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Learning from Experience in the Community :
an ethnographic study of district nurse students.

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Thesis presented in part fulfilment of the requirements for
the degree of Doctor of Philosophy. University of Surrey.

December 1990.

SUMMARY

The starting point for this research was a set of issues originating from my experiences in nurse education and particularly in teaching courses in district nursing. These educational issues concerned the learning of student district nurses in the community - a learning environment as yet little researched.

This study seeks to gain an understanding of the learning experiences of district nurse students and to examine learning in the practice setting from the perspective of the students. Since the research depends upon the changing and differing interpretations of the individuals involved in the natural setting of the community an ethnographic approach has been adopted.

The experiences of students are monitored throughout the taught practice element of the district nurse course in both inner city and rural/urban locations. Data, collected through interview and observation, is analysed in the context of theory relating to adult learning and learning from experience.

Three major categories of response are identified and discussed in detail. These categories are sequential and represent the learning process experienced by the students in the practice setting, as they learn to fit in to a new

environment, test out their own ideas and compare the unreality of college with the reality of practice.

Attention is drawn to the difficulties experienced by district nurse students in fitting into new settings and trying out change, to the detrimental effect on learning of rigid practice routines and to the powerlessness of practical work teachers to influence the learning environment. These issues are discussed in the context of changes already taking place in nurse education as a result of Project 2000.

Suggestions for further research include the development of a package to evaluate the effectiveness of community practice settings as learning environments, and the promotion of teaching strategies based on experience and reflection.

ACKNOWLEDGEMENTS

I wish to record my thanks to the following :-

Dr Elisabeth Clark - Director, Distance Learning Unit - for encouraging me to embark on this research in the first instance.

Dr. Peter Jarvis - Surrey University - for stimulating my thinking about adult education and for supervising the project

Dr. Anne Hilton - Anglia College of Higher Education - for her advice and enthusiasm about ethnography and for jointly supervising the project

Professor Jenny Wilson-Barnett and the staff of the Nursing Studies Department and Dr. Sally Redfern and the staff of the Nursing Research Unit - King's College London - who provided guidance and encouragement through their enthusiasm for research and their willingness to listen and to share ideas

The participants in this research who gave freely of their time and made the research possible

My friends and colleagues in district nursing who offered understanding and good humour

Finally to my husband Terr for believing in my ability and consistently giving help and support.

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INTRODUCTION

Changes in nurse education outlined by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC 1986) indicate that future nurse students will be required to undertake a considerable amount of learning in their pre-registration courses in the community. These changes will in turn influence post-registration courses.

In reviewing the need for change in nurse education the UKCC (1986) stated :-

The need for a reorientation of initial preparation towards the community was one theme which emerged strongly from the review. An emphasis on care in the community, on care in the home, a stress on assessing health needs, promoting health care and independence, are features of the plans for all care groups.
(para 2.35. p.19)

Reorientation towards the community has implications for the way in which nurses will be educated. It will require not only a change in teaching strategies and curriculum but a change in the settings in which nurses will receive their experience. It is quite clear that many of these settings will be in the community where district nurses, health visitors, community psychiatric nurses and others are at present placed for their practical experience as part of their qualifying courses. Inevitably these qualifying post-registration courses will change as pre-registration courses provide students with greater insights into community and give nurse learners experience in community

settings that are not generally part of current courses.

Although district nurses, health visitors and others have undertaken courses in the community for many years there has been little research into community learning environments, the practice setting in which district nurses, health visitors, and others are placed during their post-registration courses.

This research examines the experiences of district nurse students in the learning environment of the community. The community learning environment is defined as all the learning opportunities that are available to the students while they are placed in the practice setting. The focus of this study arises from questions about:-

- experiences that help or hinder learning in practice
- ways in which students learn in practice
- the place of practice based learning in the curriculum

The aim of the research is:-

To gain an understanding of the learning experiences of district nurses from the perspective of the students.

The research then is set against a background of substantial development in contemporary nurse education. Whilst acknowledging the important demographic, social and political forces that have contributed to recent changes, the conceptual framework for this research is educational.

CHAPTER ONE

THE EDUCATIONAL CONTEXT

Introduction

This chapter reviews the theorists who have particularly influenced nurse educators and describes the educational context in which this research is set. It starts by considering briefly the general aims of education and the major conflicting philosophies. It proceeds to a more detailed discussion of adult education and learning and draws conclusions about the implications for professional education of which nurse education is part.

General aims of education

Conflicting theories concerning the aims of education have underpinned curriculum development not only in mainstream school education but also in the education of adults of which professional education is a part. The liberal philosophy epitomised in the analytical approach of Hirst and Peters has been the most influential in the philosophy of education in Britain and has provided the impetus for much of the debate about its aims throughout the whole field of education. Liberal education in this sense can be said to characterise the classical view of school curriculum (Hirst and Peters 1970).

The concept of liberal education for Peters (1966) is based on the criteria that education :-

- implies the transmissions of what is worth - while to those who become committed to it;
 - that "education" must involve knowledge and understanding and some kind of cognitive perspective, which are not inert;
 - that "education" at least rules out some procedures of transmission, on the grounds that they lack wittingness and voluntariness on the part of the learner.
- (p.45)

Worthwhileness is related to the development of mind and differentiates between education and training :-

A man with a "trained mind" is one who can tackle particular problems that are put to him in a rigorous and competent manner. An "educated mind" suggests much more awareness of the different facets and dimensions of such problems.
(ibid p.32)

The development of mind through the acquisition of knowledge is a central concept of education also shared by Pring (1976). However he disagrees with the reductionist definition of knowledge, the now familiar forms of knowledge described by Hirst (1974) with emphasis on the cognitive, but argues for a broader definition :-

Although the development of knowledge is central to the improvement of mind, one must retain a generous definition of knowledge, not confining it to propositional knowledge. Practical

knowledge or know - how is of equal significance. Indeed, "knowledge that" generally presupposes "knowledge how", and arises from a systematic reflection upon it.
(p.23)

Pring (1976) argues for a better balance between the two in general education :-

I feel that the neglect of this distinction is responsible for so much dead weight in the curriculum. We are so concerned with "knowing that" (possibly because of the greater ease with which it can be examined on a large scale) that we forget that much of this kind of knowledge is a very sophisticated reflection upon "knowing how", an attempt to make explicit and put into statements the principles that are already operating in successful practice.
(p.19)

In an analysis of curriculum planning Lawton (1973) examines two opposing views of the structure and organisation of knowledge - the Classical and Romantic ideologies - and summarises their major attributes as follows :-

CLASSICAL	ROMANTIC
Subject-centred	Child-centred
Skills	Creativity
Instruction	Experience
Information	Discovery
Obedience	Awareness
Conformity	Originality
Discipline	Freedom

(p.22)

Jarvis (1985) relates these two ideologies to two models of education "education from above" and "education of equals":-

In the former, the emphasis is upon the social system and the individual is prepared to fit into it; education is a kind of initiation into society, rather than an extension of socialization; in the latter, the emphasis is placed on the individual and his ability to achieve his potential so that he can act as an agent in society.
(p.50)

He highlights some of the ideological differences in the following diagram :-

	Education from Above	Education of Equals
Aims	Individual should be initiated or maintained in the social system and its culture. System needs must be met.	Individual should be encouraged to achieve his human potential. Individual needs should be met.
Objectives	Specific and behavioural objectives employed.	Expressive objectives utilised.
Content	Selected from culture of the social group by those delegated by society. Initiates individuals into publicly accepted knowledge, its forms and structures.	Selected from culture of social group(s) by learners, often in negotiation with teachers, according to interests and relevance. Problem based on knowledge integrated rather than structured.
Methods	Didactic. Socratic, when directed towards specific learning outcomes. Teacher seeks to control learning outcomes. Teacher's role clearly demarcated and regarded as essential to learning.	Facilitative. Socratic, when seeking to stimulate learning. Teacher seeks no control over the learning outcomes. Teacher's role less clearly demarcated and not regarded as essential to learning.
Assessment	Public examination, competitive. Teacher set tests. Emphasis upon standards.	Self assessment by learner. Peer assessment. Emphasis upon learning.

(p.49)

Jarvis goes on to draw a parallel between "education of equals" and the humanistic perspectives of adult educators such as Knowles (1984) and, in comparing pedagogy to andragogy, shows that the former refers to classical and the corresponding "education from above" while the latter refers to romantic and "education of equals". It is interesting to note that Jarvis (1985) suggests the reason for the acceptance of the romantic philosophy during the nineteen sixties is mainly as a result of changes in society "when the structures of society are malleable, that innovations emerge and social change is possible". This was demonstrated in changes not only in initial education but also in the professions. For andragogy it was a time when the philosophy of self development, embracing humanistic principles, was gaining ground. This has since been established in adult education, although it is still debated (Jarvis 1985).

Adult education and adult learning.

A concern for the learner is the prevailing and common theme in most adult education. It draws strongly on the democratic and progressive ideals expounded by writers such as Dewey (1916) and is based on the humanistic principles that conceive of the learner as self directing, autonomous, and independent (Brookfield 1987, Boud 1988).

According to Griffin (1987) work undertaken in this field has provided a theory in adult learning :-

The major point of what might otherwise be thought of as adult education theory is really a theory of adult learning in a social context, largely constructed as "adult education knowledge" by the exigencies and ideologies of professional practice.
(p.188)

The experiences of practice have driven forward the thinking on adult learning and to a large part provide the basis for method.

The current and most obvious aspects of a "theory in adult learning" are linked to the "adult characteristics approach" of how adults learn and the resulting humanistic principles of how adults should be taught. Both are closely linked in practice but in fact arise from different philosophies and both are different again to the liberal and classical traditions.

