notes. All electronic data was kept

on an encrypted computer and written notes kept in a locked cupboard for which only I hold the key. Although the chosen transcription service is a professional company, surnames and the exact location of study participants were not mentioned during the interviews. Plans were also made to destroy/delete both electronic and paper data once I have completed dissemination of the Thesis findings.

### 3.7.5 Participant Selection

All methods of access to participants were explained in the ethics approval form and through the request of any questions from the ethics committees. Although study participants were chosen individually for their expertise and knowledge, to further ensure equality issues, it was stated in the form that all study participants would be considered 'irrespective of their gender, learning disability diagnosis, ethnicity and length of experience or professional status'.

Within the study participant information sheet, it was made clear that the Thesis research was exploratory and that 'at present, very little literature exists surrounding this topic and so this exploratory study aims to elicit new and interesting data'. This statement appeared to enhance study participation by these individuals being aware that the research could hopefully contribute to the development of both national and local guidance for reasonable adjustments. Also, during initial informal recruitment discussions and data collection, many study participants stated that the Thesis research seemed essential in increasing the dialogue relating to the CoP associated with reasonable adjustments for student nurses in clinical placement. Study participants consenting to be interviewed therefore appeared to understand the ethical importance of the research and its contribution to the 'greater good' of supporting these student nurses.

Careful consideration was given to the consent process with an ongoing model adopted. Although study participants signed a consent form prior to commencing an interview, stipulation of the right to withdraw from the research at any point was made clear in the study information form. Field & Morse (1985, p. 46) agree with this

model of ongoing consent in qualitative research due to the personal information being given and indeed the option to withdraw at any time is 'the participant's privilege'.

To maximise the elicitation of informed consent from study participants involved with the Thesis, templates created by UCL were used for the study participant information sheets and consent form. The combination of using these validated forms, in conjunction with approval from the two ethics committees, provided reassurance that consent given by study participants would be as informed as possible. Goodwin (2006, p. 58) concurs that a thorough manner is essential for obtaining informed consent but that in qualitative research this 'is not a once and for always action'. In response to this, I ensured that I was open to questions from study participants at any point during the Thesis research and provided my personal mobile phone number and email address on the study information sheet for this purpose.

#### 3.7.6 Having dual role of nurse lecturer and researcher

McHaffie (1996, p. 32) states that ethical approval in healthcare studies must acknowledge any dual roles of the researcher as this may bring 'particular tensions'. Consideration extends to research undertaken in the workplace as the study participants may know the researcher and may have an established professional relationship (Holloway & Galvin, 2017). Grady & Wallston (1988) suggest that although issues exist when having a dual role in healthcare research, these can be overcome with predicting the issues and making plans to manage these potential problems.

With regards to the Thesis, my dual role as researcher and nurse lecturer was given full attention when compiling the ethics approval form. Any potential issues with being a lecturer to the student nurses would be overcome by not engaging with any local debates and I would reassure the students that being involved with the research had no influence over my assessment of their academic work if applicable.

I did not anticipate any problems with interacting with my HEI workplace or clinically based colleagues as these are my peers who are involved regularly with research.

Insider researcher issues had already been acknowledged when writing the Thesis proposal with reflexivity being maintained throughout the associated research processes. Reassurance was also provided with the fact that I could contact my EdD Supervisors for assistance with any potential or emerging ethical issues. To date, no ethical issues have arisen during the Thesis research, facilitating a smooth transition to analysis of collected data, which will be outlined in the next chapter.

## **Chapter 4: Data Analysis and Discussion**

### **4.0 Introduction to the chapter**

This penultimate chapter captures the core Thesis findings. Firstly, explanation is provided for the origin of these identified themes and sub-themes which helps support the suggestion of how the working and learning practices of the practitioners associated with reasonable adjustments for student nurses in clinical placement, have similarities to that of a CoP. The themes and sub-themes are then discussed in detail with, as suggested by Robson (2010), the use of direct, vivid interview quotes which demonstrate the prevalence of each theme. This descriptive approach for each theme is then expanded upon with relevant discussion, analysing the findings in more detail. A careful balance is maintained between the use of data extracts and analytical discussion of the Thesis findings (Braun & Clarke, 2013). Thematic network diagrams are included as an additional visual aid to present the data. Discussions include the application of relevant theoretical frameworks and literature from both the education and nursing spheres. The chapter content seeks to revisit and answer the original research aim and sub-questions, with a view to producing meaningful conclusions in preparation for the last Thesis chapter.

### **4.1 Origin of the chosen themes and sub-themes**

The overarching aim of the Thesis is to elicit the views from the associated group of practitioners regarding current procedures relating to reasonable adjustments for student nurses in clinical placement in the UK. As suggested previously in the Thesis, currently this is an under reported area of nursing practice and so warrants further research and exploration. By accessing a wider range of practitioners compared with my MoE 2 and IFS, a deeper understanding of the contemporary practices for reasonable adjustments has been gained which contributes to the discussions within this data analysis chapter.

In conjunction with this general exploration of study participants' views, the predominant suggestion utilised within the Thesis suggests how this group operate as a CoP, or as an emerging CoP, in terms of their working and learning practices. As previously discussed in the Thesis, although this group cannot be defined as a conventional CoP, as they are distributed geographically and in terms of being a learning community who are still establishing their identity and roles, it is suggested that many key traits of the CoP concept are demonstrated by this group. The chosen interview questions were successful in eliciting information which supports this idea of the existence of a group of practitioners who function similar to that of a CoP, striving to develop its practices and to establish its identity within the nursing body.

After coding and analysing the Thesis data, the final themes were chosen to reflect the study participants' views and responses to the interview questions which includes the identification of links with functioning as an emerging CoP relating to how learning is operationalised. The three main chosen themes are 'lack of consistency', 'an experiential approach' and 'sharing good practice'. Relevant sub-themes are also identified which aid further analysis of the data which will now be introduced and their origin explained.

Pertaining to the first theme of 'lack of consistency', study participants were able to draw parallels between the concept of a CoP and the group's working practices involved with reasonable adjustments. However, it is clear that factors exist which can either hinder or promote the traits which contribute to the group developing as a fully effective CoP. For a conventional CoP, an integral trait is evident whereby the individuals, communities and organisations have a shared knowledge of procedures and individuals' identities and a common approach to learning. This ensures consistency and coherence which in turn enables 'mutual engagement' and 'community maintenance'; both essential components of any CoP (Wenger, 1998, p. 74). Unfortunately, the Thesis study participants describe how these components are currently lacking with regards to the interpretation of national guidance and the differing approaches to learning adopted by the group. Study participants suggest that this is directly associated with a limited evidence base for reasonable

adjustments which includes a basic understanding of disability/impairments and the available national guidance. This extends to a lack of awareness of the practitioners who are available to support the student nurses with their learning in clinical placement.

These key findings from the first theme are captured and analysed further using the sub-themes of 'limited knowledge of reasonable adjustments' and 'inconsistency in interpreting available national guidance'. The last sub-theme of 'differing approaches towards the student nurses' learning in clinical placement', relates to factors specific to nursing practice identified by study participants which can also hinder the group of practitioners working together effectively and emerging as a CoP. Study participants report encountering logistical barriers including HEI bureaucracy and local discrepancies in clinical placement which can prevent reasonable adjustments being available. The type and length of a clinical placement can also affect reasonable adjustments being facilitated as well as the impact of the new UK pre-registration nursing education standards.

Consequently, some practitioners can demonstrate bespoke, experiential approaches to learning which forms the basis of the second theme of 'an experiential approach'. Examples include drawing upon existing nursing and professional expertise and previous personal experiences of reasonable adjustments. This provides the basis of the three associated sub-themes of 'using nursing expertise', 'trial and error as a method to facilitate reasonable adjustments' and 'drawing on previous experience'. Although these practices reveal how the group are keen to ensure that required reasonable adjustments are facilitated, unfortunately this can lead to varying levels of success and diminish the ability of the group to function as a fully effective CoP.

Despite the limited evidence base and perceived logistical barriers, responses from the Thesis study participants describe how the group can strive to promote the professional development of individuals through 'sharing of good practice' associated

with reasonable adjustments; the final theme for the Thesis. Study participants also report how working collaboratively can be effective in sharing ideas and experiences thus developing the learning practices and knowledge of the group. These findings are analysed further utilising the two associated sub-themes 'collaborative working' and 'professional development of the group'. The existence of these enterprises are not wholly surprising as continuing professional development and collaborative working are integral aspects of nursing. However, this also provides evidence of how the group functions similarly to that of a CoP by echoing the 'essential ingredient' of individuals wanting to develop 'shared practices and a long-term commitment to their enterprise and each other' (Wenger, 1998, p. 272). These responses from study participants also provide the opportunity to apply the concept of capability development (the second key theory chosen for the Thesis) with regards to how learning is promoted and maintained within the group.

To summarise, in response to the Thesis study participants' views, the final chosen themes are 'lack of consistency', 'an experiential approach' and 'sharing good practice'. Relevant sub-themes have been identified which aim to expand upon each main theme which echo the study participants' views and also contribute to the suggestion of the existence of a CoP. All themes and sub-themes are now discussed and analysed in greater detail within the remainder of this chapter.

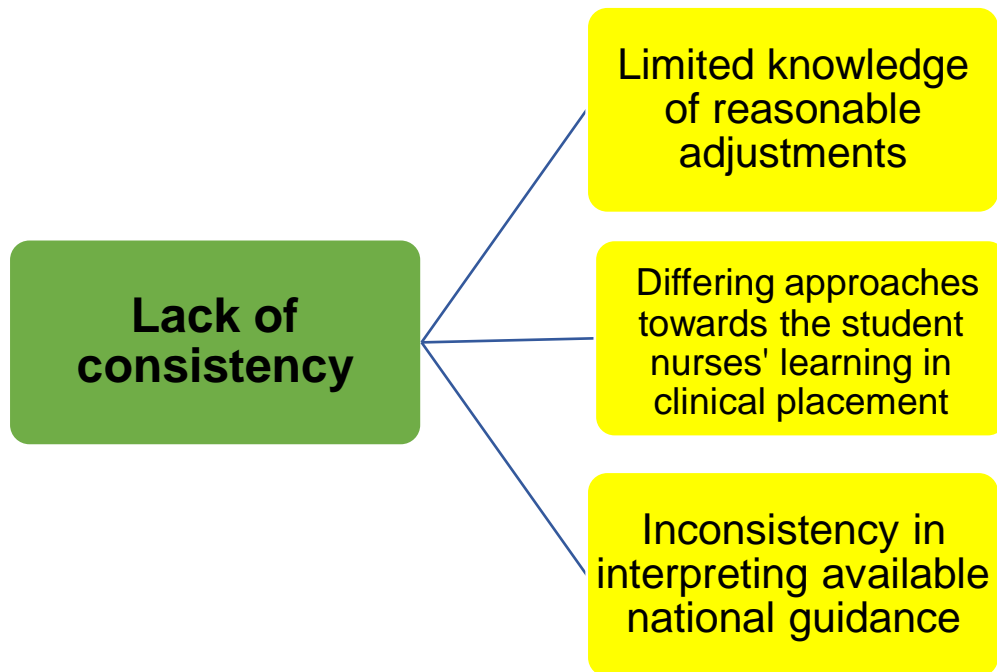
## **4.2 Lack of consistency**

As discussed, when analysing the Thesis data, it has become apparent that factors exist which act as a barrier for effective learning practices and function of the group and also as a potential hinderance to the groups' capability development of reasonable adjustments. These factors emanate from the associated code of 'constraints' whereby all study participants identify issues contributing to a *lack of consistency*. These issues relate to the functioning of the group itself and the current associated criteria and processes. Generally, study participants report that there is a lack of consistency at different levels, e.g. the personal/nurse mentor level, organisational level and national level. Identification of the specific issues generate



the first thematic network (Figure 2) which frames the data analysis of this first theme.

Figure 2: 'Lack of consistency' thematic network diagram



#### 4.2.1 Limited knowledge of reasonable adjustments

All study participants agree that, in nursing, reasonable adjustments are an 'unacknowledged area' mainly due to a limited associated evidence base. This has led to a general deficiency of knowledge about the topic by the group of practitioners involved with supporting student nurses who require reasonable adjustments. This has contributed towards a lack of consistency in how this associated group functions. This includes logistical aspects such as awareness of student funding available for assistive computer software and specialist tutor support; all of which could hinder the groups' ability to function effectively when attempting to support the student nurses in clinical placement.

*“Actually, there is rarely any evidence-based practice, which we know is so crucial in nursing and we all should be following...” (SpLD Tutor).*

*“Looking at something like the DSA [Disability Student Allowance], lots of people don’t realise when they can claim and that you can claim...” (Peer Support Officer).*

From the perspective of the student nurses, it is obvious that nurse mentors lack sufficient knowledge of reasonable adjustments which could be problematic in terms of achieving their learning outcomes required for clinical placement. The lack of robust evidence-based practice for reasonable adjustments in clinical placement is also recognised resulting in varying experiences of nurse mentor support. The student nurses attempt to buffer this issue by educating the nurse mentors about their personal reasonable adjustments, but this is hindered by the student nurses’ lack of experience and knowledge of how this required support transfers from the HEI setting into clinical placement areas.

*“I’d say yes, with some, one or two mentors are sort of a bit ‘meh’ about what the whole reasonable adjustments mean... [I give] them more a bit of an education, an explanation how, why, things affect me and how the adjustments are suitable...” (Student B).*

*“...it’s like [mentors] don’t do it or they don’t think about it... it’s like none of them think ‘maybe our students need somewhere to access support’ even it’s a small group once very often, they don’t think about that” (Student A).*

Nurse mentors’ limited knowledge is echoed by other study participants. It is identified that the formal mentorship training courses and subsequent annual updates can include varying content of relevant information which leaves nurse mentors unsure how to support student nurses who require reasonable adjustments.

This is seen as a pertinent problem as nurse mentors are key to the successful development of student nurses in clinical placement.

*“I think [reasonable adjustments] was spoken about, probably during my mentorship training... but it wasn’t any specific training as such in how to support students in that way” (Mentor B).*

*“During my mentorship training we did receive a pack for mentors, and it had information in regards to particular reasonable adjustments. It was more to do with support that the university can provide students” (Mentor A).*

The limited knowledge of nurse mentors is seen to be a contributing factor towards some having preconceived ideas towards student nurses who require reasonable adjustments. Study participants report how some nurse mentors know about common disabilities such as dyslexia and physical impairments and lack an awareness of other ‘hidden’ disabilities. Some nurse mentors also hold the view that having a disability means that a student nurse cannot complete their nurse training. These nurse mentors do not fully comprehend reasonable adjustments and could prevent the instigation of this support. In response to this issue, the Practice Education Facilitator explains how increasing training for nurse mentors within their healthcare trust, has resulted in a reduction of these preconceived ideas and subsequently, student nurses having positive learning experiences in clinical placement.

*“They’re told ‘you can’t [have reasonable adjustments], I’m telling you, I’m the boss, that’s not allowed, you can’t do that, you can’t do this” (SpLD Tutor).*

*“... as nurses, or as people who look after students, we’re not going to have a pre-conceived idea. We just know that we need to manage their learning a little bit differently” (Practice Education Facilitator).*

Student nurses may also hold varying preconceived ideas of their own reasonable adjustments which can lead to problems progressing through their nurse training. An initial barrier for some student nurses is the period of time before they receive their official diagnosis of a disability; as the required support for learning is not known at this point, student nurses have no choice but to struggle without this specific support and so may feel that they are underachieving and not able to qualify as a registered nurse. Once diagnosed, some student nurses still do not view themselves as disabled or having a disability and so are reluctant to disclose their reasonable adjustments. Additionally, student nurses are aware of the preconceived ideas of some nurse mentors and so may choose not to disclose their reasonable adjustments, which again can have a negative effect upon their learning and development.

*“... one of the main issues we were seeing were slow writing and slow processing speeds, which go hugely under-diagnosed [at first], and oftentimes are underlying issues when you’re looking at dyslexia, for example”* (Graduate Teaching Associate Tutor).

*“I’ve still found it a struggle to apply anxiety as a disability to me, even though I’ve had it for years, and it is, it still just doesn’t make me feel like I am”* (Student A).

HEI based staff can also hold preconceived ideas of student nurses who require reasonable adjustments, both positive and negative, which can result in the provision of varying levels of pastoral and link lecturer support. Where the link lecturer role is seen as key to helping facilitate reasonable adjustments in clinical placement, the support offered is variable depending on the nurse academic’s experience and interest. Where Personal Tutors are requested to assist with supporting these student nurses in clinical placement, some nurse academics view this as a hinderance or are unsure about their exact role in relation to not encroaching on their link lecturer colleagues’ remit.

*“To be honest, for a lot of people it’s not really a priority for [nurse academics]... Where there are difficulties my experience has been that they see them as a burden at times. They sometimes have a preconceived notion that there’s going to be a lot of additional work”* (Academic Disability Lead).

*“I don’t think there is actually really anything in writing about what [Personal Tutors] are required to do... It probably is a little bit of a grey area as to who does what...”* (Lecturer C).

A lack of knowledge and consistency extends to how reasonable adjustments suggested for use in the HEI are transferred into clinical placement. There appears to be a gap in knowledge surrounding this transference by the practitioners involved with supporting student nurses which link lecturers see first-hand during their visits to clinical placement. The HEI based Disability Service develop a report stating the required reasonable adjustments for a student nurse for use during the whole of their nurse training. However, as these HEI based colleagues are not nurses, they are not totally sure how this support can be adapted into the clinical areas; these reports can then be generic in their content and not wholly helpful for clinical placement-based learning. Even if relevant support is suggested in the disability report, the issue still exists whether these reasonable adjustments are available for student nurses in clinical placement as some healthcare trusts do not fully implement the ‘Access to Work’ scheme. This government funding is available for reasonable adjustments to assist employees in the workplace which could also then be accessed by student nurses in clinical placement.

*“...it’s really a challenge, especially when we’re putting them on a busy ward and expecting them to link research to practice, and evidence based, and all of those sorts of things. It’s really a big ask...”* (Graduate Teaching Associate Tutor).

*“... there tends to be some reasonable adjustments in most universities. If you get into clinical practice, as we know, that is a completely different story and it’s a very, very completely different landscape” (SpLD Tutor).*

Study participants are aware of their lack of knowledge and how this leads to inconsistency in student nurses’ experiences. Therefore, some attempt to update their personal knowledge of reasonable adjustments and extend their own evidence base. However, instigating this search for evidence and finding the information can be problematic due to their own existing lack of a knowledge base. Additionally, colleagues who are not nurses may locate relevant information about available reasonable adjustments, but then struggle to apply this to the sphere of nursing practice.

*“I had to really dig around to find that information” (Mentor B).*

*“Some of the reasonable adjustments that we have, certainly in university, are fairly standard... How that translates into placement I’m not quite sure... We know an awful lot about what goes on in the university but very little about what actually goes on in placement in terms of reasonable adjustments” (Student Disability Lead).*

#### 4.2.2. Differing approaches towards the student nurses' learning in clinical placement

It is apparent from the Thesis findings that this limited evidence base contributes to a lack of consistency regarding the approach to the student nurses’ learning in clinical placement. Nurse mentors tend to be very experienced with supporting student nurses but are not confident when this includes reasonable adjustments. The most common ‘tool’ used as a platform to plan the student nurses’ learning is the disability report devised by the HEI based Disability Service. This report includes the stipulated reasonable adjustments required by a student nurse such as extra time or assistive technology. This report can prove useful for at least providing an initial conversation about learning needs between nurse mentors and student nurses.