Dewey(1916) epitomised the democratic ideals of progressive education which identified experience, growth and change as major elements for education. He describes education as "a constant reorganizing or reconstructing of experience" (Dewey 1916 p.76) - not just passive experience but the individual's interaction with the environment. He was careful to identify the mis-educative experience from educative experience and the guiding role of the teacher in

the latter. Process, according to Dewey (1916), is as important as ends in the reconstruction of experience :-

It means that experience as an active process occupies time and that its later period completes its earlier portion; it brings to light connections involved, but hitherto unperceived. The later outcome thus reveals the meaning of the earlier while the experience as a whole establishes a bent or disposition towards the things possessing this meaning. Every such continuous experience or activity is educative, and all education resides in having such experience.

(p.78)

His critics have interpreted his writings as rejecting the intellectual and academic aspects of education for the pragmatic and practical aspects of experience together with limitless but unpurposeful growth. Cross-Durrant (1987) points out that the practical pursuits would be the first stage of learning followed by a sharing and exchange of ideas guided or facilitated by the teacher :-

The third stage is a growing ability to organize, analyse and to synthesise, all of which underpin mastery of knowledge - however defined.

(p.88)

However it is not that knowledge is regarded as unimportant. It is the way in which knowledge is gained and how it is used to foster further learning, as opposed to the traditional view of knowledge as facts gained through a study of academic disciplines delivered by a teacher.

The concept of growth is less explicit and raises questions about independence and human kind. Growth through education may take various paths; it is not an orderly process and individuals will have some say in determining it. Even the voluntary nature of adult education does not guarantee consistency in development.

A further criticism hinges on the fact that much of Dewey's writing is referenced by school education. However his ideas are contingent with education throughout life and Dewey (1916) regards education in childhood as setting the foundations for later life :-

Hence education means the enterprise of supplying the conditions which insure growth or adequacy of life irrespective of age.
(p.51)

Continuing learning is a welcome concept for most educators in professional education who are frequently faced with remedial action before or as part of a curriculum. Dewey's ideas (1938) are important contributions to curriculum methods :-

In a certain sense every experience should do something to prepare a person for later experiences of a deeper and more expansive quality. That is the very meaning of growth, continuity, reconstruction of experience.
(p.47)

Throughout attention is focussed on the learner and it is this aspect of the American progressive movement that has

left its greatest impact on the methods of adult education, rather than the its social and political emphasis.

The adult learner and the term andragogy have become synonymous with the name of Malcolm Knowles who has popularised interest in the learning of adults and made it accessible through his writings and lectures. Influenced by both Lindeman (1926) and Rogers (1969), his ideas reflect a humanistic philosophy which parallels and continues the progressive's thinking on the individual. A development of the person combined with self actualisation, development of individual potential and role are strongly held principles in professional education today. The humanistic approach, drawing from both philosophy and psychology, is the background for Knowle's assumptions of self concept, respect for the individual's experience, readiness to learn, intrinsic motivation and problem - orientation and is a dominant influence in curriculum design for professional courses.

An analysis of the work of Knowles (1978,1980,1984) reveals a concentration on the principles of method as the main issue of adult education to the neglect of content and the issues of knowledge. It is largely atheoretical and lacks an epistemological base and a rigorous examination of learning theory to which it has most to contribute (Hartree 1984).

The andragogy - pedagogy debate has been the focus of criticism of his work arising mainly from his assumptions about adults and adult learning, and based on his observations of practice which seem to have been in isolation from other developments in curriculum. (Bruner 1977, Stenhouse 1981).

While Knowles' assumptions have increased to six (Knowles 1989), they have changed little in content, but, in response to criticism, have acknowledged the closer similarity between child and adult learning - again without theoretical justification. His assumptions which incorporate many of the principles of humanistic education may be summarised as follows :-

- self concept is an important part of maturation and adulthood and moves adults towards self direction and independence. This assumption implies that adults will benefit from determining their own learning and own educational needs, together with self diagnosis and self evaluation. An environment that fosters self respect and independence is therefore favoured.
- related to self concept is the assumption that adults have a background of experience, reflected in their self respect and part of their uniqueness. This uniqueness and experience should be acknowledged as valuable and used as a source of learning.
- adult's readiness to learn, linked to developmental stages of life imply that relevance in learning is required. The needs and interests upon which readiness is based also assume an intrinsic motivation to learn. Relevant material is regarded as important.
- the reality of the learning is related to the assumption that adults have a problem - solving orientation to learning that is concerned with immediate problems and requires immediate application of learning. In contrast to the subject - orientation and postponement of application of the learning of

children. Problem - solving techniques and immediate application in real situations are therefore regarded as appropriate strategies of teaching.

While most adult educators can provide examples of the above assumptions observations will also have been made to the contrary. Children who have a problem solving orientation or demonstrate internal motivation and need for relevance; adults who are not always self motivated but who can display postponed gratification in meeting educational needs are instances that question some of Knowles' assumptions.

The social context of learning is largely ignored in these assumptions and the immediacy of problem - solving is at odds with internal motivation. The complexity of experience as a learning resource does not seem to be recognised, nor does its relationship with relevance and self concept, as emphasised by Griffin (1983) :-

Experience such as Knowles presumably has in mind takes place in differentiated social, cultural and political settings and its evaluation is problematic.
(p.56)

Through an evaluation of experience the learner may gain insight into relevance and its level of effectiveness. The assumption that relevance is an unquestioning need is too simple. Again Hartree (1984) has criticised Knowles for his lack of conceptual clarity and for his inability to substantiate his claims.

Despite the criticisms of andragogy the debates have contributed to the principles of teaching and learning in adult education and bring to centre stage the relationship between teacher and learner raising questions of control, authority and context. In these respects the implications are for the practices of adult education and the practice of the educator.

Similar points for debate are made by Mezirow (1981,1985, 1988) following ideas of Bruner (1973) and Rogers (1969) in the psychoanalytic field and derived from his own research of women re-entrants to college in the United States.

The interpretation of Habermas's (1971) theory of knowledge leads Mezirow to identify three domains of adult learning of which "emancipatory action" provides the basis for his key concept of perspective transformation and a theory of reflection from which adult educators may draw some principles for practice.

Mezirow (1981) describes the three distinct but interrelated learning domains derived from Habermas's three areas of primary interest - the technical, the practical and the emancipatory which are grounded in different aspects of social existence ; work, interaction or communicative action and power respectively. The technical interest or learning domain refers to the control of the environment and

generates instrumental knowledge "based upon empirical knowledge and is governed by technical rules". It is task orientated and problem solving dealing with "learning how to; it does not deal with why" (Mezirow 1985). The second area of interest generates instrumental knowledge concerned with seeking to understand the meaning rather than to establish causality and involves interaction. Thirdly there is the emancipatory interest generating a knowledge of self-reflection. According to Mezirow (1981) this domain is most distinctively adult :-

This involves an interest in self-knowledge, that is the knowledge of self reflection, including interest in the way one's history and biography has expressed itself in the way one sees oneself, one's roles and social expectations. Emancipation is from libidinal, institutional or environmental forces which limit our options and rational control over our lives but have been taken for granted as beyond human control. Insights from critical self-awareness are emancipatory in the sense that at least one can recognize correct reasons for his or her problems. (p.5)

The work of Habermas will not be analysed here as this would take the discussion away from the main theme of perspective transformation which is accepted in the form in which it is presented by Mezirow (1988) :-

Perspective transformation is the process of becoming critically aware of how and why the structure of presuppositions have come to constrain the way we perceive, understand and feel about our world; through a meaning reorganisation reconstituting this

structure to permit a more inclusive and discriminating and integrative perspective; and making decisions or otherwise acting upon these new understandings.
(p.4)

Of particular interest is the inclusion of the affective domain in perspective transformation as a form of learning and the process of critical reflection which perspective transformation implies. From his study and identification of the possible phases of perspective transformation he concludes that adults are capable of critical reflection but children are not :-

From the perspective of transformation theory, adult development is understood as an adult's progressively enhanced capacity to engage in critically reflective discourse through which expressed ideas are validated.
(ibid p.5)

The adult educator's role then is concerned with "assisting adults to understand the meaning of their experience by participating more fully and freely in reflective discourse to validate expressed ideas".

The theories of adult education that have been reviewed are not exclusively the domain of adult educators, nor should they be the only theories that inform educational practice of adults (Lovell 1980) as is emphasised by Griffin (1987) as follows :-

The fact is that adult educators make a

selection from the total extent of their knowledge about how adults learn on the perfectly good grounds that some kinds of theory are more "fitting" with their practice as professionals. In other words, as far as adult learning theory is concerned, knowledge is constructed around the exigencies of practice, in which humanistic rather than behavioural perspectives are appropriate.
(p.186)

In a charter for andragogy (Mezirow 1981) principles emerge for the practice of adult education such as using personal experience, encouraging autonomy in self direction, defining learning needs, attending to self concept and self awareness, recognising the place of relevance and problem solving.

Although there may be differences in definition, most theorists in the field of adult education would subscribe to these principles.

Experience and Reflection

Experience is a common factor in adult learning and indeed is part of our everyday existence. The use of this experience would appear to be a central and linking theme underlying the principles identified above and will be analysed as the basis for an interactive process in learning.

As was noted previously, Dewey, who has had a prevailing influence on adult education, identified experience as an important aspect of learning, the various parts of experience being connected by reflective activity. This dynamic and cyclical process has since been explored and expanded and has become one of the central ideas in the practice of adult education. However it is still embryonic and an analysis of its development will help to assess its use in adult curriculum .

At its simplest reflection on experience has four stages or learning styles - experience as the basis for observation and reflection; observations assimilated into relevant theory; implications and actions identified and tested out; incorporation into new and further experience. This in effect is the Kolb learning model (Kolb and Fry 1975) :-

Figure 1. The Kolb Learning Model.

Kolb(1984) defines learning as "the process whereby knowledge is created through the transformation of experience". Kolb (1984) differentiates this type of

learning from the behavioural and the traditional approaches which define learning in terms of outcomes either as stored facts or as behavioural responses :-

First is the emphasis on the process of adaptation and learning as opposed to content and outcomes. Second is that knowledge is a transformation process, being continuously created and recreated, not an independent entity to be acquired or transmitted. Third, learning transforms experience in both its objective and subjective forms. Finally, to understand learning, we must understand the nature of knowledge.
(p.38)

Learning then is regarded as a continuous process grounded in experience. "Knowledge is continuously derived from and tested out in the experiences of the learner". Kolb's learning cycle denotes both experience and reflection as components of learning and in a sense regards adaptation as a process of learning. These are important concepts in professional education and vital components of the learning process.

Learners require four kinds of abilities:- they must be able to involve themselves fully and openly in the new experience - concrete experience abilities (CE); reflect on and observe experiences from different perspectives - reflective observation abilities (RO); create concepts that integrate their observations into logically sound theories - abstract conceptualisation - (AC); use these theories to make decisions and solve problems - active experimentation (AE).

The learner moves between the two contrasting dimensions of learning - concrete/abstract and active/reflective - in the learning process: from actor to observer, and from specific involvement to general analytic detachment. Here reflection and action are seen in opposition, implying that reflection cannot take place alongside action and indeed that they are separate stages.

While providing an ideal and rather simple model of experiential learning, it has complexities that are not explained. It lacks conceptual clarity - for instance in distinguishing between adaptation and transformation. The emphasis is on cognitive processes. Despite a humanistic stance this model tends to ignore the intricacies of the human person and the changes that may occur to learners as they undertake their experience and reflection. It also assumes that meaningful learning always takes place and ignores miseducative aspects. However, it is a useful starting point for analysing learning from experience.

Although Kolb's learning model lacks explanation of the process linking reflection to abstract theory and hence to new situations it is a useful framework for the sequencing of content in curriculum design, where I have used it in my work together with another similar model from the Further Education Unit (F.E.U. 1981).

Again experience and reflection are interrelated and learning is a dynamic goal orientated process making use of reflective activity before moving forward to further experience. A more realistic appreciation of the necessary interplay between reflection, experience and any additional learning, is shown, acknowledging that the process may not just be cyclical as displayed by Kolb.

The F.E.U. model includes feelings, attitudes and values as aspects of reflection. It also demonstrates a place for the teacher and underlines the importance of specific learning before moving on to further experience. It is intended as an "ideal format" for curriculum design in the unified vocational preparation, linking young adults from school to work and from adolescence to adulthood.

Boud (1985) argues for a better utilisation of experience and reflection in the learning process. He goes on to argue that reflection is the process through which experience can be turned into a purposeful activity of learning. It is this process that has been neglected and which Boud and his associates attempt to develop into a model of reflection in learning. Issues arising from their work in the Australian Consortium have provided the starting point for this model drawing together the collective ideas from the practice of adult educators.

The group (Boud et al 1985) take Tough's (1979) terminology of "deliberate learning" to underpin their own definition :-

..learning that is intentional in which learners are aware that they are learning: learning with a definite, specific goal rather than generalised learning, for example, to "develop the mind"; learning which is undertaken to pursue this goal; and learning which the individual intends to retain.
(p.18)

Deliberate learning takes place in institutions as well as on a less formal basis. The focus for Boud's ideas is on experienced based learning rather than classroom learning which mainly concern information assimilation. The following diagram (Boud et al 1985) summarises the reflection process:-

(p.36)

Figure 2. The Boud Reflection Process.

This model adds again to the dynamic process with movement between the reflective process and the experience. The model shows the two main components of reflection - the experience and the reflective activity based on that experience.

Experience is the total response of a person to a situation or event - "what he thinks, feels, does and concludes at the time or thereafter" (Boud et al 1985,p.18). Reflective activity involves recapturing experience, thinking about it, mulling it over and evaluating it. For Boud the ability to reflect can be developed to different stages in different people, but for it to lead to learning it involves "those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understandings and appreciations" (Boud et al 1985,p.19).

The three different stages or elements in the reflective process are not regarded as separate or linear and in fact Boud emphasises the sudden insights that might occur "out of the blue" that signal the beginning of a new level of reflection. They may be "instantaneous or intuitive appreciations of an important truth, or enriched descriptions of the events"(Boud et al 1985,p.29) and cannot be planned. However for most reflective processes the three elements of reflection follow each other as: returning to

experience - recollection, replaying of initial experience in the mind or recounting to others; attending to feelings, - involves two aspects, utilising positive feelings and removing obstructing feelings; re-evaluating experience - re-examining experience in the light of the learner's intent, associating new knowledge with that already possessed, integrating new knowledge into the learners conceptual framework. This final stage is the most important as it leads to "appropriation of this knowledge into the learner's repertoire of behaviour" tested out either mentally or through action. Boud cautions against moving through these stages too quickly or missing out the first two which he thinks are pre-cursors to re-evaluation.

What Boud (1985) does not consider in depth is reflection at a later time, through written material perhaps in the form of a diary. This revisiting the experience would aid re-evaluation and particularly the integration of new knowledge into the conceptual framework and into the learner's affective and behavioural repertoire.

A further important point for Boud is that all the stages are influenced by the intent of the learner who is central to this process and determines the level of analysis dependent on the the learner's goals or intentions. Some experiences lead to learning others are better forgotten.

Other work has helped to illuminate Boud's discussion. Of particular relevance is the complex double-loop learning that Argyris (1982) has identified as being the ideal level of learning to bring about change and action, and Mezirow's development of the concept of critical reflectivity as a vital part of perspective transformation.

Boud's work then, concentrates on the learner as the initiator of learning, determined by his intent and stimulated by positive and negative experiences but needing the help of another to assist in the process of reflection.

It is interesting to note that the starting point for reflective activity is seen by some writers as; uncertainty (Dewey 1916); critical consciousness (Mezirow 1981); conscientization - to enlighten men about the obstacles preventing them from a clear perception of reality (Freire 1972);- all of which imply the negative connotations of disharmony as the impetus for reflection rather than positive experience. The reason for reflection then becomes emancipatory action in a social and political context rather than just an individual activity. Change is the intended result of action in either case, one is conceived as bringing about change in society the other changes in the individual which largely ignores the social and cultural context. Kemmis (1985) is critical of the individualistic emphasis :-

This insight, that reflection is a political process in which we locate ourselves more or less explicitly as agents in the historical struggle against irrationality, injustice and unfulfillment, denies that reflection is quiet contemplation primarily of significance to the individual and her or his own interests.
(pp.146,147)

This statement is a challenge at the theoretical level as argued by such as Griffin (1987). Some may say that the concentration on process and on the individual, independent of the social group, is counter-productive to development of a theory of adult education. It is of course an issue for professional education and one which will be referred to in respect of the work of Brownhill (1987) and of Schon (1983), both of whom recognise the influence of the professional group and of society in shaping the nature of professional knowledge.

Schon (1983) in particular recognises the importance of reflection in professional practice and examines the process in what he terms "reflection-in-action". This type of reflection is learning which is based on an epistemology that challenges the technical rationality model of applied theory to practice and advocates that professional knowledge is drawn from our actions. Schon (1983) equates it with what Polanyi (1967) calls "tacit knowledge" and Ryle (1949) refers to as "procedural knowledge" :-

..the workaday life of the professional depends on tacit knowing-in-action.

Every competent practitioner can recognise phenomena - families of symptoms associated with a particular disease for which he cannot give a reasonably accurate or complete description. In his day to day practice he makes innumerable judgements of quality for which he cannot state adequate criteria, and he displays skills for which he cannot state the rules and procedures.
(p.50)

This "knowing-in-action" is the characteristic mode of ordinary practical knowledge, the "thinking on your feet" which suggests that we can think about what we are doing while we are doing it. This capacity is regarded by Schon (1983) as reflecting-in-action and is described as follows:-

He may reflect on the tacit norms and appreciations which underlie a judgement, or on the strategies and theories implicit in a pattern of behaviour. He may reflect on the feeling for a situation which has led him to adopt a particular course of action, on the way in which he has framed the problem he is trying to solve, or on the role he has constructed for himself within a larger institutional context.
(p.62)

The modes of reflection are not presented in any hierarchical or developmental form but may vary in time, which may be rapid, minutes, or stretch over weeks or months. Timing is "bounded by the "action-present" the zone of time in which the action can still make a difference to the situation" (ibid p.62). Frequently the reflection-in-action is stimulated by surprise :-

When intuitive, spontaneous performance

yields nothing more than the results expected for it, then we tend not to think about it. But when intuitive performance leads to surprises, pleasing and promising or unwanted, we may respond by reflection-in-action.... In such processes, reflection tends to focus interactively on the outcomes of action, the action itself, and the intuitive knowing implicit in the action. (ibid p.56)

It would appear that this process of reflection is expected to be more interactive with the experience and the learning than in some of the other models such as those of Kolb and Mezirow. Schon (1983) also implies that routine practice does not result in reflection. This is perhaps an aspect that professional education needs to consider, as much professional practice is routine and offers opportunities for reflection which could result in change. The role of the teacher or facilitator is important here in helping the practitioner to reflect-in-action - a point taken up in later work (Schon 1987).

Schon (1983) could again be criticised for ignoring the organisational or political constraints that the practitioner is under and therefore taking an individualistic approach outside of the social context.

Clearly learning through experience and reflection is very relevant to professional education where knowledge and practice are of equal importance, as a consideration of the aims of professional education will illustrate.