However, not all student nurses utilise this document for clinical placement and not all clinically based staff, including nurse mentors, are aware of the existence of these disability reports.

*“I normally sit down with the mentor. I sit down with the document, what’s been produced between me and the disability services at the university. We look through the document, and we work out how, in that practice area, we can put in the reasonable adjustments”* (Student B).

*“Never saw a report... From my time, students didn’t share reports. It was more them verbally disclosing something”* (Mentor A).

Although potentially a useful tool, the successful application of any suggested reasonable adjustments stated in the disability report cannot be determined until this support is utilised in clinical placement. The HEI Disability Service could suggest certain reasonable adjustments, but there is no guarantee that this support is suitable or feasible in all clinical placement areas. Issues also exist with the interpretation of reasonable adjustments by student nurses and clinically based staff with potential discrepancies with their facilitation. In response, study participants share views that suggests links with a situated learning approach whereby the application of reasonable adjustments can only be determined once used in clinical placement and, even then, with mixed levels of success.

*“You won’t know how to support this student until you come across a student with a condition or who needs reasonable adjustments”* (Practice Education Facilitator).

*“...because unless you’re in a working situation, you don’t know what the task is and how the person needs to adapt that task...”* (Lecturer B).

Although a disability report can be useful to plan and support student nurses' learning in clinical placement and the HEI, the instigation and creation of these reports can be very time consuming. For example, some student nurses commence the nurse training programme with undiagnosed neurodiversity, such as dyslexia and dyscalculia, and there is then a time lapse between diagnosis and the production of a disability report. If a report then needs amending, this can be hindered by HEI bureaucracy and again can be time consuming, potentially impacting upon a student nurses' progression through their programme.

*"The question is 'does that student have to go through that whole process again in order to establish they need an extra 30 minutes or, yes they can sit in a room?' ... We can put in those reasonable adjustments, rather than going back through the whole assessment phase. That is a long... That is an awful... That's a lot of process to go through" (Lecturer A).*

*"I'd flag it with the necessary department for disability services... but they would do inaccurate assessments, or the wrong assessment battery, or they would do the assessment battery, but because it doesn't align exactly in terms of policy, that student would go unsupported and wouldn't get those reasonable adjustments" (Graduate Teaching Associate Tutor).*

Another contributing factor to varying learning experiences for student nurses who require reasonable adjustments is the type of clinical placement. It is suggested that community-based placements tend to be less busy with more nursing staff than acute wards in hospitals and so more time is available for planning specific support and reflective discussion. The associated team approach to learning within community-based nursing can extend to nurse mentors planning the development of their student nurses. Additionally, student nurses report that clinical placements located within a learning disability setting can also be beneficial for facilitating their reasonable adjustments. This is attributed to the constant use of reasonable



adjustments for the patients/clients thus the environment and clinical staff are more confident and experienced with facilitating this support.

*“I think because of the nature of the [community] placement it is completely different to any of the other placements they have... Also with the nature of the job as well”* (Mentor A).

*“I actually didn’t need to disclose in my learning disability [placement]... I found it a lot more of a relaxed environment...”* (Student A).

The length of a clinical placement can also impact upon the facilitation of reasonable adjustments. Shorter placements can prevent the instigation of this support as nurse mentors can lack engagement having the view that student nurses will have to manage without their reasonable adjustments. Student nurses are more likely to have access to their reasonable adjustments with longer clinical placements, again with community nursing-based areas (which tend to be 8-10 weeks in length) reported as being especially supportive and open to facilitating this support for learning.

*“And then also it can be quite hard for students, if they’re only going on a placement somewhere for six weeks, having things in place can be quite difficult. And for the clinical staff, you can kind of understand it- ‘They’re only here for a few weeks, can’t they manage?’”* (Lecturer C).

*“From my area of practice, I’ve had long term students rather than short term placements, so I’ve tended to have a student for a long period of time... that’s why there’s probably... I think obviously, is a lot easier when you’ve got a bit of time. If you have a fairly short placement, then the process is a bit different”* (Mentor B).

To promote a consistent approach to student nurses' learning, nurse mentors utilise the required clinical proficiencies in the practice assessment document (PAD) as a frame of reference. This can be effective and ensure that essential learning criteria associated with the nurse training programme are being addressed. The PAD is also viewed as a useful tool to promote disclosure of any reasonable adjustments and can be used for appropriate action planning for any issues related to underperformance. This approach is enhanced by a locally produced student nurse welcome pack for a clinical area which includes a section that prompts asking for any specific support.

*“And we give all students an orientation pack to our base, and in the pack we say, ‘if there is anything that you want to speak to a mentor about then feel free to’” (Mentor A).*

*“We have to be supportive, but we also need to make sure that the learning outcomes are met, as well, and that the student's able to progress throughout their course and their placement” (Mentor B).*

These student nurse welcome packs are a mandatory requirement of the standards to support learning and assessment in practice (SLAIP) guidance (NMC, 2008). Application of nurse mentors and co-nurse mentors are also part of the SLAIP guidance which will be phased out as part of new pre-registration nurse standards (NMC, 2018c) as previously discussed in the Thesis. Some study participants identified this change in standards for supporting student nurses as a potential issue in relation to the provision of reasonable adjustments. Nurse academics highlight that the additional mandatory clinical proficiencies within the new nurse training standards could potentially prove unachievable for some student nurses who require reasonable adjustments. The student nurses report that clinical staff have had problems adapting to being Practice Assessors and Practice Supervisors due to the differences in responsibility compared with the nurse mentor/co-nurse mentor roles.

This has led to a lack of clarity about who leads the planning of student nurse learning including the facilitation of any reasonable adjustments.

*“The future nurse standards I find quite interesting because I think some of the standards, including some of the skills annexes, that potentially are going to preclude people from becoming nurses ... they’re not going to be able to get through the pre-registration programme”* (Academic Disability Lead).

*“I definitely think that...with the new changes in standards, mentorship is all very different now”* (Mentor B).

All study participants agree that whichever approach is adopted for the development of student nurse learning, all relevant practitioners must be invested in the provision of reasonable adjustments; this is regardless of where they are physically situated. Although inconsistencies exist with student nurses having varying experiences of reasonable adjustments in clinical placement, all study participants agree that having this investment can assist in promoting a positive learning experience. This includes addressing the potential issue of student nurses reverting to a ‘student role’ in clinical placement, accepting any lack of required support, and not questioning why reasonable adjustments are not available to them.

*“I think it’s about engagement... all the stakeholders remaining as invested in that student, as that student is in themselves, and that’s really important”* (Graduate Teaching Associate Tutor).

*“... [students] often come to that traditional relationship of being educated, and the educator are thinking ‘I will be told what to do... I have to just go along with the processes that I’m told’”* (Peer Support Officer).

#### 4.2.3 Inconsistency in interpreting available national guidance

When enquiring if associated current national guidance is sufficient, there is a resounding 'no' from all Thesis study participants. Both national and local (based on national) guidance can also be 'patchy' and not easily accessible. For advice with reasonable adjustments in clinical placement, student nurses and nurse mentors tend to access HEI colleagues for advice rather than source national guidance themselves.

*"It's too patchy, it can be interpreted in different ways..."* (SpLD Tutor).

*"If it's around I haven't seen it, not a prominent position but even two clicks in or anything... When I've looked for it I don't think I've found it and I don't know if that's because I'm not trying hard enough or because it's not really right in front of my face"* (Student A).

The available national guidance is also broad and generic potentially not allowing for the personalisation of reasonable adjustments. This blanket approach is described as limited in its usefulness as reasonable adjustments can be unique to an individual. Additionally, this national guidance is not easily translated to the nursing workforce. NHS specific guidance does actually exist but is not utilised in many healthcare trusts.

*"I think it's a good starting place... but I don't think it's specific enough... so we need clear direction, and clear information, for all those people involved in the delivery and the development of the student. So once we know that they need reasonable adjustments, everyone's on board"* (Lecturer B).

*"...applying blanket solutions, or blanket techniques, or blanket responses... that's not going to help"* (Graduate Teaching Associate Tutor).

Study participants state that national guidance is being used to support student nurses who require reasonable adjustments for clinical placement, but the issue exists that this can be interpreted in different ways. Generally, it is reported by study participants that the concept of reasonable adjustments in the workplace has been differentially interpreted by employers. The interpretation of national guidance in conjunction with NMC education standards is also problematic. Essential clinical proficiencies can be prescriptive and viewed as 'immovable' by some nurse mentors who do not fully understand reasonable adjustments or how to support these student nurses with their learning.

*“There are some areas it doesn't exist other than very generic information maybe from the central disability team and the different universities... Even within one health board never mind across the health boards, things are variable”* (Academic Disability Lead).

*“I don't even know, within the university policies, even if that really does incorporate reasonable adjustments in practice enough...But actually we've got to nurture them through that sometimes, and coach them through a bit”* (Lecturer C).

Discrepancies also exist with how HEIs implement and interpret the national guidance. Some HEIs do not 'follow the rules' or do not fully utilise the national guidance. This can compound confusion for clinically based practitioners about how to support these student nurses from multiple HEIs. The creation of a streamlined approach is suggested which could be beneficial to all related stakeholders.

*“... [reasonable adjustments] became official, then it became law and then universities had to have some rules about it, whether they followed the rules is a completely different conversation”* (SpLD Tutor).

*“...a big frustration for me would be that each university can and does potentially work very differently from each other. So that’s always a challenge, because you’re having to find out from the student about how their particular university works” (Peer Support Officer).*

*“It could be quite hard if we had students out in placement with us from two separate universities...So that was something else that could be confusing for students as well. Not just only students but also the staff and the team as well” (Mentor A).*

For clinical placement, healthcare trusts can have difficulty implementing national guidance and more specific reasonable adjustments. This can be due to logistical factors such as healthcare trusts having multiple buildings to consider and a perceived lack of available funding to make changes or purchase assistive technology. Many healthcare trusts are not aware that Access to Work funding is available which can help pay fully or partially for workplace reasonable adjustments.

*“...the challenge is the organisation, the larger organisation, isn’t prepared for specific adjustments unless they’re in the human rights or equal opportunities act...I don’t know how specific they can be with that because they’ve got such a big area to cover that they only want the generic understanding...even if they have got the legislation in their organisation, the implementation of it is not easy” (Lecturer B).*

*“... this is the stuff where I just think 1% of people who are eligible for Access to Work use it” (SpLD Tutor).*

Due to publication of the UK Equality Act in 2010, both HEIs and healthcare trusts are becoming more aware of how important it is to implement reasonable adjustments for their student nurses. Employers can see that organisations have been sued and experienced tribunals for not providing workplace based reasonable adjustments. There has been a time lag between the publication of the Equality Act

and employers implementing reasonable adjustments, thus case law relating to healthcare trusts is only now beginning to emerge which, although unfortunate, is helping raise awareness to employers and employees (including student nurses) of how this national guidance is a legal requirement.

*“[Universities] have come to realise that organisations out there need to start being prepared to have our students who may have disabilities of all sorts of ranges, whether it’s physical, whether it’s mental, whether it’s a learning disability. They’ve got to prepare themselves”* (Lecturer A).

*“We’re just beginning to get [healthcare trust] case law through now... There is absolutely a theme for case law and it’s all about reasonable adjustments, ‘you didn’t put the reasonable adjustments in, you didn’t put the disability awareness training in, you as an organisation are at fault because you didn’t put the reasonable adjustments in”* (SpLD Tutor).

Study participants advocate strongly that the national guidance should be extensively promoted within the nursing body. Suggestions include the advertising of national guidance to student nurses at all HEI programme inductions and increased disability training for clinically based colleagues. The need for a different approach is recommended to ensure wider exposure of national guidance to all relevant practitioners with essential engagement of the nursing ‘organisations’ such as the NMC or RCN. It is hoped that this approach will instil national guidance in nursing practice and assist in finding solutions to the current issues surrounding reasonable adjustments for student nurses.

*“...we have to do something differently and it has to come from the NMC or the ATE, it needs to come from a big body. Or they need to commission me, or somebody like me, to do it and approve it and say ‘this is allowed’ and it will save money [and] so much time...”* (SpLD Tutor).

*“I think it’s the guidance needs to be developed and widely circulated to ensure there is more equal opportunity for people to get exposure to learning outcomes with different support...I think that’s one of the difficulties, people don’t know what they potentially could offer without breaching the [NMC] standards” (Academic Disability Lead).*

#### 4.2.4 Discussion

This next section of the Thesis forms a discussion of the key findings from the first theme, drawing out relevant opinions regarding reasonable adjustments from the study participants. In conjunction, evidence is presented that suggests the emergence of an associated CoP as well as barriers that exist which hinder this group of practitioners becoming a ‘fully fledged’ CoP. These barriers include a lack of knowledge leading to potential negative perceptions, logistical factors and the impact of limited relevant national guidance. Links are also made with available literature and an additional critical evaluation of the Thesis findings is introduced with the inclusion of my Foundations of Professionalism (FoP), MoE 2 and IFS studies. This evaluation indicates that further research is required to investigate the constraints to facilitating reasonable adjustments in clinical placement which would also provide a more in depth understanding of this emerging CoP.

It is evident from the Thesis findings that there are certain factors which can contribute to a lack of consistency and have a negative impact upon the function of the associated group of practitioners and potential manifestation of the group as an emerging CoP. Development of the capability of the practitioners with regards to reasonable adjustments for clinical placement can also be affected. As identified specifically in this first thematic network, this is predominately in relation to a limited knowledge of reasonable adjustments, differing approaches towards the student nurses’ learning in clinical placement and inconsistency with interpreting available national guidance.



A predominant issue which hinders the emergence and successful function of the CoP identified by Thesis study participants, is that nurse mentors can have limited knowledge of how to support student nurses who require reasonable adjustments for clinical placement. This is mainly due to a lack of related content in their preparation for mentorship courses and annual mentorship updates. This echoes previous discussions within the Literature Review chapter of this Thesis (Ketola, 2009; Elcock, 2013). Nurse mentors are viewed as key to facilitating reasonable adjustments for student nurses in clinical placement. It is therefore imperative that nurse mentors are fully aware of the existence of the emerging CoP and their identity relating to learning practices which at present appears to be lacking.

The Thesis findings suggest that this limited knowledge can lead to nurse mentors having pre-conceived ideas of the student nurses' abilities including lacking the competence to become a registered nurse. Again, this echoes discussions within the Literature Review chapter including the impact upon the quality of student nurse learning provided by nurse mentors (Ashcroft & Lutfiyya, 2013; L'Ecuyer, 2019a; L'Ecuyer 2019b). A previous argument within the Thesis suggested that possibly this lack of nurse mentor support could prevent legitimate peripheral participation for student nurses. However, encouragingly, study participants report that student nurses are generally confident in clinical placement and are active in seeking out learning and networking opportunities to enhance their professional development.

Student nurse study participants also report having their own pre-conceived ideas of requiring reasonable adjustments for clinical placement. This includes being reticent to disclose their learning needs to nurse mentors in fear of negative ramifications upon the standard of support they may receive; again, this phenomenon is present in the available literature (RCN, 2011a; WHO, 2011). Although this is not the case with all nurse mentors, the student nurses report that they have had this experience in some recent clinical placements. Interestingly, student nurses also report pre-conceptions of their own disability in terms of initially not viewing their condition as an impairment which requires reasonable adjustments in clinical placement. When realising that not accessing these reasonable adjustments can stunt their learning,

the student nurses have ensured disclosure to nurse mentors and focussed upon developing their capability of how this support can enhance their nursing skills and knowledge. It could be suggested that by their acknowledging reasonable adjustments, this has allowed the student nurses to access 'social opportunities' (Sen, 1999) which will optimise their success in completing their programme and achieving their desired goal of becoming a registered nurse.

The student nurses report that this process of accessing support can be enhanced by utilising their link lecturers and Personal Tutors but that not all these HEI based nurse academics are helpful. Indeed, the Thesis findings suggest that some nurse academics can have their own pre-conceived ideas of student nurses requiring reasonable adjustments. Study participants identify that this is due to a lack of interest or, again, their limited knowledge wrongly believing that supporting these student nurses will significantly increase their workload. The nurse academics are also seemingly unaware of their role in supporting these student nurses (and their membership of the CoP) and how the onus of this support would not be placed only on them alone. As registered nurses, all nurse academics would have been a nurse mentor and so this lack of knowledge regarding reasonable adjustments appears to have been continued through their nursing career.

An extension of nurse academics' limited knowledge is present with link lecturers and Personal Tutors describing their uncertainty of their role when supporting student nurses in clinical placement who require reasonable adjustments. This identity confusion could be compounded by the fact that nurse academics who are both link lecturers and Personal Tutors to a student nurse have a 'multimembership' within the suggested emerging CoP (Wenger, 1998). This lack of clarity of the role of nurse academic in clinical placement is a concept already present in the available literature (Adams, 2011; Andrew & Robb, 2011; Younas *et al.*, 2019). This idea was also identified in my FoP assignment discussing how link lecturers can find being a 'cross boundary professional' (Whitchurch, 2008) challenging. As a link lecturer and Personal Tutor, myself, I concur that there can be a lack of clarity with roles when supporting student nurses in clinical placement. Specifically, for reasonable

adjustments, this confusion of link lecturers' identity within the group is mirrored in my MoE 2 results implying that little progress has been made in defining their identity since this study took place (King, 2018).

Limited progress also appears to have been made since my IFS with study participants reporting upon the difficulty of transferring reasonable adjustments from HEI to clinical placement areas (King, 2019). Similarly, to the IFS, the Thesis study participants indicate that a 'situated learning' approach can be beneficial in facilitating reasonable adjustments in clinical placement. This incorporates the notion of learning 'in situ' about how reasonable adjustments can be utilised in clinical placement and also how this support is received by nurse colleagues and learning how to navigate the facilitation of these reasonable adjustments. It could be suggested that this approach allows student nurses to 'characterize learning as legitimate peripheral participation in the CoP' (Lave & Wenger, 1991, p. 31). Student nurses report needing to access their link lecturers and the HEI Disability Service for advice and clarification of processes with varying levels of success.

A unique finding to the Thesis topic is that study participants who are not registered nurses describe difficulty in being fully accepted as a source of advice by nurses; this is due to not having direct nursing experience. These colleagues state that their potential expert role within the group, in terms of their knowledge of reasonable adjustments and the associated national guidance, is not fully appreciated by the nursing colleagues. This then leads to a lack of clarity of their identity within the processes of supporting the student nurses and can mean exclusion from discussions and decision making. This phenomenon could be explained by Wenger's (1998, p. 168-169) idea of a CoP having a 'broader constellation of practices'. Here a CoP itself can be in a 'marginal position' in respect to members who emanate from outside core CoP membership. As a result, although they have an identity, these practitioners from a 'broader institution' (in this case the Student Disability Lead, Graduate Teaching Associate Tutor, the Peer Support Officer and SpLD Tutor) can be placed in a 'peripheral position' within the suggested CoP. These study participants report that this 'friction' is eased by other practitioners from the group

being inclusive such as myself including them in the Thesis research. Wenger (1998, p. 109) would describe this inclusion as 'brokering' which, although complex, enables new connections across a CoP and can 'open new possibilities for meaning'.

This is true for the 'new' findings that have come to light during the Thesis relating to how nurse mentors approach planning and facilitation of learning for student nurses requiring reasonable adjustments. As discovered from the study participants' responses, the disability report provided by the HEI can be used as a tool to frame the student nurses' learning. This is in conjunction with ensuring adherence to the demonstration of clinical proficiencies present in the student nurses' PAD. As Edwards (2010) explains, using the disability report in this manner, reflects Vygotsky's work whereby this 'tool' contains both material and conceptual recommendations to inform learning. Again, links are apparent with situated learning when utilising the disability report as study participants state that it is not guaranteed that the reasonable adjustments will be successful until their use is attempted in clinical placement.

Although study participants discuss how the disability report can be useful for planning student nurses' learning, it is apparent that not all associated practitioners are aware that these reports exist, and it is dependent on whether the student nurses disclose and share the report with their nurse mentors. Issues with student nurses disclosing are present in current literature already and so this finding, although disappointing, was expected (Morris & Turnbull, 2007; King 2019; Major & Tetley 2019). The bureaucracy surrounding the creation and amendment of these reports described by study participants is also evident in the Thesis Literature Review chapter (Ridley, 2011; Wray *et al.*, 2012). On a positive note, it would appear that when used effectively, a disability report can both enhance the student nurses' learning experience and contribute to developing capability of the associated practitioners for reasonable adjustments in clinical placement. The content and recommendations of the disability report could also contribute to supporting and promoting the existence of an associated CoP.

However, successful utilisation of the disability report can be affected by the type and length of clinical placement. During shorter placements, there can potentially not be enough time to instigate and fully facilitate reasonable adjustments even if the nurse mentors are supportive towards the student nurses' learning. The transient nature of clinical placements has already been highlighted as an issue ensuring reasonable adjustments which could impact upon a student nurses' progression through the pre-registration nursing programme (Kolanko, 2003; King, 2019). However, Thesis study participants report that this issue can be overcome when nurse members are employed in the community or learning disability placement areas. This appears to be due to practitioners being confident with the operation of reasonable adjustments for their patients/clients and can transfer this working practice to support their student nurses. Both these findings mirror data from my IFS thus validating this discussion. The IFS and Thesis findings also contribute to the suggestion that capability of the group, and its ability to function as a CoP, can be developed by having regular exposure to and experience of reasonable adjustments.

The Thesis findings indicate that regular training and exposure to reasonable adjustments for nurse mentors is essential for the development of the groups' capability. This training also promotes, in essence, the existence of a CoP and the nurse mentors' identity and role within this group of practitioners. However, despite the reported increase in training regarding reasonable adjustments within some nurse mentorship updates, Thesis study participants describe concerns about how the new NMC pre-registration education standards (NMC, 2018c) could hinder this specific training and deplete support for student nurses' learning. Predominately this emanates from the division of the nurse mentor role into Practice Assessors and Practice Supervisors and the removal of the SLAIP guidance (NMC, 2008). There already appears to be confusion and incorrect delegation for student nurse support with the two new roles. The specific national guidance for nurse mentor education (attendance to a mentorship preparation course and annual updates) has been removed and replaced with the option for locally led decisions for training of Practice Assessors and Practice Supervisors. Contemporary literature states that, generally, the current training for nurses who support student nurses in clinical placement needs updating and standardising (Tuomikoski *et al.*, 2019; Cusack *et al.*, 2020;

Mahasneh *et al.*, 2020). With regards to the new NMC education standards, early literature suggests that the revised model using Practice Assessors and Practice Supervisors will require careful operationalisation and regular review to ensure the maintenance of high-quality support for student nurses (Harrison-White & Owens, 2018).

Concerns over the potential preclusion of student nurses requiring reasonable adjustments from being able to demonstrate the clinical proficiencies detailed in the new pre-registration education standards, remains to be seen (these clinical skills are more extensive/technical than proficiencies in the existing education standards such as intravenous cannula insertion). Future research is required to confirm or deny this problem once the new standards have been fully embedded within UK nurse training. It could be suggested that the apparent inconsistencies revealed through the Thesis findings, will need to be addressed in the application of these updated nurse education standards. In agreement with the Thesis study participants, whichever approach is used, all practitioners must be invested in supporting these student nurses' learning in clinical placement and in developing their own capability.

This capability development can be enhanced with the knowledge and application of national guidance for reasonable adjustments which appears to be lacking. Study participants identify the primary reason for this being that the national guidance is too broad which has resulted in its varied interpretation by HEIs and healthcare trusts. Compounding the issue is that national guidance tends to focus on reasonable adjustments to support academic work rather than clinical placement. This could be due to reasonable adjustments perceived as being easier to facilitate in an HEI environment rather than in clinical placement areas because patients are directly involved. Even during the COVID-19 situation, national guidance has been published for HEIs to ensure inclusive practices for university students who require reasonable adjustments, but this mainly focusses upon the campus environment and online teaching provision (Brown & Parkin, 2020; Disabled Students' Commission, 2020; Office for Students, 2020). Study participants who are aware of the UDL model argue that this initiative could help overcome these discrepancies with the

application of available national guidance. Success has been demonstrated using the UDL model in the workplace previously (Harris, 2018; Halligan *et al.*, 2019). However, there is an awareness that effective use of the UDL model can be constrained by logistical factors such as listed buildings which cannot be structurally altered and practitioners lacking awareness of available government funding i.e. the Access to Work scheme and the Student Disability Allowance. The capability development of the group could be impacted by these factors which echo the social, political and economic constraints to freedom to develop as described by Sen (1999).

All Thesis study participants agree with increased promotion of the available national guidance to practitioners involved with supporting these student nurses. A more streamlined approach to the provision of reasonable adjustments in clinical placement is also suggested with possibly with the student nurses' PAD being used to frame this work. This could enhance the capability of the group and promote the awareness of the actual membership and manifestation of the group as an emerging CoP. Knowing the content of the national guidance alone will not be enough and practitioners would need to effectively network to understand the nuances of how reasonable adjustments can be applied in clinical placement. Again, comparisons can be drawn with the group as a CoP with the work of Wenger (1998), as not only do CoP members need to be aware of procedures, they also need to be aware of their meaning in practice.

Further guidance is required from the NMC as the main governing body for nursing in the UK. This does not seem to be forthcoming with the most recent disability guidance being associated with inclusive access for disabled people when using their services or visiting the NMC Headquarters (NMC, 2019a). Additionally, the online version of the Royal College of Nursing toolkit containing advice for nurse mentors (RCN, 2010) now includes a banner across each page stating, 'past review date, use with caution', ironically making the document difficult for the Thesis study participants with dyslexia to read. Study participants agree that both these issues need urgently addressing.

The Thesis findings suggest that HEIs and healthcare employers, as associated 'organisations', are increasing their compliance with national guidance. This is in response to becoming more aware of the legal connotations of not providing reasonable adjustments for staff and emerging case law (Advisory, Conciliation, and Arbitration Service, 2016; Advisory, Conciliation, and Arbitration Service, 2020). Although it could be argued that the intention behind employers' installation of this support is not entirely altruistic, these actions could assist in reducing the current lack of consistency in the practices of supporting student nurses requiring reasonable adjustments.

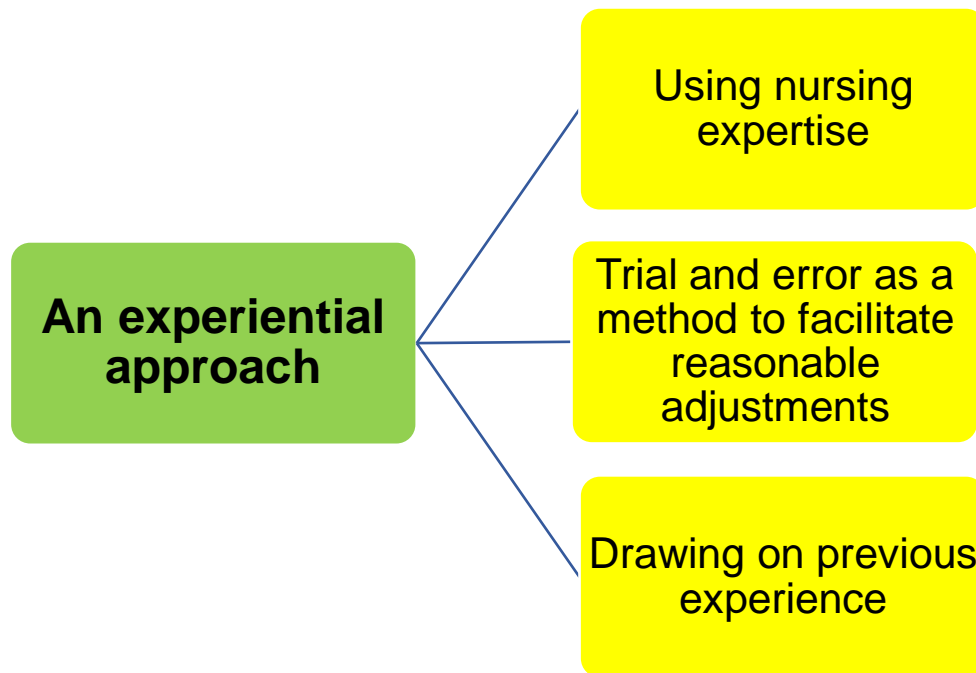
Overall, this first theme has elicited views from the Thesis study participants capturing current issues which contribute to a lack of consistency in the practices of facilitating reasonable adjustments for student nurses in clinical placement. These issues can also be acknowledged as barriers to the successful emergence of an associated CoP. Thesis study participants suggest the need for improvement of these issues and further investigation to reduce these inconsistencies. This could also aid the group of practitioners to become a 'fully fledged' CoP through promotion of its existence and streamlining of its learning and working practices.

### **4.3 An experiential approach**

The second theme identified from the Thesis data from the code 'experience'. Study participants identified this lack of knowledge of reasonable adjustments for student nurses and so drew upon previous experiences to develop their own capability. Interestingly, study participants discuss using training and expertise gained through their nursing career to frame their support for the student nurses. These experiences also included reflecting upon any personal knowledge of having a disability or impairment and the associated reasonable adjustments. The utilisation of any previous experiences centred around an experiential approach which echoes the broad nature of the associated national guidance and the lack of awareness of its existence by the group. These findings make up the second thematic network (Figure 3) which will now be discussed in further detail.



Figure 3: 'An experiential approach' thematic network diagram



#### 4.3.1 Using nursing expertise

Study participants who are registered nurses, describe an interesting phenomenon and discuss how they use their expertise for caring for patients/clients to frame their support for student nurses requiring reasonable adjustments. This includes the involvement with rehabilitation services for neurological patients and caring for clients who have profound learning disabilities. Although not necessarily specific to a student nurse's disability or impairment, their skills and nursing attributes allow these study participants to understand the concept of accommodating reasonable adjustments and the positive impact this support can have upon a person's quality of life.

*"I worked in neurological rehabilitation... I suppose, through my nursing career, I've very much developed those skills in hands-off nursing and empowering people and patients to set their own goals. I think a lot of it is kind of based on that, when you see the benefits of empowering people to lead their own care, do it themselves, not*

*do it for them all the time... So I think it's probably that rehabilitation approach that I probably use" (Lecturer C).*

*"... because my background is working with people with learning disabilities, and so understanding the concept of reasonable adjustments has always been a part of my working life..." (Lecturer B).*

In fact, some study participants agree that nurses constantly make reasonable adjustments for their patients, wherever they work, and therefore should be able to provide this support for student nurses without perceiving this as an alien concept. Nurses are used to planning care for diverse patient groups which involves the application of reasonable adjustments such as the provision of a walking frame or communication aids. It is suggested that this capability of this aspect of nursing care has been developed and should be continued and translated across to supporting these student nurses. Encouragingly, one student nurse explained how nurses were able to acknowledge her anxiety due to experience of caring for this patient group and could then positively support her during a panic attack whilst in clinical placement.

*"[Nurses] don't tolerate discrimination in any shape or form around disability... I think there just needs to be a bit more of a statement out there that welcomes [students]" (Lecturer A).*

*"For your client you'll go, 'yes let's get the OT in and we'll find a different frame and we'll find a different activity and we'll send this and we'll give you that training, that's what they need to get home and live independently' well do you know what, look at the person beside you. Just because they're a member of staff [or student] why does that suddenly change?" (SpLD Tutor).*

*“So [the nurses] kind of recognised that I looked really anxious about that and they were like “if you need to go just go, it’s fine”” (Student A).*

Registered nurses can also develop their capability of providing reasonable adjustments for patients and clients through relevant work-based training. This is acknowledged by the two nurse mentors as another experience that can be utilised for supporting student nurses. Specifically, training for counselling skills and Cognitive Behavioural Therapy is viewed as beneficial as many current student nurses require reasonable adjustments relating to mental health issues.

*“Also, we did have a lot of mental health training. Obviously more specific to women who may have depression or anxiety, but I do believe that that training could be applicable for more people and was quite useful for students as well and the team” (Mentor A).*

*“I think in that role we’re very much aware of the increase in mental health. We’re very aware of the increase in being able to, maybe, spot learning difficulties, because I think we’re all getting much better at being able to” (Mentor B).*

#### 4.3.2 Trial and error as a method to facilitate reasonable adjustments

Study participants who are HEI based colleagues report that reasonable adjustments for student nurses in clinical placement are not ‘an exact science’. These HEI colleagues describe using nurse academics to discuss a particular student nurse and help formulate a plan for learning support. Chosen reasonable adjustments are not always guaranteed to be successful and a disability report may need ‘tweaking’ in response to a student nurse feeding back unsuccessful facilitation of this support in clinical placement. The term ‘trial and error’ was used repeatedly by these study participants when describing their methods to facilitating reasonable adjustments for their student nurses.

*“Reasonable adjustments is not an exact science, so we do often spend time talking to each other to tease out an issue that perhaps a student has, do we or don’t we do this?” (Student Disability Lead).*

*“It’s very much been experiential learning... Obviously, I couldn’t always guarantee [reasonable adjustments] were going to work... Trying sometimes to think a bit out of the box about different ways of approaching key delivery skills” (Academic Disability Lead).*

The link lecturers and clinical colleagues report ‘going with the flow’ when supporting student nurses who require reasonable adjustments. This involves taking each student nurse on a ‘case by case basis’ and reviewing if suggested reasonable adjustments are effective, rather than strictly following the national guidance. This finding demonstrates how these practitioners adopt an individualised approach to student learning and could be applied as an interesting extension of Edwards’ concept of relational agency. The Academic Disability Lead describes how adopting an experiential learning approach is central to developing their own capability of reasonable adjustments required for clinical placement and extends to how they advise nurse mentors. Adoption of this experiential, ‘trial and error’ approach is in response to the lack of an available evidence base relating to these student nurses.

*“...You just kind of go with the flow with what [student nurses] have in support... I tend to go with whatever advice they’ve been given. If I feel I’m not quite sure, I will always go back to the disability team within the university” (Lecturer A).*

*“That has built up, for me, a knowledge and an understanding of some of the challenges the mentors face. One of the things I’m very transparent about is I don’t have all the answers” (Academic Disability Lead).*

### 4.3.3 Drawing on previous experience

Study participants who are not nurses, report drawing upon experiences from previous job roles to help develop their capability of supporting student nurses requiring reasonable adjustments. Specifically, these have been non-nursing associated job roles and were located in education or the disability sphere instead. Established skills and expertise are effectively transferred to their current job role and assists with establishing their identity when supporting student nurses requiring reasonable adjustments.

*“So, that background of psychometric assessment gave me an insight to work with students... So, now I say I’m very lucky because I was trained how to observe students, and how to put the results, and all of those sorts of things together... Now, I can apply it to [nursing] practice...”* (Graduate Teaching Associate Tutor).

*“I trained to be a sign language interpreter when I was 18 and started work at 19 so I’ve always been involved in the world of disability... I then worked in education all the way from nursery all the way up to PhD and into the workplace as a sign language interpreter or communications support worker... Then I went from that situation into being a dyslexia tutor and then reasonable adjustments became official in my life...”* (SpLD Tutor).

Interestingly, current nursing job roles are also recognised as beneficial to developing capability of reasonable adjustments for student nurses. One lecturer identifies the inherent traits of being a nurse academic, and supporting learning for diverse groups of student nurses, as mirroring the ethos of reasonable adjustments. Involvement with these student nurses has also changed the working practice and even the name of the group led by the Peer Support Officer. Where the group primarily had supported registered nurses, this has now been expanded to include offering advice to student nurses.

*“...Even outside of reasonable adjustments, [lecturers are] creating that sort of ideology, that sort of thinking, for the way that we educate other people, and so consequently we always have to adjust, and so when we meet people where we need reasonable adjustments, it becomes part and parcel...”* (Lecturer B).

*“And we would find, say, six or seven years ago that the vast majority were in contracted employment or they were registered...We were always getting a few students. We’re getting more and more students now”* (Peer Support Officer).

Experience of being a nurse mentor for student nurses requiring reasonable adjustments has proven useful in developing capability even if this exposure is limited to one or two types of disability or impairment. There is also the awareness that student nurses can be reticent to disclose any reasonable adjustments as they fear negative repercussions within the clinical placement areas. Therefore, nurse mentors observe for any behaviour which may suggest that a student nurse requires extra support for their learning and appropriate action is taken such as instigating an open discussion or action planning for development of specific clinical proficiencies.

*“Sometimes I have seen students who are actually scared of acknowledging that they need reasonable adjustments. They are worried about being kicked of the course...”* (Lecturer C).

*“...It was quite subtle... There were a few issues with attendance and so, rather than wait for the midpoint interview, it was better to address it straightaway... It was just really reading between the lines with [the student nurse]”* (Mentor B).

Not surprisingly, personal experience of requiring reasonable adjustments is reported as beneficial to facilitating the learning needs for these student nurses. These study participants have an increased knowledge of national guidance and are aware of the difficulties that can exist when accessing reasonable adjustments in the

workplace. Student nurses feel reassured in their abilities when nurse mentors or nurse lecturers disclose a disability or impairment to them and appreciate this sympathetic approach.

*“I [am] very aware anyway of the Equality Act. That’s something personally I’m aware of because I have a disability myself... “ (Mentor B).*

*“Yes, it absolutely helps, knowing that somebody who has managed to go through a degree and registered actually has the same thing you have... It’s good to know that it’s not going to stop me from finishing year 3 at some point” (Student A).*

The SpLD Tutor explained how having their own disability is indeed beneficial to developing their capability, in addition to other personal experience. Being a mother to children who require reasonable adjustments for school has also developed her understanding and knowledge of reasonable adjustments for students. The combination of these factors has led to the adoption of a ‘natural solution-based approach’ within their personal and work lives which proves helpful when supporting the student nurses during their pre-registration nurse training.