Implications for Professional Education

The philosophical arguments of "worthwhileness" and "value" are as relevant to professional education as they are to the school curriculum. It is still a question of balance between intellectual development and preparation for a specific role or as Peters (1981) puts it :-

..there is a constant tension between the pursuit of personal and public good and that this manifests itself in the type of emphasis that emerge as educational aims
(p.47)

Peters does not deny that cognitive development is fundamental to learning or that the development of the mind through various forms of experience is an aim of education, as discussed earlier in this chapter, but rather gives a broader definition of knowledge :-

what people do, their attitudes, actions and habits, are as important as what they know and believe.
(ibid p.35)

The aims of professional education cannot deny the importance of cognitive development but have also to accommodate professional practice. "Knowing how" and "knowing that" are both important concepts in professional education.

Paterson's (1979) philosophical analysis of adult education sees liberal and vocational^p education as quite separate

entities. "Being educated" and having a liberal education in Paterson's terms are the same. Vocational education can only hope to have "kinship ties" with liberal education :-

While we can never categorically assert of a vocational course, however broad its curriculum and generous its spirit, that it is a course of liberal education, we can appropriately say of many educational courses that they have become more liberal in the degree that they observe the properties of a truly educational activity, develop their students as self-aware, critical, thinking persons and do all this as a deliberate part of preparing men and women to carry out functions calling for distinctively personal qualities of a high order.
(p.48)

This distinction between liberal education and vocational or role education seems to emphasise knowledge as an abstract commodity and gives little insight into what constitutes worthwhile knowledge for adult or professional curricula. In common with other proponents of liberal education it treats education as value free or neutral ignoring "purposes" and to some extent undervaluing pragmatic and utilitarian forms of education.

It is clear that the liberal view of education characterised by developing worthwhile states of mind and an emphasis on the cognitive has had its influence on professional education albeit in a rather piecemeal fashion. The introduction of subjects that are intellectually stimulating though not specifically vocational, and a

concern for personal and intellectual development, are reflective of a more "liberal" philosophy.

While the philosophical arguments surrounding the general aims of education raise important questions about professional education the forms of knowledge required by the professional are not the distinct and irreducible forms of knowledge described for initial education (Hirst and Peters 1970). The knowledge is chosen as being worthwhile because an understanding of the concepts involved contributes to both cognitive and professional growth (Hostler 1982).

Notwithstanding the philosophical arguments surrounding the aims of education, the professional group will determine what constitutes professional knowledge. Brownhill (1987) outlines the situation in his examination of aesthetic education as a scientific study :-

The intellectual communities with their interpretive frameworks and decision procedures ultimately control how a subject is developed and what can be classed as knowledge in a subject. For instance, the scientific community decides how scientists are to look at the world, what are the appropriate methods, what is acceptable evidence, and what is taught in a subject.
(p.38)

Clearly this raises questions for all professional groups

just as it did for aesthetic education. The aims of education may be determined by the professional group but not without pressures from others who have an interest in shaping its future. They may be social or economic or political interests and may come from within the professional group or from outside. In this context the questions about educational aims frequently centres on knowledge and on what constitutes an appropriate knowledge base. Indeed in any analysis of education the issue of knowledge is a central one.

The debate about professional knowledge - adequacy, relevance and applicability is argued by Schon (1983) under the label of technical rationality :-

According to the model of Technical Rationality - the view of professional knowledge which has most powerfully shaped our thinking about the professions and the institutional relations of research education, and practice - professional activity consists in instrumental problem solving made rigorous by the application of scientific theory and technique. Although all occupations are concerned, on this view, with the instrumental adjustment of means to ends, only the professions practice rigorously technical problem solving based on specialised scientific knowledge.
(p.21)

The prevailing view of scientific knowledge is drawn from the positivistic school epitomised by the natural sciences and based on the assumptions that human beings can be

studied according to the application of laws through experimentation and rigorous application of empirical method to explore the physical world. According to the narrow definition of the natural sciences scientific knowledge is objective, testable, public and open to scrutiny. The opposing non-positivist approach is that knowledge is subjective, meaningful and individually focussed.

Positivism assumes that there are clear cut ends to the professional's work that can be achieved by the rigorous application of systematic knowledge. Schon (1983) sums up the views of proponents of Technical Rationality thus :-

The application of basic science yields applied science. Applied science yields diagnostic and problem - solving techniques which are applied in turn to the actual delivery of services. The order of application is also an order of derivation and dependence. Applied science is said to 'rest on' the foundation of basic science. And the more basic and general the knowledge, the higher the status of its producer.
(p.24)

The status and power of the professions is intrinsically bound up with their body of knowledge and perceived expertise. (Wilding 1982). Professional educators must work within a social and political context and recognise that educational decisions are influenced by political ideologies as well as educational ideology, with resulting tension for both student and teacher.

According to Schon (1983) the discrepancy between the expectations of society and the effectiveness of the professional is causing a crisis of confidence in the professions :-

Is professional knowledge adequate to fulfill the espoused purposes of the professions? Is it sufficient to meet the societal demands which the professions have helped to create?
(p.13)

If the professions are to overcome the crisis of confidence as described by Schon, which is afflicting many of the professions, not only in the United States but also in Britain (Goodlad 1984) it may be timely for professionals to re-appraise their body of knowledge, the development and dissemination of this knowledge through educational practice and its utilisation in professional practice.

A debate within the professional field which identifies the philosophy that directs activities and provides inspiration for practice would make clear the basic philosophical differences and expose the contradictions between educational aims and educational practice in order that they may be better understood and discussed.

The important issues of professional education may be brought into greater clarity by an exposure and an examination of the underlying philosophy of why actions are

taken and what the consequence of these actions might be.

It is in these respects that philosophical analysis can make its most useful contribution to an understanding of professional education and curriculum design. In terms of adult education the conclusions from analysis of philosophical approaches is well summarised by Griffin (1983) thus :-

In constructing an adult curriculum, then, the issue is not one of establishing priorities in terms of forms of knowledge but of establishing them in terms of the purposes of learning - the uses to which knowledge is put.
(p.52)

This criticism of liberal philosophy serves to remind educators of the professions that they may develop a "sabre - toothed" curriculum, abstract and irrelevant, if debates about educational aims are not made public and linked with debates of practice.

In any curriculum the aims, content and method are inextricably linked. Professional courses have the added complexity of learning environments straddling both academic and practical and therefore contradictions within the curriculum are more likely to arise. However adult education has directed its efforts to the activities of learning and to curriculum method and in this respect has made its

greatest contribution to curriculum design in professional education. The increasing influence of adult learning theory on nurse education is becoming evident and will now be examined in more detail.

CHAPTER TWO

NURSE EDUCATION

Introduction

This chapter examines the influences of adult learning theory upon nurse education in general and upon district nurse education in particular. It reviews recent changes in curriculum and training and moves towards more specific consideration of the community learning environment which is the focus for this research.

Adult Learning Theory in a Changing Nurse Curriculum

Adult learning theory, the theory arising from the practices and methods of adult education and drawn from the humanistic philosophy of education, is evident in the current texts in nurse curriculum (Allan and Jolley 1987, Bradshaw 1989, Kenworthy and Nicklin 1989). These texts are part of the implementation of the greatest change in nurse education since the new syllabus for general nurse training was introduced in 1952. They demonstrate the different and often contradictory epistemological approaches that are prevalent in nurse education and which lead writers and nurse educators to advocate an eclectic approach (Beattie 1987). To some extent adult education theory has not helped

to clarify the situation as it is itself engaged in epistemological debate (Bright 1989).

It is understandable that curriculum planning in nursing appears to lack direction. The study of education is relatively new in nursing and has only begun to establish itself since the Nurses, Midwives and Health Visitors Act (DHSS 1979), which resulted in the constitution of the United Kingdom Central Council (UKCC) and the four national boards. These new statutory bodies have enabled change in nurse education and have focussed debate on educational issues. As the chief executive officer Maude Storey (1985) stated :-

The UKCC has a firm commitment to consult the profession in advancing new initiatives. Never before has so great an opportunity been offered for individual members, groups and the corporate profession to be become involved in decisions in respect of enhancement of standards, training education and professional conduct.
(p.81)

The review of nurse training, which resulted in many new proposals and initiatives, will change fundamentally the pre-registration and post-registration programmes of nurse education. Not only will it substantially change the content and structure of the courses, but also it will mean that students will no longer be part of the work force but will be supernumery.

These proposals collectively known as Project 2000 (UKCC 1986) are in response both to pressures from within the profession and to changes in society. For some it is a further step towards the professionalisation of nursing. For others it is an ^{ex} educational enterprise. Project 2000 (UKCC 1986) represents education as pursuing both "personal and public good" and it is here that the aims are often obscure and contradictory. The question of whether nurse education is preparing competent practitioners to meet the demands of society or whether the preparation is for individual growth through free thinking and self direction, is one shared with general educational philosophers and is perhaps a question that is always open to debate. As Peters (1981) states "the type of emphasis will emerge as educational aims" assuming that the aims have been debated. Nurse education is in danger of not giving enough time to the debate of aims even on an individual institutional basis. Perhaps this would be a more worthwhile debate than that of the role of the nurse.

However the short timescale over which these extensive changes have been enacted has also brought with it confusing and confused innovations with little time for debate about curriculum issues, curriculum evaluation and dissemination. Indeed at times nurse educators, in their attempts to keep up with the demands of change, have been able to do little more than respond to a plethora of papers, not only from their own national boards but also from the health

authority or health board in which they are located.

This demanding programme has led to some innovative ideas but may also result in validation driven courses without allowing educators to debate or clarify epistemological issues. These are the issues which underpin all curriculum planning and if not aired may surface as competing and contradictory aims between intention and method. The considerable efforts of curriculum planners can result in a submission document that meets the demands of validation, but remains inert and impractical as an initial blueprint for an educational programme and accompanying evaluation. The added complexities for a practice based profession such as nursing are those of straddling the two learning environments of the educational institution and the practice setting.