*“I [have multiple disabilities]... I have two kids who have got disabilities, so I’ve fought very much for reasonable adjustments at school... So I would say that I been fully immersed in reasonable adjustments... I’ve always been very much solution based...” (SpLD Tutor).*

Encouragingly, the student nurses identify that their own experiences of reasonable adjustments in clinical placement have helped develop their capability. This includes increasing confidence in disclosure and critiquing the effectiveness of any support offered for their learning. Their general knowledge of reasonable adjustments has also been developed, although this is through peer support and conversations with

individuals who they perceive as experts in their own learning, rather than accessing national guidance or available research literature.

*“...So all of it, the reasonable adjustments have helped alongside reasonable adjustments I’ve learnt to make myself, that weren’t recommended” (Student B).*

*“...Because I’ve now had a year and a bit of knowing what works for me and what doesn’t, it’s a bit easier for me to go, ‘look, this is what I know works and what I know doesn’t.’... I’m a lot more vocal about when I know things aren’t working for me now than I was in first year” (Student A).*

#### 4.3.4 Discussion

The second theme is now discussed in further detail in this next section of the Thesis which includes general views from the study participants. Specific examples are also presented of how these practitioners navigate through their lack of knowledge of reasonable adjustments, including a limited awareness of the existence of an associated emerging CoP, by using an experiential approach to learning and incorporating previous similar experiences. Again, findings are compared with relevant literature and critical evaluation of the findings is extended using parallels with the content my previous EdD studies.

It is clear from the Thesis findings that study participants who are registered nurses (including nurse academics) and student nurses, would be far from being ‘masters’ within this emerging CoP; however, they can be viewed as key figures in the CoP (in terms of their essential membership and being central to developing the required learning practices) rather than ‘masters’. These individuals are aware of this fact but generally strive to preserve a good quality learning environment in the clinical placement areas. Rather than drawing upon established competence with reasonable adjustments and an awareness of an emerging associated CoP, these



individuals report the transfer of existing nursing care expertise and knowledge to assist in developing their capability instead.

Interestingly, this includes utilising experience of nursing care in terms of facilitating reasonable adjustments to help empower their patients/clients towards being self-sufficient and having an improvement in their quality of life. This approach resonates with Sen's work (1998) of the development of freedoms by the nurse mentors for their student nurses requiring reasonable adjustments. Study participants who identified this phenomenon, described how they did not realise that this is in fact their practice before being interviewed for the Thesis. Jones (2005, p. 1177) can define this as 'transference', originally noted by Sigmund Freud and his colleague Joseph Breuer, which 'refers to an unconscious relocation of experiences from one interpersonal situation to another'. Jones (2005) describes that this is a common occurrence in nursing practice, as these professionals possess the desire to help people. However, nurses do not consciously acknowledge transference as they are not actively encouraged to reflect upon utilising experiences from their early life or derived from during their careers.

The nurse mentor study participants also discuss the application of knowledge gained through relevant formal, workplace-based training to assist in the planning of student nurse learning. Local workshops and courses pertaining to mental health conditions were especially useful when supporting student nurses who disclosed similar diagnoses. Nurse mentors explained how they attempted to adapt this knowledge related to patient/client care to provide an empathetic, informed approach to facilitating reasonable adjustments for their student nurses. This approach suggests a connection with an Apprenticeship style of learning which reflects the existing practice of 'on the job' nurse training in the clinical areas as previously discussed in the Thesis. Furthermore, Guile & Young (1999, p. 125) could describe this as a 'transformative' approach using 'scientific and everyday concepts' which can be valuable in Apprenticeship style learning. However, Henderson (2002) would suggest caution when applying any 'holistic' theoretical knowledge to nursing practice due to the recognised issue of the 'theory-practice gap'. Hays, Matiuk &

Townsend (2022, p.49) agree that this 'theory-practice' gap can be difficult to navigate due to addressing 'multiple strategies and resources' whilst managing any 'student vulnerability'. Indeed, as the Thesis study participants identify, nurse mentors regularly make reasonable adjustments for their patients/clients but appear to struggle with transferring this concept to their student nurses.

Nurse mentors openly admit that they do not understand how to fully apply reasonable adjustments for learning in clinical placements for student nurses. There is also confusion about the nurse mentor role and these individuals are not certain of what constitutes the associated group of practitioners/stakeholders available for advice. Again, nurse mentors attempt to transfer existing general expertise of supporting student nurses to assist in the provision and management of reasonable adjustments. This is reported as not always successful and can prevent student nurses from having an optimal learning environment. However, exposure to supporting these student nurses, even with varying results, is viewed as crucial by study participants to developing the nurse mentors' capability of reasonable adjustments and their knowledge of the associated sources of advice. Sen's work (1999, p. 273) could be applied here to describe the nurse mentors' actions as just and ethical by combining 'deliberate and evolutionary' behaviours to develop their own and their student nurses' capability. This capability relates to knowledge and experience of reasonable adjustments and the manifestation and function of the group as an emerging CoP.

Study participants also discuss drawing upon experiences of other job roles which has helped develop their capability and their identity in supporting the student nurses requiring reasonable adjustments. For the nurse academics, the inherent traits of this role are utilised including the perceived expected practice of regularly changing teaching techniques to encompass all students' individual learning styles. For non-nursing study participants, these individuals bring their experience and knowledge of supporting people with disabilities in general during education or government-based job roles. They see their particular area of development for their capability as transferring this expertise to the nursing sphere. They also seek to establish their

identity as an expert associated with their extensive knowledge of reasonable adjustments and the relevant national guidance. Wenger (1998) explains that not all CoPs require homogeneity and that diversity can be beneficial as long there is mutual engagement between CoP members. For this to be successful within the group associated with reasonable adjustments, communication and mutual respect between non-nursing and nursing members appears to be an area for improvement.

Experience of personal reasonable adjustments is also used to develop capability by the Thesis study participants. When planning for the student nurses' learning in clinical placement, some nurse mentors and nurse academics use their base understanding of national guidance and how their own reasonable adjustments have been facilitated. These individuals also report that they disclose these reasonable adjustments to their student nurses. The student nurses state that this approach has been beneficial to their learning. They have viewed these nurses as role models by demonstrating that it is possible to become a registered nurse despite requiring reasonable adjustments. Although nurse mentors may not have the same disability or impairment as the student nurse, this disclosure offers reassurance that any support will be conversant towards their learning needs during clinical placement. This echoes the work of Wenger (1998, p. 100) who suggests that role modelling is important in a CoP; even if the individual is not a 'master' their presence in the CoP alone is important to engage 'newcomers' and 'provide a sense of how the community operates'. This also adds substance to the arguments discovered whilst reviewing the existing nursing literature, that role modelling is certainly an important aspect of nurse education (Bahn, 2001; Swift, Henderson & Wu 2022).

Similarly, to my IFS findings, the Thesis interviews have revealed that student nurses reflect upon their own experiences of accessing reasonable adjustments in previous clinical placements during their nurse training. The student nurses actively develop their own capability seeking to become an expert in how their own reasonable adjustments translate into supporting their learning. Capability development predominately emanates from actual experiences in clinical placement rather than accessing the national guidance or available research literature. Hearteningly, the

student nurses also report wanting to develop the capability of other practitioners, with regards to this translation including their nurse mentors. However, as demonstrated in the Literature Review chapter, evidence is still in existence that not all student nurses possess this confidence to disclose their diagnoses and some nurse mentors are not always receptive to the requirement of reasonable adjustments post disclosure; thus, affecting any capability development of these student nurses and the associated group of practitioners.

These varying approaches to capability development demonstrate experiential learning. Thesis study participants' experiences appear to follow an experiential learning approach (Kolb, 1984) and is enhanced by accessing advice from relevant nursing and non-nursing colleagues. This approach appears to be in response to the lack of specific national guidance and limited relevant literature. Although varying levels of success are described, this is viewed as a realistic method to support learning and capability development. As previously eluded to in the Thesis, Lave & Wenger (1991) suggest that experiential learning can be necessary as a CoP should be able to rethink its learning practices when needed. Therefore, this approach could be beneficial to this group of practitioners if they wish to establish themselves as a CoP.

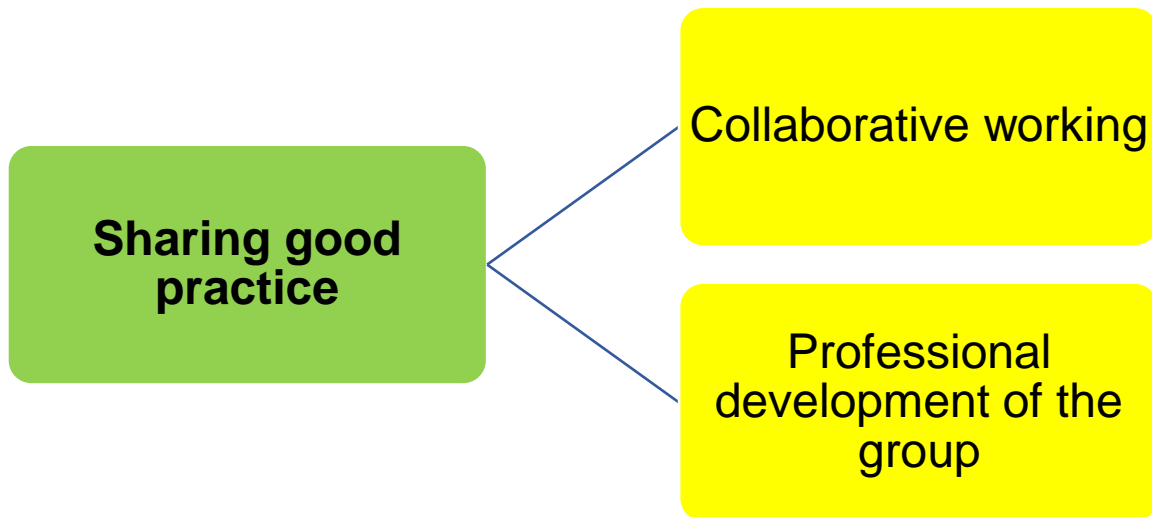
This 'trial and error' approach reported by Thesis study participants, also extends to 'tweaking' of reasonable adjustments contained within disability reports. This is dependent upon the success of their application in clinical placement. Although national guidance exists, by treating each student nurse's learning requirements as unique and not applying a blanket approach, this could be viewed as the correct management for this support. As the Graduate Teaching Associate Tutor astutely states "*one size does not fit all*" when it comes to reasonable adjustments. Additionally, the IFS findings support this statement with the student nurses describing the uniqueness of their own reasonable adjustments (King, 2019).

To conclude the discussion of this second theme, it is apparent that the Thesis study participants adapt experiences and knowledge from previous roles and nursing care in an attempt to develop their capability with reasonable adjustments. This approach supports the suggestion that this group of practitioners are operating similar to that of a CoP. Wenger (1998, p. 103) would agree with this approach suggesting that CoPs do not operate in isolation and should maintain 'relations with the rest of the world'. Furthermore, CoPs commonly operate across boundaries with members often participating in multiple CoPs helping to negotiate meaning and share pertinent information. Engestrom, Engestrom & Karkkainen (1995, p. 319) agree and suggest that operating across boundaries is expected when individuals combine 'ingredients from different contexts to achieve hybrid solutions' to workplace learning issues. Utilising an experiential approach is also to be expected when critiquing CoPs as 'learning by doing' is a common event (Lave & Wenger, 1991, p. 105).

#### **4.4 Sharing good practice**

For this next and final theme, the Thesis data suggests that the group of practitioners seek to overcome these limitations in knowledge and experience regarding reasonable adjustments for student nurses in clinical placement by sharing good practices with each other. This theme emanated from the code 'empowerment' with all study participants describing sharing of knowledge as a method to developing their own and others' capability. Knowledge is shared via *collaborative working* and *the professional development of the group* which forms the basis of third thematic network (Figure 4). Using this approach is again not wholly surprising as this is an inherent trait of nursing practice and education. It could be observed that there are aspects which overlap between collaborative working and professional development. Therefore, for the purposes of this Thesis, collaborative working focusses on aspects relating to the supportive working practices of the group and professional development focusses on increasing the capability of all the associated practitioners.

Figure 4: 'Sharing good practice' thematic network diagram



#### 4.4.1 Collaborative working

For the student nurses, they describe how they access certain practitioners for general support with their reasonable adjustments for clinical placement. This includes both HEI and clinically based colleagues for practical and pastoral matters. However, this support is not always effective especially if link lecturers are not available or if the student nurses do not view a certain practitioner as approachable.

*“Last year I don’t think I saw one [link lecturer] until my repeat placement... The two areas I had they didn’t seem to exist” (Student A).*

*“I don’t talk to [my Personal Tutor] that much... Bit of a clash of personalities...” (Student B).*

Study participants who are clinically based are aware of how HEI colleagues can be utilised as a source of support and advice. It is observed that link lecturers commonly are not aware of how to exactly facilitate reasonable adjustments for clinical placement but can be helpful for signposting to associated risk assessment

procedures and disability reports. Both study participants who are nurse mentors hold the opinion that HEI colleagues are predominately accessed only if there is a concern about a student nurse otherwise advice is sought from their managers and work colleagues instead.

*“I’ve not needed to, because, as I say, most people that have come to me with dyslexia- and I know this isn’t the case for everybody, but for me- I’ve been provided with a [disability] report” (Mentor B).*

*“With supporting students in placement, the communication back to university was more on if there was a concern maybe about the student... There wasn’t much communication feeding back to the university about adjustments being made” (Mentor A).*

Nurse lecturers are aware of their supportive role for student nurses and clinically based colleagues in terms of providing pastoral care and delivering information specific to reasonable adjustments procedures. Reassurance to both student nurses and nurse mentors that reasonable adjustments can be achievable is perceived as an integral aspect of link lecturer and Personal Tutor activities. This support can also contribute towards promoting trust within the group by helping build effective working relationships between the HEI and clinical placement areas.

*“It’s constantly reassuring the [clinical] staff that this can be done. It just means that you need to provide extra support. That extra support is required in order for this student to flourish and to pass her placement” (Lecturer A).*

*“...Because you have a personal relationship, that’s why you’re called a Personal Tutor, and you have somewhere where a student can disclose, and you have somewhere where a student can feel safe, where they can share their experience or their anxiety with you...” (Lecturer B).*

*“...So it was saying to [the student] ‘If [the nurse mentor and link lecturer] make these reasonable adjustments, then, and with support that we can give and in the knowledge that you now know us and you feel safer here’ we felt that it was achievable. It was manageable and achievable...”* (Mentor B).

Study participants who work within the HEI disability services also report the benefits of working collaboratively with clinically based colleagues. If required, contact can be made with the healthcare trusts to install certain reasonable adjustments prior to a student nurses commencing their clinical placement. Additionally, nurse mentors can be contacted to provide detailed feedback on whether certain reasonable adjustments have assisted with a student nurses’ performance.

*“...If we approach or identify to the practice education facilitators in advance, they’ll check whether that technology can be made available to the student”* (Academic Disability Lead).

*“I was asked to give detailed written feedback about how a student was progressing. Then this detailed feedback was given to the university... [the HEI] bought it to my attention that my feedback really contributed to the progression of the student...”* (Mentor A).

The SpLD Tutor identifies the importance of their role in promoting collaborative working with all associated practitioners. Specifically, this relates to providing student nurses and nurse mentors with relevant information, including national guidance, with the intention of empowering these individuals to access these colleagues for support and advice. Their collaborative working practices can also assist with deescalating complaints and disciplinary procedures emanating from student nurse experiences with reasonable adjustments in clinical placement.



*“...So I’ve had three-way conversations for example. So I will be with the student and either their mentor or somebody from the clinical setting and we’ve discussed what the reasonable adjustment is and why it’s important” (SpLD Tutor).*

*“I’ve also sat in some disciplinaries where I’ve acted as an advocate for the student... Then within about three hours the whole situation was dealt with, an apology given, and the decision reversed” (SpLD Tutor).*

Study participants describe the importance of peer support as a form of collaborative working with online methods being especially popular. Student nurses have primarily accessed social media including groups which involve other healthcare-based students sharing experiences of reasonable adjustments in clinical placement. Individuals working within disability services report the benefits of accessing online forums, webinars and relevant email groups. These resources enable communication (national and international) with people who have a similar job role or who work within the sphere of supporting people with disabilities in general.

*“...Some Facebook groups... a lot of it is just, so like people with, for example dyspraxia, are also in healthcare, how they make judgements, and how they get along with [mentors]” (Student B).*

*“I’m a member of Dis-Forum, which is one of these online forums where, if we’ve got a query and we’ve got a student where we want a bit of advice... You can actually just put an enquiry on that forum” (Student Disability Lead).*

Peer support also includes face to face conversations and meetings. Study participants who are associated with my workplace HEI report how the local ‘Joint Working Forum’ is a useful meeting for building collaborative working relationships between HEI and clinically based staff. Although reasonable adjustments are not a standing agenda point of the forum, the networking and conversations that take

place before and after the meeting can facilitate discussions and aid introductions between these colleagues. One lecturer, who has a professional interest in reasonable adjustments, reports how link lecturers have shared good practices of supporting these student nurses in clinical placement with them evoking a collaborative working approach between these nurse academics. Actively networking with other individuals who are interested in reasonable adjustments is viewed as an essential element to increasing collaborative working.

*“There are some [link lecturers] that, after they’ve been involved with a student with reasonable adjustments, have gone on to be contributors and share things with me, share new ideas... So there is bigger sense of community once somebody’s been involved in it, I think”* (Lecturer B).

*“I have lots of tendrils but it’s like a garden, I tend and feed my garden, I weed my garden, and I kind of use a network like that... It just doesn’t happen, you have to spend time developing your network, joining the right groups, contributing to conversations...Putting your name out there, offering a suggestion”* (SpLD Tutor).

Although collaborative working within the associated group can be effective in building working relationships and providing support, some practitioners are unclear on who to contact for advice. There is a lack of awareness of each other’s roles and identities or even of their existence. For example, some study participants have not heard of the SpLD Tutor role and accessing the Peer Support Officer is only available to student nurses who have membership of the associated trade union. All study participants agree that the group would benefit from creating more streamlined ways of collaborative working.

*“I think it seems a very scattered approach, and a bit kind of ad hoc, whether students do get the support they should get”* (Lecturer C).

*“I think, like everything, universities do kind of manage these layers of support very differently. And I think, if there was more of a community of maybe universities and trusts all kind of sharing their experience in a more formal way maybe, I think it would make a massive difference”* (Lecturer C).

*“It’s not about ‘I’m the link lecturer, I work for the university’ and ‘Hi, I’m a Practice Educator Facilitator and I work for the organisation.’ It’s very much collaborative working for the best of the student”* (Practice Educator Facilitator).

This uncertainty about who to contact for advice extends to some study participants’ confidence in knowing their own identity/role in supporting the student nurses. All the study participants share a vision of creating a supportive collaborative working approach, but this can be hindered by this issue with identity. For example, the Graduate Teaching Associate Tutor knows that their main role is to develop the student nurses’ academic skills, but they are unsure of how their role ‘fits’ with the link lecturer and Personal Tutor activities. Similarly, the Practice Education Facilitator and Student Disability Lead are more confident about their identity within the group, though they both admit that this confidence fluctuates in response to them developing further experience and awareness of national guidance.

*“...I’m the middle-man between the students and between universities. So when the link lecturers aren’t onsite, I’m here to support [the students], that is my main role. That is my overall role”* (Practice Educator Facilitator).