District Nurse Curriculum - change and contradiction

Analysis of district nurse education as part of the general changes in pre and post registration education will demonstrate some of these difficulties and set out the context in which this research has been undertaken. The district nurse curriculum (Panel of Assessors 1978) is currently used throughout the United Kingdom as the basis for planning courses which lead to the certificate in district nursing, the mandatory qualification for practice.

The introduction of a new curriculum was a major innovation in district nurse education. In part it was the result of demands for change in district nursing and in part a result of changes within nurse education in general.

In 1978 the training of district nurses was based on a syllabus that bore strong resemblance to that implemented twenty years before. These in-service courses were variable in quality, organised by dedicated, but sometimes untrained, tutors, and were in need of major review. It was obvious to many people, particularly the Panel of Assessors - the certificate awarding body for district nurse training - that district nurses were not adequately prepared for the role that they were expected to undertake. In some cases this was because they had received no training since initial registration and in others because the training they had received was not appropriate. Research supported this poor state of affairs (Skeet 1974, Cartright et al 1973) and made suggestions for change, one of which was a new curriculum (Kratz 1978). The changing role and function of the district nurse in response to changes in morbidity and health demands eventually resulted in the setting up of a working party (Panel of Assessors 1976) to produce a new curriculum.

The changes in general nurse education which occurred at this time, involved district nursing in a political arena hitherto unknown to them. (DHSS 1979) It was important that

a small specialised group such as district nursing had statutory status within this new organisation of the United Kingdom Central Council and four national boards if it was to control its education. In order to achieve a joint committee within the new structure and ministerial approval for the new lengthened mandatory district nurse course, recommended by the working party, a national district nursing campaign was started. District nurses had never been so united or so militant. Their efforts were rewarded in gaining a new curriculum, a mandatory qualification and the District Nursing Joint Committee to advise the central council on matters concerning district nurse education, including the new curriculum.

The curriculum therefore, represented quite a landmark in district nursing. Set within a political context of change it was a symbol of status and achievement as well as an innovation in education. It marked a turning point in district nursing by offering a new type of preparation to meet a changing role.

One further upheaval for those concerned with the new curriculum was the recommendation that all courses should be offered alongside health visitor and social work courses in colleges of further and higher education. For many district nurse tutors this represented the greatest change of all, because the majority of the fifty five existing teaching

centres offering district nurse courses were based in health authority premises. The curriculum was fully implemented in September 1981 after two pilot schemes and the opportunity for all district nurse tutors to attend a one week updating course.

The parallels with changes in general nurse education are clear and raise the same curriculum issues, namely the different epistemological approaches that it seems nursing has to accommodate. The district nurse curriculum (Panel of Assessors 1978) later adopted by the four National Boards (English National Board 1983) (See Appendix 1) demonstrates these different approaches:-

- The move into educational establishments has emphasised the application of knowledge drawn from the disciplines of the natural and social sciences and with it comes a liberal philosophy and a technical rationality model.
- The importance given to acquiring competencies to practice emphasises a behavioural objectives approach to the curriculum and with it a skills based model and, to some extent, again a technical rationality model.
- The requirement that district nurses should be able to take responsibility for evaluating the standards of their own performance implies independent practitioners who are able to monitor their own practice. Here it seems the approach is one of encouraging self direction and self assessment and an adult learning approach to teaching methods. The problem - solving approach aligned to the nursing process implies an interactive humanistic stance in keeping with person centred care.

While it would be inappropriate to assume that courses do not change or that nurse educators in district nursing have not developed their curriculum to meet change it is fair to

assume that all courses are influenced by the national boards' curriculum documents to the extent that they have to accommodate the three approaches outlined above. The differences between courses will be the result of each educational institution incorporating the different approaches of behavioural, humanistic and liberal philosophies into one curriculum. One such example of this change comes from Surrey University (Battle 1989) where a further aim was added to those distilled from the national boards' curriculum following their district nurse pilot course and reads thus:-

To create a learning environment where students can benefit from the educational processes, by extending their knowledge in community nursing studies and related subjects and further their personal and professional development.
(p.27)

The district nurse curriculum has been analysed in relation to both the objectives model of curriculum design (Gibson 1980) and the skills based model (Spicer 1983), neither of which, in an ideal form, take into account the humanistic principles which underpin the individualised care that characterises district nursing practice (Mackenzie 1989) or the development of autonomous practitioners who are able to monitor their own practice. Indeed Spicer (1983) concluded that the uniqueness of district nursing knowledge was inherent in the way in which district nurses applied their knowledge to care in the home. It is knowledge that

arises and is developed in practice and has to be monitored in the context of practice. District nurse course evaluation (Battle 1989) identified autonomous practice and close relationships with patients, including holistic and continuous care, as a highly valued aspect of district nursing. It is therefore clear that although the district nurse curriculum is explicitly objectives and skills based, it also has to take account of the context in which district nursing is practised, that is, as an activity which is essentially humanistic and which requires the humanistic principles of personal development and self directed enquiry to ensure professional competence.

Any evaluation of the district nurse curriculum has to take account of the climate in which the curriculum was launched, which to some extent was a time of uncertainty, when far reaching decisions had to be made without any indication of the implications this would have in the new structures. It appears that the working party from which the district nurse curriculum was developed used procedural methods (Reid 1978) of problem solving in relation to district nurse curriculum. These are methods of problem solving used by those who support planning by objectives; the problem is solved by applying a certain technique and often used in matters of public concern or large scale importance.

However, it may be more appropriate to apply practical

reasoning to the practical tasks of developing the district nurse curriculum rather than procedural principles. According to Reid (1978) the problems for curriculum planners are those of "uncertain practical problems" which require practical reasoning to attempt a solution. For Reid (1978) uncertain problems are :-

..when grounds on which decisions should be made are uncertain.. Nothing can tell us infallibly whose interests should be consulted, what evidence should be taken into account, or what kinds of arguments should be given precedence.....We always have to take some existing state of affairs into account...each question is in some ways unique, belonging to a specific time and content...our question will compel us to adjudicate between competing goals and values..we can never predict the outcome of the particular solution we choose..
(p.42)

As part of such reasoning we should not be afraid to consider the underlying values and beliefs or philosophies on which curriculum decisions are made. We should recognise that in district nursing the humanistic principles which promote growth and progressive professional development rather than the behaviourist principles that revise competency, and skills based learning should take precedence. The basis for this approach has been laid by the proposals for specialist practitioners in Project 2000. Nurses will be competent to work in both a hospital and a community setting as a registered practitioner. Therefore nurses entering district nursing will be well prepared to develop their expertise as a specialist practitioner

"who carries direct responsibility for care, acts as a team leader and gives support to the registered practitioner". (ibid 6.42.p.52). These proposals have now been amended in a recent document (UKCC 1990) that considers post - registration programmes in more detail. The term advanced practitioner has been adopted in preference to specialist practitioner and is defined thus:-

Advanced practice reflects a range of skills which incorporates direct care, education, research, management, involvement in health policy - making and development of strategies. Inherent in this wide spectrum is the need for effective leadership and for sophisticated analytical ability at a time of growing complexity of care and when a high quality of service is assumed. High standards of care for patients and clients depend on practitioners who possess advanced skills.
(para 7.6,p.26)

For district nurse educators this will present a further challenge in developing a curriculum for advanced practitioners in district nursing.

Learning in the Community Practice Setting - a rationale for
----- research.

It would seem that nurse education, not least district nurse education, has to take more account in curriculum planning of the humanistic approach which is epitomised in adult learning theory. It is particularly relevant in district nursing where students are already qualified nurses and where the basic competencies of nursing are already known,

but where increased critical awareness and ability to recognise and develop good practice is an appropriate principle on which to build educational experiences. Nursing has recognised that the experiences gained in practice are far from based on good educational principles. It is in the arena of learning from experience that adult learning theory has become most apparent in the recent literature in nurse education.

A group of hospital research studies conducted between 1975 and 1981, have been very influential in bringing the problems of learning on the ward to the fore (Lathlean 1988). The studies examined the ward as a setting for students' experience from two main perspectives, the role of the ward sister (Pembrey 1980, Ogier 1982, Runciman 1983), and the activities of teaching and learning (Orton 1981, Marson 1982, Alexander 1983). The coordinated efforts of this group highlighted the main themes to arise from their research studies (Lathlean 1988) as being related to the ward sister who is a "key to the ward learning climate" (ibid p.2). The students' learning is affected by the varying teaching and management abilities of the ward sister to influence the learning "climate" and bring together theory and practice. These conclusions were not new but confirmed previous concerns about the ward as a setting for teaching and learning (Dodd 1973, Revans 1964) and in turn resulted in further work to examine the continuing education of qualified nurses (Rogers 1987) and ward

sisters (Lathlean et al 1986). The quantitative measurement of multiple criteria for assessing the ward as suitable for learners (Reid 1985, Jacka and Lewin 1987) demonstrates another development in the increased awareness of the importance of the practice setting as a learning resource for nurses.

These studies provide strong evidence for some of the deficiencies in the education system of nurses in hospital settings, particularly the influence of service demands on the students' learning and the lack of meaningful integration between school of nursing based teaching and ward based experience. Both have led to changes (UKCC 1986) which will be implemented by the Project 2000 programmes in the form of supernumery status of students and training for qualified ward staff in teaching and assessing students. They also raise questions about the nurse educators' understanding of adult learning, although this is given little explicit attention by researchers who, on the whole, have concentrated more on sociological and organisational theories than on learning theories as theoretical frameworks for their research. However there has been some recognition that learning theory is important in relation to the "theory, practice gap" (Alexander 1983) and the attributes of good teachers (Marson 1982).