*“As I say, we don’t determine what is reasonable, we just literally pass on the advice for reasonable adjustments and then it’s up to the course”* (Student Disability Lead).

An additional issue exists which can hinder effective collaborative working of the group, relating to the lack of inclusion of relevant individuals who are not currently viewed as ‘regular members’. This pertains to the ‘wider membership’ of the group

including Human Resources managers and Equality and Diversity Leads in healthcare trusts. These individuals are viewed as key to facilitating reasonable adjustments for healthcare staff (including student nurses) but may not be aware of their role in supporting reasonable adjustments for student nurses in clinical placement. Study participants are clear that if the group does not have the full required membership, this could prevent optimal collaborative working practices.

*“I walk into the room and you hear almost like an enormous penny dropping, people are like ‘Really?’ and scribbling and asking me afterwards and I’m like, ‘With all due respect you guys should know this, you’re the equality, diversity and inclusion person, you’re HR, you’re occupational health, you are where people go to for advice’” (SpLD Tutor).*

*“...As a group of people, as a community, we have to be together...The plan has to include all of us. You can’t exclude one part of the jigsaw, otherwise, it just won’t fit together well” (Lecturer B).*

Collaborative working is obviously an important element to how this group of practitioners function, but some study participants identify that there is no choice for members but to work collaboratively, which can be problematic. For example, nurse mentors are allocated student nurses to support as part of their normal job role and can be resentful of having to ‘deal with’ reasonable adjustments. Worryingly, the SpLD Tutor has been utilised by student nurses who feel that this help is their last resort before leaving the nurse training programme or suing a healthcare trust for discrimination. Also, practitioners who are not nurses can struggle to be accepted by nursing colleagues due to the assumption that they lack an understanding of the reality of working as a nurse.

*“...Some students may feel more comfortable talking to me, because they may be hosted here, and they might have had most of their placements here. Some students*

*I might meet for the first time, and they may feel more comfortable speaking to the link lecturer” (Practice Educator Facilitator).*

*“Mostly it was a case of being allocated students by the managers. Because I work full-time, they would allocate students more to full-timers. Rather than myself saying ‘I would like to help out with this particular student”” (Mentor A).*

*“...It does sometimes cause a barrier with people who are maybe a little bit more closed minded, or a little bit precious for want of a better word, ‘What does she know? She isn’t a nurse?’...So I am still excluded but I do feel part of the community with guys like yourself who invite me into their community, I definitely feel like one of you and we’ve got a common goal” (SpLD Tutor).*

#### 4.4.2 Professional development of the group

Encouragingly all study participants identified the importance of professional development within the group of associated practitioners with regards to developing their own and others’ capabilities. This professional development is seen as a method of increasing the overall knowledge and ability of the group. Although areas of good practice exist which can be shared, it is suggested by study participants that the function of the group is currently not ‘perfect’ but could be enhanced through the professional development of all the associated practitioners.

*“I think we get it right, but I don’t think we ever make it perfect, but I think the more some of us move forward and understanding and the ideologies into the forefront, the more likely it is that we’re going to have success where we won’t take for granted, or exclude, or include people based solely on the fact that they may have some sort of learning disability. What we’ll recognise is that it’s about the individual’s ability to be part of a system, to be part of a team” (Lecturer B).*

All study participants express the view that it is their professional responsibility to stay up to date with nursing practice knowledge including how to facilitate support for student nurses who require reasonable adjustments. The student nurses stated that they will be registered nurses in the future and so they will need to develop their capability associated with the role of a nurse mentor too. Some study participants are actively involved now in research and publishing/presenting information regarding reasonable adjustments for student nurses; others access local training. This professional development can be hindered though by a lack of time and available funding for courses and conference attendance.

*“...[I’m] always looking out for [training] that’s relevant...I would love to have done some further training and was looking, actually, at a postgraduate course...Unfortunately, the funding wasn’t available for me to do that...[It] would have been, actually, been something quite useful”* (Student Disability Lead).

*“...Myself [as a registered nurse], especially when new students arrive, if they need reasonable adjustments, for them to actually understand they’ve got someone they can talk to about it, or need any support...”* (Student B).

Conferences are also accessed to develop knowledge and capability by some study participants as well as utilising local peer support groups. These can both be online or face to face and allow exposure to ‘like-minded’ individuals sharing ideas and relevant information. However, these conferences and peer support groups tend to be with similar individuals, i.e. only nurse lecturers or only other student nurses, and so do not allow for full interaction between all relevant practitioners. The creation of ‘champions’ is suggested as a way to encourage and ensure the involvement of all relevant practitioners associated with reasonable adjustments interacting together for their professional development.

*“The team I work as part of...have been doing this role a lot longer than me. So, if I was to need any support or guidance, my first port of call would probably be them, and asking what did they do within that environment...”* (Practice Education Facilitator).

*“Every ideology needs a champion. We need to make sure that we’re creating more champions, so that we can include lots of people who have been excluded...”* (Lecturer B).

Nurse mentors’ professional development is seen key to the success to facilitating reasonable adjustments for student nurses in clinical placement. This echoes previous findings in the Thesis identifying that these individuals are pivotal to effective student nurse learning in the clinical environment. Study participants describe ‘on the job training’ for nurse mentors with other practitioners providing training or information. The Practice Facilitator and link lecturers can provide relevant information and the two student nurses also explain how they try to ‘educate’ their nurse mentors about their reasonable adjustments.

*“Because it is about that direct education, and we can’t expect mentors, educators, to be well versed in everything. They need to be able to have those learning conversations together”* (Peer Support Officer).

*“...The mentors need developing, need understanding of reasonable adjustments, and how it works within a clinical environment...”* (Lecturer B).

More formal training available for nurse mentors needs to include more information about reasonable adjustments as this is reported to be limited at present. Not only in their mentorship training course as previously discussed, but in subsequent ‘mentorship updates’ which take place annually within the healthcare trusts. This is seen as an important addition to increase nurse mentors’ knowledge and build their

confidence in supporting these student nurses as well as developing their understanding of the available support networks. The updates are taught by clinically based colleagues and also nurse academics promoting a collaborative approach to learning. However, using these mentorship updates alone could be problematic as nurse mentors may only support a couple of students per year who require reasonable adjustments and so can forget this information.

*“...But definitely the more senior you get, it might just be that you have experienced these situations before, but one of the things that I always say is the more experience you get, you might not have the knowledge of how to deal with something, but you know, and you’re quite confident in asking for help from someone else who does”* (Practice Education Facilitator).

*“I was teaching mentorship... I was also including reasonable adjustment insight there, making sure that people understand how they worked, what we had to do, how we had to manage them, and showing success stories of students who had reasonable adjustments and progressed to the end stage for registration”* (Lecturer B).

All study participants agree that promoting professional development for the student nurses is equally beneficial and importantly will encourage the disclosure of any reasonable adjustments. This is seen as essential for instigating this support for their student nurse clinical placements and in preparation for becoming registered nurses. Practitioners can signpost student nurses to helpful resources for their reasonable adjustments and as well as develop their ability to explain the support they require for clinical placement. This professional development will also help student nurses define their identity within this potentially emerging CoP currently and in the future as part of the permanent nursing workforce.



*“...Looking back, I would have been grateful if perhaps somebody had been on my side, while I developed those skills in being able to self-manage and talk about what I need in the workplace” (Lecturer C).*

*“...It’s them also recognising how they fit into an organisation and how they can make things work, because as a student progresses, they get deeper insight into the reasonable adjustment, so as they go to places they can implement some of the things that are necessary to make it successful” (Lecturer B).*

From their own experiences, study participants believe that student nurses are becoming more confident with disclosing and discussing their reasonable adjustments for clinical placement. This is enhanced by other practitioners showing an interest in their professional development. The student nurses describe how encouragement from the HEI based disability service and nurse mentors is especially useful for promoting their knowledge and understanding of their reasonable adjustments.

*“...Definitely I’m more guided by the students that we see out in practice nowadays are a bit more vocal about the reasonable adjustments they want and that they expect, and there are many different reasons that” (Practice Education Facilitator).*

*“Between [the disability allowance and the disability service at the university] they’ve both kind of given me reasonable adjustments with theory and advised me on reasonable adjustments with practice. So I’ve been using those to help me get through the years essentially” (Student A).*

Professional development of the student nurses appears to be becoming more established. Specialised training organised by both the HEI and clinical areas is available for student nurses to attend which can help with understanding their own disability or impairment and associated reasonable adjustments. Unfortunately, this

training does not incorporate all types of conditions, but it is viewed by study participants as a positive step towards officially acknowledging the professional development of these student nurses.

*“[We] actually supported the student to do a programme called ‘Socialise’, which is about trying to help people develop awareness of non-verbal communication, social cues and these kind of things. The student did engage with that” (Academic Disability Lead).*

*“Also we did have a lot of mental health training. Obviously more specific to women who have depression or anxiety, but I do believe that that training could be applicable for more people and was quite useful for the students as well as the team... The trust was always very open in allowing students to come on training as well. So I thought, ‘Well, if it’s something that could benefit staff then why not students?’” (Mentor A).*

Study participants suggest that professional development of all associated practitioners can also change any individual’s negative opinions of reasonable adjustments and promote inclusivity. Study participants are aware that supporting student nurses with a disability or impairment will continue in the future and so a CoP associated with facilitating reasonable adjustments needs to become a ‘normal’ part of pre-registration nurse training. Study participants explain how inclusive learning activities should become the norm as well adopting an approach similar to the ‘Universal Design for Living’ model. At present, this inclusivity is not fully adopted mainly due to some individuals’ fear of change and a lack of understanding of how reasonable adjustments can be facilitated with minimal impact upon the HEI or clinical placement areas.

*“We’re going to retire, which means our workforce...It will have lecturers, new lecturers, come through, professors come through, with different types of disabilities. The university has to be ready to accommodate them” (Lecturer A).*

*“...We’re still very far from inclusion, rather than bolting on the reasonable adjustments and putting them for the individual, you actually build them into the design of the course or the design of the building or have multiple formats, having subtitles on your videos as standard rather than putting them on just for the deaf person or ‘We don’t have a deaf person in the room today, so we don’t need subtitles,’ well you do” (SpLD Tutor).*

Inclusivity is viewed as an important aspect to ensure that people who require reasonable adjustments are part of the nursing workforce and as such these student nurses should be given the chance to prove their ability. The SpLD Tutor explains how the common personality traits of disabled people can mirror the desired ‘6Cs’ for nursing care; Care, Compassion, Courage, Communication, Commitment and Competence (Cummings & Bennet, 2012). These student nurses can possess the traits needed for being a safe and effective registered nurse. Therefore, their reasonable adjustments should be facilitated and supported to optimise their chance of passing their pre-registration nurse training programme. Study participants feel that if the nursing body ‘gets it right’ for these student nurses then this will have a positive ‘knock on effect’ for the future nursing workforce.

*“Think about the six C’s, they’re the skills we want... Those are the skills we say we want in our nurses and that’s what we have to develop because we are disabled people” (SpLD Tutor).*

*“If you have an inclusive approach then there are only small individual changes you need to make for an individual’s particular needs and the more you do that then they should then become inclusive too...It’s the gift that keeps on giving” (SpLD Tutor).*

Similar to the collaborative working findings, professional development of the group can be borne out of circumstance rather than members having an interest in reasonable adjustments. Registered nurses, including nurse academics, have a professional responsibility and no choice but to support these student nurses in clinical placement. This can have negative connotations with these practitioners may not wanting to fully develop their knowledge and capability of reasonable adjustments.

*“So, the community grows, but it doesn’t grow because we’re all interested in reasonable adjustments, it grows because there’s a necessity to support our students who need reasonable adjustments” (Lecturer B).*

*“...I say it’s an interest I have because of the job role. I couldn’t say that I would have the same interest if I wasn’t in the job role that I was in, it’s just because it’s seen as one of my key roles of supporting students” (Practice Education Facilitator).*

Study participants report that registered nurses may also not want to optimise their professional development as they can fear reasonable adjustments. This fear is generated through a lack of knowledge or previous poor experiences of supporting these student nurses in clinical placement. Nurse mentors especially have the concern of failing student nurses which can be exacerbated with the addition of reasonable adjustments. This can be compounded by the fact that nurse mentors who do not facilitate reasonable adjustments are not held to account for their actions by their employers. These issues can then stunt their professional development and potentially mean that these student nurses are not assessed and supported appropriately whilst in clinical placement.

*“I couldn’t manage it all in my workload. Then I moved on to supporting the Personal Tutors to be able to take that forward...I think probably because there was an element of fear in some cases because they maybe didn’t know an awful lot about*

*the student's particular condition, about recommended support measures that would be regarded as reasonable or concerns the student would maybe be seen as being advantaged" (Academic Disability Lead).*

*"What I tend to find is when mentors are in the realm of having to face the fact that a student hasn't performed they then get worries about being charged with being discriminatory, lacking support or not having enough empathy, treating people differently and all these worries they bring on board. I think sometimes that influences the failure to fail" (Academic Disability Lead).*

*"That's not disparaging of the profession, that's the truth, that's our everyday experience where people aren't as qualified as they need to be, they're not as knowledgeable as they need to be, they're not held to account as they need to be. Therefore, people who are in nursing don't get the support that they should" (SpLD Tutor).*

#### 4.4.3 Discussion

This final section of this chapter provides a discussion of the third and final theme generated from the Thesis findings. The group of practitioners are aware of logistical constraints and the lack of knowledge regarding reasonable adjustments for student nurses in clinical placement, but are keen to share good practices from successful facilitation of this support with each other. These practices include advocating effective procedures and identifying the colleagues who assisted in these successful ventures i.e. members of the emerging CoP. Examples given by Thesis study participants are discussed inclusive of similarities with existing nurse education practices and available healthcare related literature.

Although apparent constraints exist that can affect the overall function of the associated group, it is encouraging to hear that Thesis study participants want to develop their own and other practitioners' capability through sharing of good

practice. This final theme indicates that this can be achieved through collaborative working and contributing towards the professional development of all relevant practitioners. As reported, study participants agree that this approach is not 'perfect' but is viewed as a realistic solution to the group staying current in its knowledge, ensuring that the student nurses receive optimal learning support in clinical placements.

With regards to utilising collaborative working, this is already common practice in nursing and so registered nurses are au fait with this concept. Nurses regularly work with other healthcare team members to organise patient/client care and to plan learning. A contemporary example of collaborative working in nursing is a 'Huddle' (Healthcare Utilising Deliberate Discussion Linking Events) (Glymph *et al.*, 2015). A Huddle is primarily used during clinical shifts for staff communication and to collaboratively coordinate resources; but recently Huddles have been effectively used as an innovative learning and teaching model involving members of the multidisciplinary team (Robertson-Malt, Gaddi & Hamilton, 2020). For student nurses especially, Simmonds *et al.*, (2020) recognise that collaborative working is an essential component to form their professional identity which, it could be surmised, includes an identity within an emerging CoP associated with reasonable adjustments for those with disabilities.

Thesis study participants describe how practitioners who are not from a nursing background can be encouraged to join with these collaborative working practices. For example, nurse academics and student nurses frequently contact the HEI Disability Services for advice and to access their expertise. Despite some confusion over the identity/role of these non-nursing individuals, these colleagues strive to maintain involvement due to them wanting to ensure the provision of learning support for the student nurses. Wenger (1998, p. 153) argues that members who are perceived as 'foreign' can form an identity within a CoP through demonstrating their competence and the possession of a shared 'repertoire of practice'. Thesis findings suggest that this has in fact occurred for some non-nurse individuals after successful

interaction with other nursing practitioners, again suggesting the group is functioning as an emerging CoP.

A popular form of collaborative working reported by study participants is accessing peer support. This pertains to all associated practitioners and is heavily referenced to during the Thesis interviews as a method to develop capability. Student nurses in particular describe accessing peer support from other healthcare students requiring reasonable adjustments as invaluable for reflective learning and gaining practical advice. Carlson & Stenberg (2020) state that collaborative learning with peers is now an integral pedagogy within modern pre-registration nurse education; hence why this approach is present in the Thesis findings. Clynes, Sheridan & Frazer (2020) agree that student nurses enjoy learning with peers (other student nurses and other healthcare students) and so they actively engage with this collaborative activity.

Other forms of peer support include engaging with national general forums and local more focussed meetings as well informal discussions with other relevant practitioners. Accessing 'sub-communities' is also eluded to, for example, the Practice Education Facilitator refers to discussions with his immediate work team regarding advice. Although these colleagues are not directly involved with pre-registration nursing students, they have a similar role supporting other healthcare students in clinical practice with comparable workplace learning requirements. Tarmizi & de Vreede (2005) suggest that sub-communities commonly exist within CoPs especially when the topic for learning is broad. This group associated with reasonable adjustments could lend itself to being defined as a CoP having a broad knowledge base (including national guidance) and so this is most likely the rationale for these sub-communities being accessed.

Thesis study participants are acutely aware that they may not be located in the same geographical location as their peers, therefore these collaborative working practices, including accessing some sub-communities, are conducted via the internet. This includes the use of online forums, social media platforms and 'virtual' meetings. This

use of collaborative online learning engagement by the group resonates with the idea of a 'virtual community of practice' (VCoP). As discussed by Dubé, Bourhis & Jacob (2005), the concept of a VCoP can overcome the issue of a CoP being co-located and ensure that learning practices continue despite the CoP being geographically dispersed. For nursing, VCoPs are beginning to emerge including the use of an instant messaging group to support newly qualified staff nurses (Abiodun *et al.*, 2020). Social media use is also being promoted for student nurses to develop their general professional development (Alharbi, Kuhn & Morphet, 2020). Use of 'virtual' resources in nursing is also concurrent with the recent education agenda of increasing nurses' digital literacy in response to changes in patient/client care delivery (NMC, 2018a; NMC, 2018b; NMC, 2018c). Information and communication technology (ICT) use in learning communities of practitioners is also advocated by Guile & Young (1999, p. 125) who agree that this resource can and must be used for educational purposes to ensure modernity. In this case, online activities help Thesis study participants overcome issues associated with the co-location of the practitioners and can assist with their collaborative working.

Although successful collaborative working is reported by Thesis study participants, not all interactions between all practitioners are fruitful. Reasons for this include personality clashes, confusion with identity and the lack of clarity of the available support networks. The involvement of link lecturers echoes my MoE 2 and IFS findings regarding their limited knowledge of their own identity/role in supporting the student nurses. These issues are compounded by relevant professionals, such as Human Resources managers and Equality and Diversity Leads, not being included in the CoP membership. Currently, the group does not appear to have a prescribed membership potentially relating to the lack of national guidance and evidence base for reasonable adjustments. Therefore, I would suggest that, to ensure capability development of the group, it is important that these factors are advertised and addressed. Additionally, it is imperative that HEI and clinical staff are seen to be working collaboratively to support learning in clinical placement as this can have a direct impact upon student nurses' professional development. Yi, Lee & Park (2020, p. 5) agree with this concept and state that 'nursing students need to be fully aware



of the academic-practice partnerships' as this is 'an influential factor' in demonstrating effective and essential collaborative working practices.

Unfortunately, a potential reason for the lack of cohesion reported by Thesis study participants, is that collaborative working within the group is often borne out of necessity rather than a genuine interest for reasonable adjustments. Some nurse mentors are already unhappy that they have no choice but to support pre-registration student nurses and, as discussed previously, the addition of reasonable adjustments can lead to some nurse mentors being unsupportive to these student nurses (Curtis, Bowen & Reid, 2007; Edwards & O'Connell, 2007). A similar situation exists for link lecturers and Personal Tutors who do not have an avid interest in supporting student nurses with reasonable adjustments. These individuals may offer pastoral or general support to the group but may not necessarily want to extend their existing knowledge base of reasonable adjustments. As Edwards (2010, p. 33) purports, 'networking without knowledge' can be harmful as not having expertise can hinder the capacity for communities of practitioners to learn.

This phenomenon is also evident for the professional development of the group. Again, Thesis study participants talk about this activity being borne of circumstance with potential negative connotations. For instance, nurses are obliged to support student nurses and attendance to mentorship training courses and annual updates is mandatory. Although this role is changing due to the new pre-registration education standards, there are still stipulated training requirements for Practice Assessors and Practice Supervisors applicable to all clinically based nurses. Additionally, the associated practitioners are generally aware that it is their legal responsibility to support reasonable adjustments in the workplace, but this does not automatically lead to individuals engaging with 'deep learning' of the topic. Diminished interest in this specific area of professional development could negatively impact upon the capability development of this group of practitioners.

For nursing, professional development is already an integral aspect to ensure the maintenance of safe and effective practices. For student nurses, professional development is achieved during their training programme; for registered nurses, continuous professional development is expected with formal demonstration every three years through 'Revalidation' procedures (NMC, 2018a; NMC, 2018b; NMC, 2019b). For both student and registered nurses, this professional development includes the ability to mentor in order to help produce the next generation of nurses. For individuals who are not nurses, but work within or alongside the healthcare sphere, they also have a professional obligation to maintain currency in their skills and knowledge. However, factors exist which can hinder the professional development for people working in healthcare. The Thesis findings suggest that this includes the lack of time (which incorporates the recent impact of COVID-19), funding and interest in a particular topic. Gibbs (2011) concurs that barriers exist in relation to professional development within healthcare, which extend to failings in workforce planning strategies and poor HEI administration practices for formal training courses.

On a positive note, Thesis study participants appear to be engaged with the professional development of the group and want to develop their own and others' capability. This includes refining local practices and involvement with producing national guidance. Although the limited evidence base is acknowledged, study participants describe their professional responsibility to stay up to date with reasonable adjustments and to share ideas from successful experiences with other relevant practitioners. It could therefore be suggested that this reflects the 'community' functioning effectively within this group functioning similar to a CoP, as there is recognition of the responsibility to ensure and enhance learning (Wenger, 1998).

The Thesis findings also suggest that the professional development of the group will promote awareness of 'inclusivity' in the nursing sphere. As previously discussed in the Thesis, support for student and registered nurses who require reasonable adjustments is currently lacking in the clinical environment potentially impacting upon

obtaining clinical proficiencies and career progression (King, 2018; King, 2019; Major & Tetley, 2019). More research is emerging calling for these issues to be addressed both in terms of attitudinal changes and physical alterations to the workplace to ensure an inclusive learning environment (Epstein *et al.*, 2019; Calloway & Copeland, 2020; Epstein *et al.*, 2020). Inclusivity for employees is also present in the most recent UK national workforce planning agenda to ensure that employees experience a 'belonging in the NHS' and have the opportunity for professional growth (NHS England, 2020, p. 23). By providing an inclusive approach to learning in the clinical areas, it is hoped that this would automatically lead to the group developing its capability. One example given is the increased empowerment of student nurses to disclose their disability or impairment as they could recognise an existing supportive learning environment. Furthermore, student nurses could feel more confident in requesting and discussing their reasonable adjustments with clinically based staff. These discussions would demonstrate student nurses developing their capability by using their individual agency to overcome any inequalities which could hinder their freedom to develop (Sen, 1999).

However, before comprehensive capability development can take place, a predominant issue remains which has to be addressed to ensure both effective collaborative working and professional development of the group. This relates to the engagement of nurse mentors when supporting student nurses requiring reasonable adjustments. As documented throughout the Thesis, concerns already exist with nurse mentorship which can be exacerbated by supporting these student nurses. The Thesis study participants all referenced this issue as an ongoing problem which can deplete any other good practices occurring within the group. This appears to extend to nurse mentors being reticent to fail these student nurses for poor clinical performance in fear of being viewed as discriminatory. First termed by Duffy (2003), as nurse mentors 'failing to fail' their student nurses, this idea remains a pertinent concern within contemporary pre-registration nurse education (Docherty & Dieckmann, 2015; Adkins & Aucoin, 2022). However, nurse mentors can experience heightened anxiety when this concept is applied to reasonable adjustments. Thesis findings recommend training and support for nurse mentors in terms of how reasonable adjustments function in clinical placement and how to adapt

assessments for these student nurses. Nugent *et al.*, (2020) agree that this specific training for nurse mentors is required and should include techniques on how to give negative feedback to student nurses whose competence is below the required standard. Thesis study participants all agree that nurse mentors need encouragement to be part of the group and that their professional development is of greater import than any other associated practitioner.

Despite Thesis study participants describing their learning practices as less than 'perfect', it is important to recognise their willingness to share good practice and develop capability for themselves and others (both nurses and non-nurses). By applying the work of Boreham (2004) it could be intimated that this group are functioning as a CoP by using 'collective competence' to increase their core knowledge and a working understanding of, in this case, reasonable adjustments. It could be suggested that the presence of working collaboratively and seeking elevation in professional development are to be expected, as these actions reflect the traits of a conventional CoP including idea sharing, problem solving and disseminating best practices (Wenger, McDermott & Snyder, 2002).

Although definite improvement is required for capability development relating to reasonable adjustments for student nurses in clinical placement, it can be deduced that an affiliated group of practitioners does in fact exist who function as an emerging CoP. This group strives to improve aspects associated with the provision of an effective clinical learning environment. This argument is summarised, in conjunction with other final conclusions, in the next and ultimate chapter of the Thesis.

# Chapter 5: Conclusions

## 5.0 Introduction to the chapter

This final chapter summarises the Thesis findings and draws pertinent conclusions through revisiting the Thesis research sub-questions. This begins with the identification of the unique contribution of the Thesis to the field of professional and clinical learning with regards to the emerging CoP and the facilitation of reasonable adjustments for student nurses. The professional context and proposed plans for dissemination of the Thesis conclusions are discussed including implications for the nursing body and the CoP. Limitations of the Thesis are then acknowledged with suggestions made regarding associated improvements. The chapter closes with a final summary, inclusive of reappraising the previously identified gap in the literature and ends with plans for future research.

## 5.1 Contribution of the Thesis to the field of professional and clinical learning

As previously discussed in the Thesis, supporting student nurses who require reasonable adjustments in clinical placement can be a challenging and complex process with varying levels of success. My IFS suggested that these processes can be enhanced by the associated practitioners working together similarly to that of a CoP. The Thesis findings not only confirm the existence of this emerging CoP, but also identify how this group of practitioners have worked together effectively and can overcome potential barriers to success. By addressing this conceptual and empirical issue, the Thesis has explored and derived unique knowledge for a topic which is currently missing from both the professional and clinical learning literature and the nurse education evidence base.

Firstly, the Thesis findings contribute to the existing concept of CoPs and then demonstrate that co-location of CoPs can enhance the learning practices and collaborative approach of these groups. The emerging CoP explored in the Thesis

demonstrates how the issue of co-location has been overcome through members realising the similarities in their 'technologies of practice' (Lave & Wenger, 1991) (i.e. the PADs and student nurse welcome packs) and by sharing the same goal of wanting to achieve optimal clinical learning experiences. The CoP members have utilised both local and national resources, including non-nursing practitioners and online support, recognising the value of seeking advice from outside their immediate circle of nursing colleagues. This could also add to existing literature around 'Professional Jurisdiction' by suggesting that the idea of effective 'cross-profession' learning inspired by a shared interest can manifest itself in nurse education as well (O'Mahony & Bechky, 2008).

The Thesis findings further add to the concept of a CoP by suggesting that the type of clinical placement can directly impact upon the function of this emerging CoP. Thesis study participants shared experiences of community based and learning disability placements being better equipped for facilitating reasonable adjustments both logistically and due to a positive attitude from nursing staff towards providing bespoke learning experiences. Lave & Wenger (1991) talk about context influencing practice but have little to say about how the same practice – placement – can be influenced in different ways by different contexts. Findings throughout my EdD studies suggest the impact of different types of placement and the Thesis specifically indicates how the placement area can influence the associated CoP and its function.

The Thesis findings also contribute to the discussion regarding the tension between the argument that all learning is situated or contextual and that some learning is de-contextual or context free (Lave & Wenger, 1991; Fenton-O'Creevy *et al.*, 2015b p. 45). The example given by Thesis study participants describes how the HEI Disability Service can suggest certain reasonable adjustments in a student nurse's disability report, but differing levels of success exist when facilitating these reasonable adjustments in clinical placement. This lack of successful application is mainly due to the non-nursing Disability Service colleagues being experts in their field of reasonable adjustments but not having extensive knowledge of the clinical

placement environment. This also illustrates the issue that the practices of a community, in this case the CoP relating to reasonable adjustments, can lead members to engage with members of other CoPs. This could suggest that CoPs rely on members of other CoPs and sometimes they almost become peripheral members of the first CoP. The Thesis provides an example of this with this emerging CoP working collaboratively to utilise and acknowledge all members' expertise, including varying nursing roles or non-nursing practitioners working in the general sphere of disability.

Specific experiences described by Thesis participants also contribute to existing professional and clinical learning literature. For example, student nurses 'teaching' their nurse mentors about their reasonable adjustments extends the work by Fuller & Unwin (2003) and Aakernes (2020, p. 18) who talk about 'experts learning from novices' in CoPs. Similarly, this is suggested as being beneficial with novices becoming a 'learning resource' for staff and can 'facilitate the development of enterprise' in the workplace by bringing new ideas and a fresh perspective. Additionally, the belief from some nurse mentors and nurse academics that students with a disability or impairment can not succeed in completing their pre-registration training programme adds to existing professional and clinical learning literature. This idea is shared in other professions with employees believing that requiring reasonable adjustments can prevent successful attainment of a training course or access to certain careers (Barnes & Mercer, 2010; Langørgen & Magnus, 2020).

In addition, the Thesis provides a contribution to the ongoing discussion of CoPs and their worth in the nursing sphere. As articulated earlier in the Thesis, CoPs have been reported in nursing literature but these are predominantly associated with either a specific field of nursing care, e.g. oncology, or colleagues working and learning within one location. The Thesis adds another dimension to the discussion revealing how the actions of this distributed and varied group of practitioners have enabled this new nursing related CoP to emerge.

Lastly, the Thesis has identified how the facilitation and provision of reasonable adjustments is highly valuable in facilitating professional formation in nursing. This again is an extension to existing literature reporting on professional development of nurses which usually defers to general professional behaviours and competency in clinical skills. The Thesis offers the idea that by supporting reasonable adjustments, all associated practitioners are not only developing their skills in facilitating diverse clinical learning, but are also enhancing their own professional practice by being inclusive; both of which are essential skills for nurses in providing holistic patient care and adapting to contemporary NHS workforce planning.

## **5.2 Conclusions derived from the Thesis**

The overall intention of the Thesis was to access members of the suggested CoP related to reasonable adjustments for student nurses in clinical placement and elicit their views on current practices in the UK. Utilising a sound research methodology, the Thesis has been effective in producing unique data which addresses this research aim. The selected research and educational theoretical perspectives have successfully contributed to the analysis of this data, providing further insight into the responses from Thesis study participants.

Thomas (2017) states that when presenting the conclusions to a research project, it is important to not only offer a summary of any findings, but also to demonstrate synthesis of this new knowledge. Parahoo (2006) agrees and encourages researchers to ensure clarity in their reported conclusions to optimise successful dissemination. Therefore, to clearly encapsulate the conclusions pertaining to the Thesis research aim, the next section of this chapter is framed around the Thesis research sub-questions.

### *How do members establish and develop their identity within the CoP?*

The emerging CoP appears to have certain 'obvious' or essential stakeholders who become automatic members, but there can be confusion with these individuals'



identity within the CoP. This resonates with findings from my MoE 2 and IFS studies and it can be concluded that is a direct result of the lack of national guidance and an associated evidence base. As suggested previously in the Thesis, nursing is a profession underpinned and driven by research and an evidence base. Therefore, this lack of relevant information regarding the CoP has contributed to a difficulty in establishing an identity as these roles are not clearly documented. Like the general role descriptions for nurse mentors and co-mentors provided by the NMC, individuals within the CoP would benefit from clarity about their function when supporting student nurses in clinical placement who require reasonable adjustments.

Additionally, other less obvious CoP members, including individuals who are non-nurses, become involved as necessary but they can struggle to establish their identity within the CoP. As reported by Thesis study participants, this can be due to these individuals being viewed as 'outsiders' by nurses and are therefore deemed incapable of fully understanding the clinical placement context related to the CoP.

Student nurses can still be reticent to disclose their reasonable adjustments to nurse mentors which can hinder establishing their identity within the CoP. Disclosure is dependent on the student nurses' confidence and their own acceptance of their diagnosis as an actual disability. It is suggested that the disability report provided by the HEI is a good starting point to establishing their identity within the CoP but unfortunately this document is not always utilised in clinical placement.

Other CoP members can also lack engagement with membership due to limited understanding of their role or not having an avid interest in reasonable adjustments. This extends to a reduced inclination to be involved with collaborative working and sharing good practices. This can then stunt the development of their identity within the CoP.

Issues of identity for nurse academics within the emerging CoP can be compounded by 'multimembership' which also echoes previous EdD research including content located in my FoP assignment. These individuals report that there are no HEI policies for the link lecturer and Personal Tutor roles specifically for supporting these student nurses. Generally, there is a lack of clear national or local guidance provided for all the roles of the CoP members in connection with facilitating reasonable adjustments for student nurses in clinical placement. This can hinder both establishment and maintenance of identity for individuals within the CoP.

*How is the CoP manifested in practice?*

As previously discussed in the Thesis, the emerging CoP is not in a conventional format, but it does possess some traditional attributes. These traits include sharing of a common knowledge base and enhancing learning. Its membership may not currently be fully prescribed, but its purpose can be clearly focused upon improvement of its functioning and learning practices.

Its manifestation can differ slightly depending on the affiliated HEI and clinically based roles available, but the 'core' membership appears to be constant i.e. student nurses, nurse mentors and link lecturers. Thesis study participants did not include SPLAs or lecturer practitioners, as discussed in the Literature Review chapter, but the Academic Disability Lead holds a comparable position and demonstrates the worth of this HEI based role with the provision of support and advice for clinically based colleagues. The involvement of other 'foreign' (non-nurse) individuals within the CoP, such as the SpLD Tutor and Graduate Teaching Associate Tutor, demonstrate the worth of their membership too with being 'masters' of their own field of knowledge. Additional membership of Personal Tutors and Practice Education Facilitators (or a similar role) are also described as beneficial in optimising communication between the HEI and clinical placement areas and in developing capability for student nurses and nurse mentors.

As suggested in the Literature Review chapter, issues do exist in terms of who should take the lead for facilitating these reasonable adjustments in clinical placement. The Thesis findings surmise that student nurses want to take the lead for their own learning, but they require nurse mentors to assist them with aspects specifically related to the clinical area. This includes information about the availability of assistive software and the logistics of taking regular breaks during a nursing shift. There is also some contention between HEI and clinically based colleagues about who should take the lead for facilitating reasonable adjustments for student nurses. If these individuals have a good working relationship, this can be resolved and planned accordingly. Ultimately it is suggested that leadership for reasonable adjustments in clinical placement needs to be clearly stipulated in national guidance which could also assist with the manifestation of the CoP.

The Thesis has drawn explicit attention to the issue of co-location; a topic which is noticeably absent or rarely discussed by other writers who have drawn on situated theories of learning. To overcome this issue and ensure that all required individuals are included in the CoP membership, the use of ICT and virtual techniques are utilised. This includes the development of practices comparable with those of a Virtual CoP (i.e. a CoP which does not operate face to face by via the internet or using mobile phone applications) with the use of online meetings and discussions. Sub-communities are also accessed for professional development including liaising with local work colleagues who support healthcare students for advice and idea sharing.

The manifestation of the CoP certainly appears to be aided by the engagement of individuals and the community with developing their own and others' capability of reasonable adjustments. Unfortunately, this manifestation can be negatively affected if CoP membership is borne out of circumstance rather than a genuine interest in reasonable adjustments. This can occur in response to some individuals being aware of the legal connotations of not providing these accommodations and of having no choice but to support these student nurses with their learning in clinical

placement. This can then be detrimental to the capability development within the CoP and to the provision of an effective clinical learning environment.

*What specific learning processes assist members of the reasonable adjustments CoP to develop their own capabilities?*

The Thesis findings reveal that individuals are aware of their limited understanding and knowledge of reasonable adjustments for clinical placement which is compounded by the lack of available research and specific national guidance. This echoes content located in the Literature Review chapter of the Thesis, which validates that limited research is available pertaining to the topic. This lack of research and knowledge can impact upon the CoP function and capability development. This limited evidence base is also provided as a possible rationale for pre-conceived ideas held by some individuals regarding reasonable adjustments.

Professional development and collaborative working can also be successfully used for capability development within the CoP. This success can be attributed to both concepts being usual practice for nurses and other people working in the healthcare sphere. Examples of these specific learning practices undertaken by the CoP include providing advice on how to facilitate reasonable adjustments, accessing peer support and attendance to forums and meetings, all via face to face or virtually. A positive comparison to the work of Sen (1999, p. 36) can be made here with these CoP members striving to overcome any 'deprivation' of knowledge, wanting to 'enrich the process of development' of human freedom.

However, there can be a lack of consistency in any approaches to learning within the CoP primarily again due to limited national guidance. In response to this issue, some individuals use an experiential learning approach incorporating their own nursing expertise and training, experiences of any personal reasonable adjustments and general previous work experiences. This includes student nurses building upon their previous experiences from other clinical placements completed during their training. This approach is not always successful and can therefore deplete the quality of

learning support for the student nurses. Additionally, this lack of consistency can impact upon the availability of related logistical aspects such as not utilising the Access to Work scheme which helps fund essential equipment and resources to support student nurses' learning in clinical placement.

Disability reports are viewed as an effective 'tool' for learning and for facilitating reasonable adjustments however their success can be affected by certain factors including the type and length of clinical placement. The usefulness of suggested reasonable adjustments in a disability report are also not fully realised until attempted for use in clinical placement. This suggests links with the acceptable approach of situated learning, but this success can be hindered when transferring reasonable adjustments from the HEI arena to clinical placement. Although useful, potential bureaucracy surrounding disability reports is also acknowledged which can prevent a report from being available or being amended to include updated reasonable adjustments. Discrepancies with the use of both the Access to Work scheme and disability reports need to be acknowledged with a view to creating consistency within these processes. This reflects Sen's (1999) observation that freedom to develop capability can be hampered by bureaucracy and therefore the challenge is to address or overcome factors which could deny an individual that freedom.