While the hospital based studies have alerted nurse

educators to difficulties of learning from the practice setting they have done little to examine how students learn in relation to adult learning theory. It would seem important at this stage that nurse education does not accept uncritically the adult learning theorists without close evaluation of their contribution to the curriculum. Already adult learning theory is influencing curriculum methods. For instance the use of mentors or preceptors for learners in the clinical areas is causing a degree of confusion (Morle 1990) mainly because the aims underlying this innovation have not been made clear (Parry 1990). A further introduction frequently attributed to the work of Malcolm Knowles is that of the learning contract. Here again the objectives approach of identifying competencies which learning contracts can emphasise are at odds with the facilitative style of teaching advocated for those involved with learners in the practice setting (Marson 1982).

It is not that nursing should disregard an eclectic approach to curriculum planning but that the aims of each approach should be debated in order that all involved in solving the practical problems of the curriculum can consider the appropriate balance of each approach that professional courses require. It is clear from the hospital research that one of the most valuable but least effective resources for learners is the practice setting of the ward. It is here where curriculum planning becomes most challenging and where some of the issues for nurse education have been starkly

identified.

If nurse educators are to benefit from examining some of these issues, then the issues need to be examined within an educational context. Adult learning theory has been utilised in a fairly ad hoc way by nurse teachers and it therefore seems appropriate that it should provide a framework for further studies in the practice setting of the community which will, in future, provide the starting point for nurse learners and will be the learning context for the advanced practitioner in district nursing (UKCC 1990). It is also appropriate that the learning experiences of students in the different setting and circumstances of the community are examined.

This research, therefore, will investigate the learning experiences of student district nurses during their practice placements in the community.

Guidelines were issued (Panel of Assessors 1982, English National Board 1987) for practical placements for district nurse students which concentrate on the organisational aspects of the placement such as siting within a general practice and the provision of private areas of study. The "learning environment" is described in terms of the role of the practical work teacher, who has responsibility for the management of the placement, and of identifying the type of

"instruction" and "opportunities for observation". There are no criteria related to educational principles. These appear to be left to the practical work teacher who "will assume responsibility for planning the student's practical work programme, allocating a controlled caseload, and teaching the skills of district nursing within a primary health care team." (ENB 1987 p.2). It is in the practical work teachers' course (ENB 1987) that reference is made to principles of education for instance "the nature and aims of objectives" and "theories of adult learning". This course of six weeks extending over nine months is the qualifying course for practical work teachers and aims to "prepare the experienced district nurse to acquire and apply the knowledge, skills and attitudes necessary to teach and evaluate the practice of district nursing" (ENB 1987 p.26). However research into the preparation of practical work teachers (Maggs and Purr 1989) has highlighted inadequacies in practical work teacher courses to prepare them for teaching in the practice setting and raises questions about their continuing education as teachers. It is interesting to note that practical work teachers together with other teachers in the community practice setting will be called community practice teachers emphasising the commonalities of the teaching role and so encouraging joint courses with others in health visiting, mental health, mental handicap and occupational health (ENB 1990).

The differences between district nurse students and the

students in the ward studies are most obviously that district nurse students are already qualified nurses. They have supernumery status and are therefore not part of the workload and they have a one to one relationship with the practical work teacher, who is not expected to have responsibility for more than one student at a given time. It is from these areas that the main difficulties for ward learners arose and indeed that provided the impetus for some of the major changes in Project 2000 (UKCC 1986).

However the differences in context between community and hospital setting remain and will have to be addressed by all students who enter this environment for purposes of learning how to practise in that setting. Here nurses practise in a patient controlled environment, where immediate decisions have to be made without recourse to consultation with either nursing or medical colleagues. Apart from these basic differences for any nurse working in the community there are further differences for those who are aspiring to be district nurses (Mackenzie 1989) or, in the future, advanced practitioners in district nursing (UKCC 1990). These differences will be further enhanced by policy changes in community care (Ross 1990) and by what Beardshaw and Robinson (1990) call the challenges in community of the "new nursing".

Although nurse educators are aware of difficulties in the

practice setting it is clear that the community contexts are different in a number of ways outlined above. However, the focus of this research is not on policy change and organisational influences but on learning and adult learners and on the community setting as an environment and resource for learning, where as yet little is known. The issues to be addressed are those that arise from the processes of learning and from the students' experiences of learning in the complex and uncertain environment of the community.

These are issues that do not lend themselves easily to large scale quantitative analysis. The adoption of a more appropriate research method was therefore crucial to this study, as the next chapter will describe.

CHAPTER THREE

RESEARCH METHOD

Introduction

It is a generally held view that the research method should be appropriate to the purposes of the research (Munhall and Oiler 1986, Payne et al 1981). In discussing methodological implications for educational qualitative research Pope and Denicolo (1986) advocate :-

.. a consistency between the researcher's philosophical assumptions underpinning the research to be conducted and the tools of data collection and analysis chosen.
(p.157)

This educational study seeks to gain an understanding of the learning experiences of district nurse students and to examine learning in the practice setting from the students' perspective. The learning environment provided by the practice setting of the community is complex and uncertain, as described in the previous chapter. It involves the student in relating not only to the practical work teacher but also to other members of the primary health care team and to the patients. These relationships will change as the student regularly visits the placements throughout the first six months of the course.

As well as learning to be a district nurse the student has to find an acceptable role within the group in which the placement is located. Opportunities for learning are many and varied and may be formally offered and organised by members of the primary health care team or informally taken by the student in the many different and unpredictable circumstances in which district nurses work. While there may be common features across placements there are also specific differences. The reality then of the district nurse's working environment provides a rich and changing experience for district nurse students and is largely unexamined as a learning environment.

The Ethnographic Method.

In the absence of any parallel work in nurse education the work of ethnographers in the sociology of education encapsulated by the approach of Hammersley and Atkinson (1983) provides a useful framework for the ethnographic method used in this research.

The purposes of this research are made explicit in the previous chapter and represent a particular epistemological stance contained in the set of assumptions outlined below. The underlying assumptions of the ethnographic method described by Hilton (1987) have provided a starting point from which to consider the appropriateness of such a

qualitative approach for this research :-

- a person's behaviour is inextricably linked with the meaning that the situation has for her.
- a person's understanding, and hence behaviour, changes as she interacts with others.
- within any situation there will normally be different perspectives.
- a person's behaviour and beliefs can only be fully understood in the light of broader aspects of organisation or culture.
- the group or culture must be studied "as it is".
(pp.9-13)

It is with this set of assumptions that I have come to examine the learning experiences of district nurse students in the practice setting of the community. These assumptions can be regarded as a set of orientations which guide ethnographic researchers in their research strategies and design (Atkinson 1979). They underpin methodological principles - the distinctive methodological ideas that feed into the ethnographic method. The ethnographer then is concerned with meaning and understanding, recognising that individuals interpret situations and act in accordance with their interpretation and understanding of each situation. As situations change so do the interpretations of the individuals involved, negotiating roles and changing perspectives are part of a process of interaction and can only be fully understood by investigation in the natural setting or social context. A holistic approach provides a

view of people within their social group or environment. There will be different perspectives in each situation. The ethnographer will try to comprehend these perspectives and perhaps hypothesise about differences and similarities without attempting to determine if there is a correct one.

Ethnography is, according to Hammersley (1984) :-

a form of social research which relies on the first-hand knowledge of social processes gathered in situ by the researcher through participation and observation, questioning the people involved, and collecting relevant documents. It stands in particular contrast to those methods which place primary emphasis on data from settings particularly created for research purposes, such as laboratory experiments or formal interviews.
(p.5)

A particular setting is chosen for the in-depth investigation which may be a single case such as a hospital or school or a small number of cases such as wards or classrooms or as in this study, the practice setting of the community.

The move from the dominant approach in educational research, popularly known as "political arithmetic" -- the quantitative analysis of official statistics and survey data, to looking inside the "black box" of the school (Hargreaves 1967, Lacey 1970, Ball 1981) heralds a move in general education that has provided useful materials for methodological analysis in ethnography.

Analysis of Ethnography - Positivism and Naturalism

The polarisation of social science theory and research and the consequent arguments defending extreme positivism and naturalism are counter-productive to either quantitative or qualitative research. (Hammersley and Atkinson 1983, Bryman 1988). However this does not mean that ethnography should become complacent in defending or making clear its value in social science research (Payne et al 1981).

Naturalism and positivism are methodological frameworks through which ethnography can be examined. Naturalism is seen as embodying the underpinning methodology for ethnography although Hammersley and Atkinson (1983) point out :-

..that once one recognises the reflexive character of social research, that it is part of the world it studies, many of the issues thrown up by the dispute over positivism become easier to resolve, and the specific contribution to be made by ethnography emerges more clearly.
(p.3)

Central to positivism is the concept of scientific method modelled on the natural sciences which is concerned with the testing of theories and with accumulating a body of scientific knowledge :-

The most important feature of scientific theories is that they are open to, and subjected to, test: they can be confirmed or at least falsified. This process of testing involves comparing what the theory says should occur; in short comparing it with "the facts". ...In

particular, every attempt is made to eliminate the effects of the observer by developing an explicit, standardised set of experimental or interview procedures.
(ibid p.5)

Replication and assessment of reliability by others is thus made possible. Positivists have little time for the non-standardised procedures of participant observation as they see no way in which responses can be interpreted reliably if there are no procedures to ensure that we know what subjects are responding to, as with for instance the specifications in experiments or interview schedules.

In contrast to this view naturalism would say that standardised procedures in no way ensure the comparability of data. Interpretations of procedures are impossible to eliminate. Individuals will respond in reaction to their own meaning or understanding and therefore the social world should be studied in its natural state, undisturbed by the researcher :-

In short then, naturalism presents ethnography as the pre-eminent if not exclusive social research method. This is because any account of human behaviour requires that we understand the social meanings that inform it. People interpret stimuli in terms of such meanings they do not respond merely to the physical environment.
(ibid p.9)

Hammersley and Atkinson (1983) go on to state that this can only be done by learning the culture of those under study, a cultural description which does not impose the researcher's

own "arbitrary and simplistic categories on a complex reality" (p.9).