Thesis findings also identified the lack of consistency in the content of nurse mentor courses and updates whereby not all training includes information on facilitating reasonable adjustments for student nurses in clinical placement. This can then lead to nurses having a variable knowledge base for these specific mentoring skills thus leading to a lack of consistency in how these student nurses are supported with their learning. Some nurse mentors can therefore also be under confident in assessing required clinical proficiencies whilst incorporating reasonable adjustments and can also fear failing these student nurses' assessments. This variable knowledge could extend to nurse mentors' awareness of the associated CoP and their key role within this group of practitioners. Thesis study participants suggest that further education is required that demonstrates to nurse mentors the key role they have in supporting

their student nurses' learning. This could help nurse mentors to acknowledge their 'individual responsibility' in developing their own and their student nurses' capability (Sen, 1999, p. 283).

Other CoP members can also lack interest in developing their own capability which again can have a negative impact upon the CoP and the support student nurses receive during clinical placement. Personally, I am not sure if there is a solution to effectively engaging these CoP members but, with a continuing prevalence of reasonable adjustments for student nurses in the UK, it imperative that these individuals are encouraged to develop their capability, to learn about the CoP's function and their own identity within it.

*Do members of the CoP view current associated criteria and processed as effective?*

My MoE 2 and IFS findings eluded to a lack of specific national guidance which has been confirmed by the Thesis study participants. Furthermore, the Thesis findings recognise a variance in the interpretation of available national guidance as well. National guidance is perceived currently to be broad and generic and, for education, tends to focus on HEI based reasonable adjustments which are not always available in clinical placement.

It is also important for CoP 'organisations' to recognise the impact of the new pre-registration education standards for student nurses requiring reasonable adjustments otherwise potential future issues may arise. Concerns raised in the Thesis findings include possible preclusion of these student nurses in relation to new clinical proficiencies and confusion regarding changes to the existing nurse mentor role. Thesis study participants who express these views regarding the new standards feel that these concerns must be addressed to ensure fairness and clarity of student nurse assessments.

CoP members are in agreement that the 'organisations', such as the NMC, RCN and HEIs, need to take responsibility for increasing awareness of existing national guidance and for improving these documents. It is suggested that the CoP should be directly involved with any updates to these publications to ensure the inclusion of relevant content and workable solutions. It is also hoped that updates to national guidance will promote diversity within the nursing workforce and ensure inclusivity in general within clinically based areas.

One final conclusion relates to the extent of how the CoP associated with reasonable adjustments for student nurses in clinical placement can be compared to a 'traditional' CoP. I suggested that the concept of CoP could be reworked for this research study and therefore used as one of the chosen theoretical frameworks. I have found that the CoP under investigation is comparable to the ideas provided by Wenger and colleagues, however there are distinct differences which make this CoP unique. For example, the CoP has a common focus of reasonable adjustments but is not *co-located* in the same space due to being distributed around various geographical locations. Also, unlike Lave & Wenger's concept, the CoP is *bounded* by NHS/healthcare policies with patient safety being paramount. My Thesis has shown that the concept of CoP can be evolved to take into account more complex forms of occupational practice. This suggests a further evolution of the original CoP concept which offers an interesting and worthy contribution to existing literature.

### **5.3 Dissemination and professional implications of the Thesis findings**

Initial plans for dissemination of the Thesis findings still stand with the aim of raising awareness within the nursing body of supporting student nurses requiring reasonable adjustments. This dissemination will now extend to promoting the existence of the associated CoP and its function for capability development as the Thesis findings suggest that nurses and non-nurses who comprise the CoP are not fully aware of these factors. Membership of the CoP, including definition of identities, can also be advertised more widely to colleagues employed in nursing, education and healthcare trusts, leading to the involvement of all relevant individuals.

Professional implications for the CoP involve sharing the Thesis findings and promoting this relatively unacknowledged area of nursing practice. As Thesis study participants suggest, this includes encouraging nurses to see the link between the automatic provision of reasonable adjustments for their patients and how this thought process can be transferred to supporting student nurses. This would promote the fact that membership to the CoP can also be automatic as many current student nurses require reasonable adjustments for clinical placement. Essentially, raising awareness of non-nurse individuals as 'masters' within the CoP is also required to enhance effective collaborative working practices of the CoP. Sharing the Thesis findings will also publicise barriers which can prevent the CoP from functioning successfully, such as co-location issues, confusion in leadership of associated processes and the impact of the lack of national guidance. This information will also help prepare the CoP for supporting student nurses enrolled onto the new pre-registration nurse education standards and the potential issues which may arise as described by the Thesis study participants. Overall, it is hoped that the Thesis findings will develop the practices of the CoP in turn optimising the support student nurses receive with reasonable adjustments for clinical placement.

For my own professional implications, the Thesis has further advanced my knowledge and insight into the CoP. This has subsequently developed my personal capability for reasonable adjustments and understanding of my identity within the CoP. Once my EdD is complete, I feel confident in publicly sharing the Thesis findings and conclusions through journal publication, conference and via local or national networks including the use of accessible and inclusive methods of publication. A recent example is a podcast where I discuss my EdD findings with a nursing journal editor and a newly qualified nurse who requires reasonable adjustments (King & Baker, 2021).

For the wider professional context, the Thesis findings have the potential to contribute to national guidance. This would follow on from the recent contribution of my MoE 2 and IFS publications to a UK government paper offering advice to disabled students in Higher Education (pending publication) and my recent



involvement with consulting upon the updating of current RCN guidance. Any dissemination of the Thesis findings and conclusions aims to increase the current evidence base and enhance future practices of supporting student nurses requiring reasonable adjustments. Additionally, it is hoped that the information gleaned from the Thesis will aid the acceptance and utilisation of inclusivity generally in both the HEI and healthcare settings.

#### **5.4 Limitations of the Thesis**

An integral part of qualitative research is acknowledging any limitations which could affect the robustness and trustworthiness of a study. These limitations could also potentially affect the credibility and transferability of study findings and so must be addressed (Moule & Goodman, 2014). Thomas (2017) adds to this argument suggesting that acknowledging study limitations encourages a researcher to be self-critical and develop a perception of their own investigative abilities.

For the Thesis, study limitations could have emanated predominantly from the impact of the COVID-19 pandemic which occurred during the data collection and data analysis stages. Luckily, I was able to carry out the remaining interviews via telephone and successfully elicited open and honest discussions with these study participants. The amended plan for the proposed focus group with nurse mentors/Practice Assessors (which was cancelled and replaced with two interviews with recently appointed nurse lecturers) was also successful. As discussed, access to one planned study participant was unfortunately denied, and although not detrimental to the Thesis findings, it is hoped that this person can share their views in my future research projects instead. Additionally, by being continually self-aware of my wellbeing and applying careful time management, I maintained my energy levels and motivation to continue with my EdD studies during the pandemic. Matthiesen & Binder (2009) agree that doctoral students must be aware of factors that could decrease their motivation or health to help ensure the production of a reputable Thesis.

The sample size and constitution of the Thesis study participants warrants acknowledgment inclusive of the changes incurred in response to the COVID-19 pandemic. Due to time constraints and the expected Thesis word count, the final chosen sample consisted of 13 participants with only one representative for certain CoP groups/members. Advice from Braun & Clarke (2013) offers reassurance for this assertion, by stating that for a qualitative study, 6-10 participants are sufficient if using homogenous sampling. Most study participants were also mainly located within one geographical area in the southeast of England, but this included a range of relevant CoP members including those who support student nurses in all UK countries. However, despite these limitations, I believe that the chosen sample has not impacted upon the credibility of the Thesis as I believe that the findings could be applied to nursing practices across the UK. Due to the use of national guidance for pre-registration nurse training and workplace reasonable adjustments, experiences from the impact of the lack of national guidance for supporting the student nurses described by the Thesis study participants would be very similar/comparable to nursing in any part of the UK.

Improvements for a repetition of the Thesis study, or indeed for my future research, includes a focus group for nurse mentors/Practice Assessors and the use of a larger sample size from varied UK geographical locations. Study participants would include a more comprehensive sample of the CoP members including individuals identified as peripheral to the processes of facilitating reasonable adjustments e.g. Human Resources managers working in the NHS. Due to their effective use in the Thesis, continued application of a broad interpretivist approach would be utilised and insider researcher issues would be addressed in a similar manner.

## **5.5 Final summary**

Overall, the Thesis has produced unique findings and has addressed the previously identified gap in the literature. The Thesis findings confirm the existence of the CoP but demonstrate that there are limitations to its function and capability development. A deeper understanding has been developed of the CoP membership, its

manifestation and how identity is established and maintained. Associated learning practices of the CoP have also been recognised and how these contribute to capability development within the CoP.

Originally in the Introduction chapter, it was suggested that a lack of awareness of reasonable adjustments within the nursing body can make affiliated processes complex and potentially unachievable. The Thesis has confirmed that this issue exists which also reflects findings from my FoP, MoE 2 and IFS work. The existing evidence base requires attention and the national guidance needs updating and extensively promoting to all individuals involved with supporting student nurses who require reasonable adjustments.

Although enlightening findings have been discovered during the Thesis, further research is required to gain a wider picture of how the CoP develop their capability for instigating and facilitating reasonable adjustments in clinical placement. Personally, I plan to continue post-doctoral research of the topic which will increase the existing evidence base as currently, my research topic which specifically investigates the CoP related to reasonable adjustments for student nurses, remains globally unique in its content. This new research could contribute towards updating UK national (and potentially international) guidance which would aim to improve the function and learning practices of the CoP. This research could then benefit all existing CoP members in terms of understanding their identity and encourage membership of other essential stakeholders not currently fully involved within the CoP who are viewed as integral to supporting reasonable adjustments in clinical placement. Additionally, the research could contribute towards the promotion of the inclusivity agenda in general benefitting all HEI and healthcare staff who require reasonable adjustments. Most importantly, this new knowledge could help student nurses utilise reasonable adjustments successfully to develop their own capability and achieve their goal of qualifying as a registered nurse.

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# Appendices

## Appendix A: MoE 1 (main body)

### Introduction

In the United Kingdom (UK), pre-registration nurse training programmes are developed and implemented by Higher Education Institutions (HEIs). The student nurses complete their training equally between attending the HEI and working in clinical areas with affiliated healthcare practice partners. Student nurses emanate from wide-ranging social and educational backgrounds and can require varying levels of support throughout the three year programme from both the HEI and whilst in clinical placements.

Student nurses undertaking a UK based pre-registration nursing programme will include individuals who have a Learning Disability (LD). Examples of a LD can include dyslexia, dyspraxia and dyscalculia as well as mental health disorders and some physical health related conditions including diabetes and epilepsy (Storr *et al.* 2011). These recognised disabilities have been defined in The Disability and Discrimination Act (HMSO, 1995) as “any condition which has a significant, adverse and long term effect on the person’s ability to carry out everyday tasks”.

These students may access special requirements both in the HEI and clinical placement settings whilst undertaking the pre-registration nursing programme. The Nursing and Midwifery Council (NMC) (2010a) stipulates that HEIs and their associated practice partners must work closely together to provide support for these students and their individual needs. It is vital that these students are given the same opportunities as any nursing student and not discriminated against in line with recommendations from the Equality Act (HMSO 2010).

### Background to and rationale for undertaking the study

It would appear from professional experience that the support available in the HEI setting is easily accessed, widely used and generally acknowledged and understood by all key stakeholders- the mentors (registered nurses who support students in clinical placement), link lecturers (nursing lecturers who visit and support students and mentors in clinical placement) and student nurses. Conversely, support available in the clinical placement areas (also called reasonable adjustments) is not always accessed or understood by these groups. This can lead to a student feeling unsupported and mentors unsure as to how to assess these students and facilitate their learning whilst in clinical placement.

This issue is evident in both the existing literature and from professional experience as a nurse lecturer in the HEI and link lecturer. I want to research further the extent this phenomenon occurs and potentially the reasons why this support is not accessed. The main concern is that by not accessing the support available, a student with a LD is potentially disadvantaged in their learning experience and could be hindered in reaching their full potential during their nurse training.

### Insider researcher issues

I approach this proposed study as a nurse lecturer working in a UK based HEI, with actual experience of teaching and supporting students with a LD undertaking a pre-registration nurse training programme. When visiting the students in clinical placement as a link lecturer I support both the student and their nurse mentors and again have had involvement with the implementation of reasonable adjustments and the challenges this process incurs.

As Moule & Goodman (2014) suggest, such close proximity with the research topic and participants can potentially create bias and involve the researcher's preconceived ideas and judgements, which could potentially devalue any findings. However, if the researcher acknowledges this circumstance and employs Reflexive measures to minimise any potential bias, this close involvement with the research topic can indeed enrich research findings and deepen the reflection upon why an issue exists.

Indeed, this idea echoes Crotty (1998) who identifies that by adopting Freire's concept of "Problematization", an "insider" researcher can successfully acknowledge this close proximity and also reflect upon the issue under investigation. By investigating the factors that point to an issue arising, the researcher is challenging the status quo and is utilising critical thinking. This in turn leads to critical writing when reporting any study findings which, as Wallace & Wray (2011) suggest, is imperative in the provision of convincing evidence of the phenomenon related to the research topic exists and potentially how this issue can be resolved.

I envisage that my direct involvement with the research topic will enhance the quality of the research overall and the critical writing of the subsequent analysis of the findings. Le May & Holmes (2012) advocate the notion that nurses should be directly involved with nursing related research as nurses themselves should be constantly seeking answers to important questions. This action develops nurses' evidence based practice, advances nursing practice and ultimately promotes safe and effective care for patients. Maxwell (2005) supports this idea by claiming that the researcher's "experiential knowledge" can be capitalised upon and enrich a research study as long as potential bias is recognised and acted upon appropriately. This claim has been recognised and the reduction of bias will be discussed in the ethics section of this proposal.

Existing relevant literature will now be explored and the study questions and objectives will be identified. The theoretical underpinning to this study will be discussed followed by the methodological approach to the study. Associated ethical and political considerations, the time frame and plans to disseminate the findings will complete this proposal.

## Literature Review

### **The key role of mentors in clinical placement**

Cahill (1996), Lofmark & Wikbald (2001) and McBrien (2006) claim that whilst in clinical placement, a successful learning experience is coordinated principally by an allocated registered nurse effectively mentoring a student nurse O'Driscoll *et al.* (2010) acknowledges other key people who are available for support, such as link lecturers and ward managers, but adds that this additional support can be limited due to pressures from their increasing workloads and so leaves mentors to predominantly oversee the progress of students in clinical placements. Myall *et al.* (2008), Beskine (2009) and Gidman *et al.* (2011) echo the view from the perspective of student nurses stating that mentors are often left to support students in clinical placement with limited assistance from other key people, and report that the mentor is fundamental in providing a meaningful and supportive learning experience.

### *The experiences of the mentor in facilitating reasonable adjustments*

Support from the mentor extends to facilitating any reasonable adjustments in clinical placements for students who have a LD. These reasonable adjustments can come in many forms and are specific to the student to aid their ability to achieve their learning outcomes associated with the practice placement area (ECU 2010; NMC 2010a). Ultimately, the mentor has to be clear that a student can provide safe and effective care without constant direct supervision and assess that they are fit to practice (NMC 2010b).

Sanderson-Mann & McCandless (2006), Royal College of Nursing (RCN) (2007), Sharples (2008), RCN (2010) and Tee *et al.* (2010) give guidance on how mentors can facilitate reasonable adjustments and so support students with a LD, which includes general advice on record keeping and accessing university staff for a point of information. Clemow (2006), Wharrard & McCandless-Sugg (2009), Griffiths *et al.* (2010) and Howlin *et al.* (2014a and 2014b) provide evidence of good practices of reasonable adjustment and so supporting students with a LD whilst in clinical placement. They report particularly on encouraging mentors to enhance their knowledge and skills.

#### *The mentor's confidence and knowledge of LD and reasonable adjustments*

However, literature could not be located reporting specifically on whether mentors are confident in identifying what constitutes as a LD and any associated reasonable adjustment and how to implement and translate these reasonable adjustments successfully into clinical placements. There is especially a lack of research relating to supporting student nurses with “hidden” LDs such as mental health and physical health issues, which do not have to be disclosed to the mentor if the student wishes.

Evidence is also lacking reporting on whether the existing training programmes created for mentors provide sufficient education on how to effectively support students with a LD in clinical placement. The main source of mentor training consists of a HEI led preparation for mentorship programme the content of which follows the guidance set out by the NMC (2008). Watson (2003), Huybrecht *et al.* (2011) and Chen & Lou (2014) provide compelling evidence suggesting that nurses feel prepared and confident to mentor after completing the programme, but there is little information confirming that this confidence encompasses the mentoring of students who have a LD.

It should be recognised also that the NMC (2008) guidance on the learning outcomes of a mentorship programme is succinct and so the content of these programmes can vary. Policy Plus (2014) state that the lack of detail provided by the NMC (2008) with regard to learning outcomes for mentorship courses creates challenges in maintaining the quality assurance of these programmes. It is therefore possible that a programme may not include adequate advice on how to support students who require reasonable adjustments potentially leaving mentors feeling under confident of how to mentor a student with a LD.

#### *The mentor's assessment of a student nurse with a LD*

Successful assessment by mentors of a student with a LD is also under reported. Policy Plus (2009) and Vinales (2015) outline that in general the problems regarding assessment of nursing students in clinical placement has been well documented with mentors reporting they are often unsure about what constitutes a student nurse's level of competence and how this is measured. It is possible that the issue surrounding successful assessment could be further compounded by the addition of a LD and the use of reasonable adjustments. This could leave mentors unsure as to what constitutes the LD student's competence exactly and any elements of the student's performance, which could constitute a lack of fitness to practice.

All student nurses at the end of their nurse programme and on completion of their final placement need to be signed off by their mentor. According to Khan (2013) this seeks to avoid potential clinical errors and prevent any associated possible subsequent legal action being taken against the student when they become a registrant. Thus, the 'sign off mentor' especially must be satisfied that a student with a LD can work safely and effectively.



In summary, the mentor role is imperative in ensuring that nursing students with a LD are effectively supported in clinical placement. The NMC (2015a) states that registered nurses have a responsibility to be a valuable mentor and bring their professional knowledge to this education role, which includes identifying a student nurse who requires extra support. Patient safety, according to Sawbridge & Hewison (2011) and RCN (2013), will also be protected if the mentor is supporting the student effectively and beyond when the students are registered nurses by the use of effective role modelling of patient care. Thus, The Department of Health (DH) (2009), NHS England (2014) conclude that by maintaining a high standard of support for these students, mentors are ensuring their involvement in educating and creating an effective and modern work force.

### **The experiences of link lecturers**

No literature pertaining to link lecturer's direct role in supporting a student with a LD in clinical placement could be retrieved through the literature searching process. Papers were sourced however which discuss relevant aspects related to supporting students with a LD in the HEI setting and general issues with supporting students as a link lecturer; all of which are relevant to beginning to understand the experiences of the link lecturer in supporting students with a LD in clinical placement.

#### *Link lecturers supporting LD in the HEI*

Ashcroft & Lutfiyya (2013) suggested that lecturers are reported on proposing that the extra support provided for students with a LD in the HEI setting can be time consuming and difficult mainly due to more teaching time being spent with that one student and not with their peers. In addition, Evans (2014) suggest that students with a LD can be viewed by lecturers as lacking the intelligence and skills for the nursing role which could contribute to how these students are supported in clinical placement. Aston *et al.* (2000) and Carnwell *et al.* (2007)

report that in general, levels of support provided by link lecturers to mentors and students in clinical placement is variable with a lack of strategic management of the role from HEIs.