The dichotomy between quantitative and qualitative research arises mainly out of the debate about epistemological issues of what constitutes scientific knowledge and the corresponding appropriate methods. Positivism as ideally portrayed encompasses the philosophy of the natural sciences, which in turn is taken to be the benchmark for all scientific research including that of the social sciences. This position has meant that positivism has become a perjorative term and is often regarded as the underpinning philosophy for all quantitative research. The major concerns of research in the natural sciences such as numerical measurement, causality, generalisation and replication (Bryman 1988) do not easily fit the assumptions identified as appropriate for this research. However, in the reality of carrying out research, it is less easy to be so categorical about the distinctiveness of the techniques and procedures which make up the method and research design. Compromises have to be made in the light of time restrictions and the limited capacity of a single researcher.

The problem of generalisability and of inferring from artificial settings to everyday life is one not only for experiments and surveys but also for ethnography (Hammersley and Atkinson 1983). The influence of the researcher on the

setting and the implications for ecological validity holds not only within ethnographic settings but across temporal cycles within settings (Ball 1983). On this point naturalism makes a misleading distinction between artificial and natural settings and becomes confused in its own rhetoric of criticising positivist assumptions. To assume that there is a clear distinction enforces the positivist view that one can observe settings from outside when in fact the whole force of the naturalists' argument is that people, however studied, are involved in social interaction and that even experiments are social occasions.

Reflexivity

The argument then for both naturalism and positivism is that the effects of the researcher must as far as possible be eliminated from the data, as emphasised by Hammersley and Atkinson (1983) :-

Both positions assume that it is possible, in principle at least, to isolate a body of data uncontaminated by the researcher, either by turning him or her into an automaton or by making him or her a neutral vessel of cultural experience.
(p.14)

Reflexivity is the answer to this problem - the recognition that we are part of the world we study :-

Neither positivism nor naturalism provides an adequate framework for social research. Both neglect its fundamental reflexivity, the fact that we are part of the social world we study.
(p.25)

If one accepts the arguments for reflexivity and the implications for research practice, the role of the researcher becomes as an active participant in the research process. The influence of the researcher on the setting is made clear - data is used to make inferences and identify hypothesis which might be "tested out" using different research strategies and theories are made explicit in order to test their limits and assess alternatives. From this perspective hypothesis testing "plays a major role in the process that naturalism places at the very heart of social research : understanding the action of others" Hammersley and Atkinson (1983) :-

In observing people's behaviour we derive hypothesis from our cultural knowledge to describe and explain their actions, and we test these out against further information.
(p.16)

Reflexivity challenges the epistemological assumptions of extreme naturalism, implying that ethnography should incorporate other models alongside naturalism such as grounded theory (Glaser and Strauss 1968,1978), analytic induction (Denzin 1978) and the work of Schatzman and Strauss (1973).

Ethnography : theory development and theory testing

The extent to which ethnographic research concerns itself with theory development or theory testing will depend on the

analysis of data (Hammersley 1979). Although analysis begins with a description of the perspectives and meanings of the actions of those involved it can go on to develop analytical concepts and to move from being a selective and inferential concrete account to abstract categorisation which explain actions, intentions and motivations and relate to other categories leading to theory generation. If a form of the comparative method, in which a systematic search for falsifying evidence and modification of theory is used, the theory may then be tested.

This is a long road to travel in ethnography and is not possible in small scale research or may not indeed be the desired intention. There are many stages at which the research can usefully be completed, dependent on the purposes of the research. For example the purpose may be to describe the assessment processes in the bureaucratic organisation of a school of nursing or at the next stage to make comparisons between the aims of assessment procedures of a course as perceived by the students and as perceived by the teachers. At a further stage models of different assessment perspectives may be compiled and compared or developed into a hierarchical typology.

Glaser and Strauss (1968) emphasise the importance of theory development and the use of systematic comparison in their model of grounded theory which by definition "is based on

systematic generating of theory from data that in itself is systematically obtained from social research". (Glaser 1978 p.2). In the early stages of fieldwork when ideas are emerging and analysis becomes more systematic the process of theoretical sampling is used recurrently to discover and develop categories. It is essentially a process of multiple comparison of different groups or settings - initially minimising differences between comparison groups to draw out basic properties and subsequently maximising differences to discover the more universal uniformities. In minimising differences, the researcher is collecting information about restricted phenomena. Maximising differences between comparison groups involves wide ranging data about particular themes or concepts. Both activities will, if used as the Glaser and Strauss (1968) model suggests, involve the researcher in making conscious decisions about the choice of fieldwork settings in order to seek out new cases with the intention of developing and modifying the theory as the research progresses. Theoretical sampling is a form of comparative method that provides control over the comparison groups for the purposes of theory generation and contrasts sharply with the sampling and control of other research approaches of a quantitative nature, well demonstrated by Atkinson (1979) in his illustration of statistical and theoretical sampling :-

Statistical Sampling

Performed on the basis of categories which are taken as given.

Theoretical Sampling

The purpose is to discover and develop categories.

Usually a one-off exercise to identify the targets for the data collection exercise.

A recurrent process in which at a number of points in the fieldwork samples are chosen which seem most likely to develop the theory.

Once the sample has been drawn every case in that sample must be investigated and analysed.

Cases are analysed only until new categories and properties are no longer appearing - to the point of what Glaser & Strauss call theoretical saturation.

(p.54)

Here we have an example of the differences in method that arise from different assumptions of epistemology. It is also an example of the flexibility of ethnography where the research design is not predetermined but in which strategies and direction can be changed quickly to pursue theory development in an effective manner and subsequently where theoretical sampling can be used as a basis for theory testing by the process of analytic induction (Denzin 1978).

While the advantage of ethnography is most obvious in theory development it can also be utilised to test out theory Woods (1986). In this respect theoretical sampling is not regarded as a rigorous or systematic enough process for the purpose of theory testing and therefore for this later stage of ethnographic analysis the form of comparative method called analytic induction is sometimes used. At this stage the ethnographer is involved in a "systematic search for falsifying evidence and modification of theory until no further disconfirming can be found" (Hammersley 1979 p.28).

The work of Lindsmith (cited Atkinson 1979 p.56) on opiate addiction is often quoted here to demonstrate the use of analytic induction and the formulation of generalisations. On the basis of negative cases Lindsmith reformulated his hypothesis and was able to claim that the evidence he found about opiate addiction supported his theory in all cases. A more recent example of the research application of the logic of analytic induction can be found in the study by Dingwall and Murray..(1983) They modify and extend Jeffrey's (1979) model of doctor's categorisation of "good" and "bad" patients in accident departments through their own research with children.

Analytic induction may also give researchers more confidence to move from substantive theories - those concerned with concrete areas such as mentally handicapped children or ethnic groups - to formal theories - those concerned with a higher level of abstraction and generality and the ability to explain processes in different substantive areas. For instance, stigma would be a formal theory in relation to the two examples of substantive theory mentioned above. The distinction between these two types of theory are detailed by Glaser and Strauss (1968) and can be usefully aligned to "topical" and "generic" problems (Lofland and Lofland 1971). Again moving along a continuum of levels of abstraction from topical to generic.

Ethnography provides flexibility of method allowing changes in direction as the research proceeds. It may be used to develop as well as test theory (Hargreaves 1967, Lacey 1970, Ball 1981). If we accept that ethnography does not just encompass the extreme views of naturalism or is merely an alternative to the positivist paradigm.

Conclusion

Understanding, process, naturalism, holism and multiple perspectives (Atkinson 1979) are terms used to summarise contemporary ethnography described above, although its roots in early anthropological research are evidenced in the literature by Malinowski's in his much quoted phrase, cited in Payne (1981) :-

The pertinent goal of which an ethnographer should never lose sight is briefly to grasp the native's point of view, his relation to life to realise his vision of his world.
(p.89)

The extent to which his writings reflected his experience is debatable (Payne 1981) but the characteristics of naturalism direct the ethnographic method. Since the advancement of ethnography under the influence of Malinowski in the 1920s it has become :-

..the research method par excellence for anthropologists. Its legitimacy has remained untouched ever since.
(ibid p.88)

This has not been the case in sociology and in education where ethnography has had a precarious position in establishing its place as an acceptable research methodology - although ethnomethodology has gained a foothold.

Sociologists have adopted ethnography in varying ways dependent on their perspective or school of thought - phenomenology, ethnomethodology or symbolic interactionism - all having common characteristics of relevance to educational research, as described by Cohen and Manion (1989) :-

.. they "fit" naturally to the kind of concentrated action found in classrooms and schools, an action characterised by "pupils and teachers..... continually adjusting, reckoning, evaluating, bargaining, acting and changing".
(p.35)

The "fit" can also be applied to the learning environment in the community where students are acting intentionally as a result of their understanding of what is expected of them as learners and as members of a group; negotiating, adjusting and changing as they progress through the placement. This interpretive approach is intent on studying situations by understanding the actions and the meanings of actions rather than explaining behaviour by seeking causes and has been used in nursing research to study psychiatry (Towell 1975), health visitor education (Dingwell 1977) and liaison between hospital and community (Melia 1983).

It is not the intention here to examine sociological perspectives but to treat ethnography as a research method within the qualitative approach and to consider sociological perspectives only as they impinge on the ethnographic method.

The philosophical assumptions of my research are therefore soundly based upon those epistemological assumptions already stated (Hilton 1987) and upon the acknowledgement of the reflexive nature of ethnography (Hammersley and Atkinson 1983). This stance has implications for the analysis, interpretation and presentation of data, as described by Pope and Denicolo (1986) :-

First of all, one must acknowledge to oneself that the situational context and one's own personal intuitive theories colour interpretation..... Secondly, and almost contradictory, one must provide prospective readers with an open, frank and detailed discussion of the procedures used in analysis and interpretation of data Those who present their deductions with no acknowledgement of their provenance are doing a disservice, not only to the reader, but also to the participants.
(p.155)

It is with these cautionary notes in mind that I have detailed the research design and analysis findings in the subsequent chapters. The issues that are raised in using ethnography as a method for this research are those of sampling, access, field relations, data collection and analysis and are examined in the next chapter.