Yet, Smith & Gray (2001), Ramage (2004), Brown *et al.* (2011), Price *et al.* (2011) and MacIntosh (2015) provide some positive and negative aspects of the link lecturer role from the perspective of mentors and students. The positive aspects are that link lecturers offer in depth knowledge of the nurse training curriculum (which could incorporate an understanding of reasonable adjustments) and promoting professionalism. The negative aspects include lack of clinical credibility and not providing adequate levels of support for mentors.

### **The experiences of students with a LD in clinical placement**

Elcock (2007) states that a LD of any kind should not be a barrier to a student nurse to participating in clinical placement, but there are instances whereby this is hindered.

#### *Disclosing their condition*

Morris & Turnbull (2007) reported that nursing students with dyslexia have suggested that after disclosing their condition, mentors have been unsupportive and the students have felt discriminated against. Elcock (2007) states that a student has a role to play in disclosing their LD and being aware of which reasonable adjustments they are entitled to whilst in clinical placement. Indeed, students have reported that by not disclosing or initially not disclosing their LD in clinical placement, they experience delayed or no reasonable adjustments, which has a negative effect upon their learning (Storr *et al.* 2011).

Other students with dyslexia have reiterated the importance of the mentor role in supporting them in practice but found that mentors lacked time to support them and the full

understanding of the content of their assessment documents (Child & Langford 2011; Ridley 2011).

### *Mentors' attitudes towards students with LD*

The RCN (2011) and the World Health Organisation (WHO) (2011) have reported that mentors' attitudes and perceptions towards supporting a student with a LD may contribute to the standard of mentoring students receive especially if a mentor has their own prejudices and negative judgements about students with a LD. Sin *et al.* (2006) has highlighted students' experiences in clinical placement with a mental health condition, which is classified as a LD, and indicates this issue to be under reported with existing studies reporting negative attitudes and lack of support from mentors. No papers were retrieved reporting specifically on student nurses in clinical placement with other "hidden" LDs such as epilepsy or diabetes.

Attitudes such as these tend to make the nursing course a struggle. Kolanko (2003) described that student nurses with a LD find it difficult to pursue a nursing programme and this can lead to high levels of attrition. DH (2006) reiterates this argument suggesting that students with dyslexia are at a higher risk of attrition and also that effective student support and mentor attitudes can help reduce students leaving a pre-registration nursing programme.

### **The gap in the literature**

Successful initiatives have been identified with all key stakeholders working collaboratively and successfully to support students who have a LD in clinical placement. These emanated from both the nursing and physiotherapy spheres of practice including physiotherapists

having developed a guide for supporting students with a LD whilst on placement; advice that is currently absent for nursing students (The Chartered Society of Physiotherapists 2004; Griffiths *et al.* 2010; Owen Hutchinson & Atkinson 2010; Tee & Cowen 2011). However, these nursing initiatives are not accessed throughout the UK and it can be argued that the practice and expectations from nursing and physiotherapy students are very different.

It can be surmised that relevant literature reports on the topic of supporting student nurses with a LD in clinical placement but that this is limited with relevant viewpoints from all key stakeholders, especially link lecturers and students with a “hidden” LD, are under researched. As all key stakeholders, students, nurse mentors and link lecturers are integral to the clinical learning experience and it is essential that perspectives of all three groups are ascertained. More information from those directly involved is needed to fully ascertain the extent of this issue with students potentially not being successfully supported whilst in clinical placement.

The literature review established that various approaches were employed to elicit information regarding the experiences of supporting student nurses with a LD. The majority of published information was derived from reports on national guidance, Editorials and reporting on evaluations of local initiatives or programmes aimed at supporting students with a LD and their mentors. Papers pertaining to investigating actual mentor, link lecturer and student views derived from the use of focus groups, case studies, reflective writing exercises, semi-structured interviews and questionnaires. All retrieved literature was interesting and informative, but a clearer picture of the actual use of reasonable adjustments in clinical placement was limited.

## Research objectives and questions

### **Research objectives**

Given my concern with the mode of support and reasonable adjustments made for student nurses with a LD in clinical placement reported in the existing literature, and my professional experience of this as link lecturer, the research aims and questions being asked in this study are as follows.

The overall aim of the study is to:

- Provide a clearer picture of experiences of nursing students with a LD, and mentors and link lecturers who are entrusted with ensuring student support in clinical placement and so adding to the existing body of knowledge.
- Identify the associated reasons behind any deficit in successful support of these students whilst in clinical placement.
- Recognise what measures could be taken to ensure successful support from the viewpoint of the mentors, link lecturers and students.
- Identify any successful practice and incorporate this into any recommendations for improvement and development.

### **Research questions**

The research questions for the study are:

- What are the experiences of student nurses who have a LD (including “hidden” LDs) of accessing available support in clinical placement?
- Are all key stakeholders aware of the support available for student nurses who have a LD and how this is implemented in clinical placement?

- What factors do the key stakeholders identify that inhibit or promote successful implementation of this available support for student nurses with a LD in clinical placement?

### Research methodology

The main objective of the study is to elicit information about the experiences of supporting a student nurse with a LD in clinical placement. In order to meet the aims of the study and answer the questions posed by the work, semi-structured interviews will be used. The semi-structured interviews will include questions that will ask the participants to describe their experiences of the phenomenon under investigation e.g. experiences of LD nursing students and knowledge of the processes involved.

### **Theoretical framework**

For the purpose of this study, an epistemological approach will emanate from a Social-Constructivist approach. This will be an exploratory study using a descriptive phenomenological approach and as Robson (2011) explains, Social-Constructivist epistemology has affiliation with phenomenological methodologies. Indeed, Robson (2011) describes Social-Constructionism as investigating “how individuals construct and make sense of their world” which is relevant to this proposed study. Viewpoints of all three key stakeholders is under investigation with an aim to establish the extent to which reasonable adjustments in clinical placement are not being fully accessed.

Crotty (1998) argues that a researcher can initially adopt an epistemological stance when planning their research which will then inform the theoretical perspective of a study and subsequent methodology and methods of data collection. Crotty (1998) suggests that the

planning stage of research studies can be bewildering but by utilising a theoretical framework, the choice of methodology and methods will be easier to locate and justified. In turn, clarity of choice of epistemology, theoretical framework, methods and methodology, allow for a clear critique of the whole process involved and ultimately enhances the credibility of the study findings.

By adhering to this process, I aim to adhere to the descriptive phenomenological methodology thus producing a worthwhile study with trustworthy findings. Although phenomenology is widely used in nursing research, there are many criticisms of its use including commentaries from Crotty himself. Crotty (1996) identified that nursing research uses a hybrid version of phenomenology and has misinterpreted and misuses the relevant methodology. Norlyk & Harder (2010) echo this argument and indicate that there is a need for nurses to be clear on the philosophy of phenomenology before undertaking and publishing their research. However, Giorgi (2000) implores nurses to continue to use phenomenological approaches but to develop a deeper understanding of the theoretical underpinning and clarity in the application of this paradigm.

Rose et al (1995) suggest that if used with appropriate rigour, phenomenological methodologies could become the main approach for nursing research which evokes an important shift away from a quantitative, positivist paradigm, which does not necessarily address the “human factors” essential to nursing related research. Jasper (1994) suggests that contemporary nursing research demonstrates that phenomenological methodologies, both descriptive and interpretative, have been successfully utilised generating worthwhile findings which include understanding the participants’ views and understanding of their experiences. Lopez & Willis (2004) expand upon this argument and state that phenomenology has a “good fit” with nursing research as it reflects the science and art of

nursing in addition to understanding the uniqueness of all involved with this caring profession.

Papers that were located which reported on the actual experiences of student nurses disclosing dyslexia and accessing support in clinical placement adopted a qualitative approach, but it was not explicit that this was from a phenomenological stance; either descriptive or interpretative. Phenomenological methodologies were implemented which indicated a phenomenological approach but this was not clear and phrases such as “exploratory research approach” or only “phenomenology” were documented as the theoretical stance (Morris & Turnbull 2007; Tee *et al.* 2010; Child & Langford 2011; Ridley 2011). This echoes the criticism by Crotty (1996) that indicates a hybrid use of phenomenology and subsequently could devalue any findings.

The distinct lack of clear phenomenological research investigating this topic exemplifies the need to adopt a new tactic in researching the experiences of key stakeholders involved with supporting students with a LD in clinical placement. There are some known variables and knowledge claims surrounding this topic, but these are not currently exhaustive. Based upon documented criticisms, close adherence to the descriptive phenomenology philosophy will be strived for throughout this study and the assurance of correct utilisation of appropriate methodologies. These methods will be discussed in the next section of this proposal.

### **Research methods of data collection**

In this study, semi-structured interviews will be used to question the participants consisting of the three key stakeholders. The use of semi-structured interviews as a means to data collection is to capture the experiences of participants regarding what can be a sensitive



issue of experiences involved in supporting students in clinical placement with a LD. Specific questions will be asked and then participants will be asked to expand upon their answers and any recurring themes in their responses.

The design of and the questions for one-to-one semi-structured interviews were informed by the literature review. The indicative interview questions may include the following examples, which would be asked to the appropriate key stakeholder:

- If the **student nurse** accessed LD support in clinical placement, was this a positive experience? If it was not good, then why not? If it was good, then why was it?
- What are the **mentor's** and **link lecturer's** experiences of supporting student nurses who have a LD in clinical placement?

## **Research design**

Ellis (2010) states that phenomenological methodology and methods derive primarily from a qualitative research design. In response to this information, face to face, semi-structured interviews will be employed. Participants will be asked relevant, unambiguous questions, which will aim to ultimately answer the research questions identified for this study.

The chosen semi-structured questions, will aim to evoke accounts from the participants to establish the reality of supporting student nurses with a LD in clinical placement and gain an insight into whether this was a positive or negative experience. This resonates with the philosophy connected with descriptive phenomenology emphasised by Koch (1995) whereby

participants describe their experiences and reflect upon their experiences. Nurses are actively encouraged to be reflective practitioners and so it is predicted that rich and meaningful data will be collected during the study.

## **Sampling**

Sampling would consist of participants from all three key stakeholder groups. Participants would be generated from purposive sampling methods. Ellis (2010) suggests that sampling in phenomenological studies is, by definition, purposive as participants that have experienced a chosen phenomenon are required to be researched. The involvement of mentors, link lecturers and students from my HEI workplace and affiliated clinical placement areas would be requested through advertising on the HEI BlackBoard system for students, internal emails to link lecturers and flyers in the clinical placement areas. In general, nurses do not have time to read emails whilst at work and so a tangible flyer is predicted to be more effective in generating mentor participants from the clinical placement areas.

As Robson (2011) reports, the larger the sample, the easier to generalise any findings. However, in qualitative based studies, it is acknowledged that due to time constraints, larger sample sizes cannot always be accessed and researched. This study would aim to interview 3 of each key stakeholder (the population). To reflect the chosen research questions, I will aim to interview members from all key stakeholder groups and ensure to include participants who have a “hidden” LD and link lecturers; the viewpoints of whom are currently limited in the available body of evidence. Participants will be accessed via the HEI and clinical placement areas by advertising the proposed research and recruiting individuals who would like to be included as study participants.

## Analysis of data

Interviews will be audio taped and then transcribed to ensure that all information is captured. Data will then be coded and thematically analysed to identify main themes and sub themes. Validation of the findings will be ensured with the last step of returning the interpretations to the participants for review.

Moule & Goodman (2014) suggest that when appraising the phenomenological data, thematic analysis for interview data produces interesting and relevant findings for nursing related research. As Wengraf (2001) explains, analysis of transcribed data from semi-structured interviews is time consuming, but worthwhile as findings can be detailed and valid to the research questions under investigation.

## Time plan

Allocated leave would be used as time to complete this study. This leave would be negotiated with my line manager and immediate work colleagues. The proposed study will take approximately nine months to complete. The suggested time plan is as follows:

<b>Month</b>	<b>Research Activity</b>
1	Formalise study proposal and data collection tool
2	Apply for/gain ethical approval
3	Identify and contact study participants
4 and 5	Collect data
6 and 7	Transcribe and analyse data
8 and 9	Write up findings and submit to UCL

### Relevant political and ethical issues

Inevitably, the main ethical issue arising with this study proposal is that I will be an “insider” researcher and thus the potential for bias encroaching into the study is a possibility.

Holloway & Wheeler (1995) discuss this dichotomy of a nurse being both a researcher and a healthcare professional and suggest that the related aspects are fully recognised by the researcher. Such aspects include maintaining the identity of the researcher to ensure objectivity and the acknowledgment of the “power relationships” between nurse and participant. By addressing these aspects prudently, potential bias within a study can be minimised consequently contributing to the trustworthiness of findings.

Robson (2011) proposes that there are advantages to being an “insider” researcher, with the possession of “street credibility”, by being someone who has a real awareness of the research topic and how to best access the participants. As advantageous as this inside information can be, Rose et al (1995) advise that this must be used in conjunction with bracketing in phenomenological studies to ensure trustworthiness of the research design and the findings. This will be a challenge as during my career I have experience of being a student, mentor and now link lecturer. However, as Oiler (1982) reports, it is possible for phenomenological researchers to bracket their own beliefs and access the “lived experience” of their participants without contaminating any data.

National Ethics Research Service (NRES) approval will be required which I can access via either UCL or my HEI. The topic under investigation for this study is not an unusual occurrence for NRES applications and therefore no difficulty is predicted in gaining approval in terms of the research subject. Any concerns with associated ethical considerations of the study will be addressed and rectified in order to confirm successful ethical approval.

Ethical practice is instilled in me as a registered nurse and I am regulated and governed by the NMC which includes abiding by a code of conduct. The main focus of The Code (NMC 2015a) is associated with preserving patient safety, but also incorporates the requirement of nurses to be trustworthy and practice in an ethical manner. This extends to research activities and the maintenance of confidentiality and safety of participants in studies and the safe storage of data. For this study, reassurance will be provided by letter and verbally by me to participants regarding confidentiality and how data will be used. Participants will be made aware via the study information sheet, that they have the right to withdraw from the study at any time. All participants, including those with a LD, will be treated sensitively and made aware of the counselling service available at the associated HEI.

Gaining informed consent is also an integral part of healthcare and falls under the banner of safe and ethical nursing practice. This can again be extended into the nursing research field with the assurance of participants having a full understanding of the study before signing a consent form and agreeing to be interviewed. Robson (2011) explains that the achievement of informed consent in research can be challenging and particular difficulties arise when undertaken in the researcher's own sphere of practice. Malone (2003) reports her own difficulties in ensuring informed consent involved in researching her "own backyard" identifying the possibility of causing harm to the participants once the findings are published. Malone (2003) suggests that total informed consent is not possible in qualitative studies and therefore it is important for researchers to take professional responsibility and consult other experienced researchers for advice to address these difficulties.

As a novice researcher, I will access support with all steps of ethical approval process (including the participant consent forms) and indeed all steps of the study from both UCL and my HEI workplace colleagues. This support is in line with guidance provided by the

Royal College of Nursing (RCN 2004) who stipulate that nurse researchers must locate local peer groups to ensure that studies are ethically sound and are of good quality. It is anticipated that this expert support will ensure that the research design is robust and validates the rigour of the study. The credibility, consistency and congruence of this study design will be examined, which as Sandelowski (1986 cited in Rose *et al.* 1995) suggests, is key to ensuring rigour associated with a phenomenological approach.

#### Dissemination and use of the research, including any implications for professional development

Findings generated from the proposed study aim to be both theoretically and practically relevant with the aim to describing the experience of supporting student nurses with a LD in clinical placement. The context of the findings will be analysed rather than the generalisability as the findings may not be applicable to non-UK based nurse training programmes. Ellis (2010) supports this notion and states that findings from qualitative studies are often not generalizable but are useful in comparing the experiences of a particular phenomenon within similar contexts.

#### **Dissemination of findings**

Local feedback of study findings will be reported to the key stakeholders within the HEI and clinical placement areas. Locally, it is hoped that the findings will contribute to informing the key stakeholders of how best to access and implement support for student nurses with a LD in clinical placement. For a wider audience, publication of the study is planned as well as presenting the findings at relevant conferences.

#### **Professional development**

Publication and conference presentation of the study will add to my scholarly activity and possible increase citations of my published work. The findings will also contribute towards

the work required for my final EdD Thesis and continue my development of writing at Doctorate level. Involvement with nursing research and improvement of the student experience will also count towards the nursing Revalidation process required by the NMC. This three yearly procedure ensures that all nurses are maintaining their professional development relevant to their sphere of practice (NMC 2015b). Ultimately, the aim of this proposed study is to share findings and expand upon the evidence base for supporting student nurses with a LD in clinical placement. Increasing any relevant evidence base is crucial in ensuring the continual professional development of contemporary nursing practice.

## Appendix B: MoE 2 (Abstract)

Title: Exploring link lecturers' views on supporting student nurses who have a learning difficulty in clinical placement.

Background: Literature that reports upon the experiences of facilitating reasonable adjustments for student nurses who have a learning difficulty (LD) in clinical placement from the view point of link lecturers is limited and warrants further exploration.

Research aim: To explore link lecturers' views on reasonable adjustments in clinical placement and if they are confident with their own knowledge of the processes involved.

Methodology: Data was collected using interviews with three link lecturers from three fields of nursing (Adult, Child and Mental Health). Audio recorded interview data was transcribed, coded and thematically analysed.

Findings: Three main themes were identified- student engagement, clarity of link lecturer role and external barriers.

Conclusion: Findings demonstrate that link lecturers have some confidence with their own knowledge of the processes involved with supporting student nurses with a LD in clinical placement but these processes are complex with many barriers preventing successful facilitation of available reasonable adjustments.



## Appendix C: IFS (Abstract)

Title: Exploring student nurses' and their link lecturers' experiences of reasonable adjustments in clinical placement.

Background: Student nurses who attend pre-registration nursing programmes in the United Kingdom are assessed via academic work and by their performance in clinical placement. Student nurses include those that have a learning disability and require reasonable adjustments to support their learning. National guidance exists that defines the available reasonable adjustments for academic work, however, there is limited information available for reasonable adjustments associated with clinical placement.

Research aim: To explore the experiences of student nurses who have a LD and their link lecturers associated with the facilitation of reasonable adjustments in clinical placement.

Methodology: A descriptive phenomenological methodology was adopted. Data was collected using semi-structured interviews with seven student nurses and three link lecturers from three fields of nursing (Adult, Child and Mental Health). Audio recorded interview data was transcribed, coded and thematically analysed. Phenomena were identified and discussed in conjunction with relevant educational theoretical lenses and nursing research literature.

Findings: Three main themes were identified- 'Defining reasonable adjustments', 'Supporting students' and 'Being Professional'. Evidence exists of a situated learning approach with the involvement of a 'community of practice'.

Conclusions: All study participants could define reasonable adjustments and described varied experiences with the facilitation of these in clinical placement. This process could be complex and dependant on many factors that could promote or hinder the provision of this support. Study participants identified that a situated learning approach was especially beneficial for optimising the success of this process.

Appendix D: Study participant information sheet (redacted)

Appendix E: Consent form (redacted)