CHAPTER FOUR

RESEARCH DESIGN

Introduction

It was pointed out in the previous chapter that the design of ethnographic research cannot be totally pre-determined. However this does not mean that there is no pre-planning, nor that ethnographic research is a haphazard activity (Hammersley and Atkinson 1983). Whilst there is flexibility in the study design allowing change in direction as the research problem is refined and re-defined and theory is developed, there is also need to identify and select the area for study and the broad setting in which it will take place, and to treat data collection and analysis in a systematic way. Moreover my own experience in carrying out this ethnographic research has shown that compromises in small scale studies lead to a demand for pre-planning and less scope for changes in direction, although the refinement of the research questions and theory development still remain an integral part of the process.

This chapter gives a description of the research design for my study and provides, in part, a reflexive account of the research methods in the light of selected literature from ethnographic research. To complement this account a diagram of my study design is shown in Figure 3 overleaf.

STUDY DESIGN - PATTERN OF DATA COLLECTION AND ANALYSIS

Inner City Placement - Year 1

Interviews with PWT

Interviews with Students

Observations

Urban and Rural Placements - Year 2

Figure 3

Issues and problems

The starting point for this research was a set of questions about the learning of student district nurses in the practice setting of the community. The questions raised originated from my experiences in teaching, and particularly in teaching courses in district nursing. These questions have been considered in the light of significant theoretical ideas from the literature of adult learning and district nurse education.

In Malinowski's terms (1922) these questions, or "foreshadowed problems" are the starting point for fieldwork rather than a set of "preconceived ideas" to be proved :-

Preconceived ideas are pernicious to any scientific work, but foreshadowed problems are the main endowment of a scientific thinker, and these problems are first revealed to the observer by his theoretical studies.
(pp.8-9)

In the first instance my research was concerned with the issues and problems of what constitutes a "good" or "bad" learning environment, stimulated by research studies in the hospital settings (Fretwell 1982, Ogier 1982, Orton 1981) and in district nursing (Battle et al 1985) and by the reported experiences of students in the community.

In some of these reported experiences the geographical placement and variation in experience seemed to be relevant; in others the teaching of the practical work teacher; and in others the difficulties or attitudes of other staff. Evaluations of district nurse courses, with which I have been associated over the last five years, evidenced problems, but no pattern emerged to give clear guidance in assessment of placements as suitable learning environments.

Indeed the education institution has had little influence on the placing of students which in England is largely undertaken by the seconding health district. Refusal to use a particular practical work teacher is usually the only and rather negative option.

The main influence available to nurse teachers on the practice setting has been through the qualifying and post qualifying courses provided for practical work teachers. These courses draw heavily on adult learning theory and emphasise facilitation and support as a major teaching and learning strategy in the practice setting. Clearly the practical work teacher has a major impact on learning in the practice setting, but there are other factors to be considered in the learning process experienced by the student. These factors started to become evident in the pilot study.

Early fieldwork - pilot study

The pilot study drew attention to the difficulties and complexities of trying to identify the characteristics of "good" and "bad" learning environments in the community. Asking outright questions about what helped students to learn, quickly exhausted topics of conversation simply because students were not able to describe what helps them to learn. It is through the students describing what they have done that instances of learning and their possible starting points or deterrents are identified. As a result the problems of learning in the community changed their focus. Therefore exploring how students learn became the initial focus of the questioning and observations rather than looking directly for characteristics or indicators of "good" learning environments.

Prior to the pilot study I discussed the research independently with two practical work teacher support groups that had been set up in local health districts. I asked them for examples of topics or questions they would consider appropriate in exploring the experience of students in placement. Some of the topics were used in the interviews in the pilot study and in the initial interviews in the main study to explore ideas such as relationships with practical work teachers, time available for study and variety in caseloads. As the research progressed these topics came up as unsolicited information, which to some extent was a

validation of the data. In this respect the early fieldwork was an integral part of the study. It became apparent during the pilot study that students spent less time than I anticipated with the practical work teacher and that the major part of their time was spent in the patients' homes. It was therefore important that observations of students in this latter context should be continued into the main study.

The pattern of interviews and observations carried out with these students and their practical work teachers, from an institution which provided both inner city and urban and rural placements, followed the same pattern as that adopted in the main study (see Figure 3 on page 72). The sampling procedure was also continued into the main study and both are detailed below.

Sampling - selection of settings and cases.

The starting point then was the recognition of the issues relating to not only where the student was placed but also what happened in that placement. Both of these aspects were taken into account in selecting settings and sample cases in the main study.

It is during the first part of the course that students are placed with the practical work teacher for what is termed taught practice. In the second part of the course the

students then move to another location for supervised practice, as illustrated below :-

26 weeks		12 weeks	
	Blocks of taught practice (9 weeks)		Supervised
	Blocks of college (17 weeks)		Practice

Figure 4. Practice elements of district nurse course.

It was considered important to investigate a number of different geographical settings. Thus the location of the placement was the initial determining factor for the setting and subsequently for the sample cases within the settings. Two education institutions were chosen for their ability to provide on the one hand placement settings from inner city locations and on the other placement settings from urban and rural locations. In total fourteen health authorities were involved; eight in the first year providing inner city locations and six in the second year providing urban and rural locations.

Reactivity of the researcher on the setting and on the interviewees was a further aspect in selecting the placement setting. Placements were eliminated where I knew the practical work teacher from a previous tutor-student relationship in order to minimise this reactivity. Of course this is only one aspect of the more general effect of context and the recognition that all data is context related and should be interpreted as such. It is not an

acknowledgement that data can be free from potential bias or indeed that it is desirable to make it so but that this unnecessary threat to ecological validity was reduced in order to minimise reactivity - an effect that requires monitoring in ethnographic research as much as in any other (Hammersley 1983).

It is important, in this context, to note the distinction between settings and cases. The setting is the placement in which the students undertake their practical experience during the taught practice part of the course and covers the geographical area in which the practical work teacher usually works and is based and from where the caseload is drawn. This may be a GP surgery, a health district clinic or a health centre. The cases for study are the individual students chosen who are placed in the setting - or more precisely the experiences of individual students which pertain to learning. This distinction between setting and case is important and is often used in a misleading way. As Hammersley and Atkinson (1983) point out they are not "isomorphic":-

A setting is a named context in which phenomena occur that might be studied from any number of angles; a case is those phenomena seen from one particular theoretical angle. Some features of the setting will be given no attention at all, and even those phenomena that are the major focus will be looked at in a way that by no means exhausts their characteristics. Moreover, a setting may contain several cases.... Conversely a case may not be contained within the

boundaries of a setting, it may be necessary to go outside of the setting to collect information on important aspects of it.
(p.43)

Further consideration in sampling cases was concerned with place, time and people. This aspect of sampling within cases is again an important consideration in gaining information and is again a selective process for the purpose of discovering and developing categories (Burgess 1982).

Sampling across place

Sampling in relation to place might seem straightforward in that the study is investigating the student's learning experience in placement. However the placement setting has a number of contexts, such as the clinic, health centre, or surgery and within these there may be a nurses' meeting room or a more public reception or general staff meeting room. Patient contexts such as private houses or residential accommodation are further aspects of the placement where learning takes place.

Variation in context is as important in sampling as is time and people. One might expect that different opportunities for learning are available in these different contexts and that the student utilises the contexts in a different way.

Therefore it may not be possible to assume that all aspects of the placement will result in the same opportunities for learning.

It is also a question of ecological validity which in ethnographic research is usually high. However there are always threats to validity which should be recognised. The fact that ethnographers work in the "natural setting" does not mean that people will act consistently in the different contexts of the setting. Generalisation even within settings may not be possible, as Hammersley (1983) points out:-

Once the concept of "natural settings" is reformulated in terms of ecological validity it can be seen to be more than simply a rationale for ethnography: it has implications for ethnographic practice too. It suggests that, in the course of fieldwork and analysis, ethnographers should be much more sensitive to contextual variation in participant activities and to the consequences that this has for the inferences that they can legitimately draw from their observations.
(pp.7-8)

The concern with placement settings meant that the educational institution was largely ignored. Although visits were made to the institution for access and in order to interview students at the end of their first placement, it was not the intention to investigate the setting of the institution in relation to the learning experiences of the student. However the institutional influences are apparent

in the placements through the experiences of the students and in this respect are part of the research.

Visits were made to the placements to interview students as they progressed through the course. During these visits observations were made and recorded in field notes and tape recordings were made of all the interviews. Although the visits were pre-arranged and were determined by the practical work teacher I was able to arrange varying times of day when it was possible to see different aspects of the routine and to meet other people such as nurse managers, doctors, and other nurses from the primary health care team. Various formal and informal meetings were observed on this fairly ad hoc basis and the student was seen interacting with people in different contexts. As the student progressed through the course and the categories from the analysis began to emerge I was able, to some extent, to observe situations which helped me to develop and analyse the categories further. This often involved me arriving at the location early or taking any opportunity offered to stay on. However it was not always so straight forward and on more than one occasion plans were suddenly changed, either by the student or by the practical work teacher. On one occasion I arrived too late, was refused an interview and had to repeat the eighty mile journey to return on another day.

Sampling across people

Sampling people may seem to be obvious in this research and indeed it was clear that the "key informants" would be the students. This term may be regarded as referring to those people who are able to give an inside account and to contribute to a better understanding of the participants' point of view (Lofland and Lofland 1971). "Informants" are distinguished by their ability to give information in response to questions that arise from their own culture, whereas "subjects" and "respondents" are distinguished by their response to questions that arise from the researcher's culture i.e. responding to questionnaires couched in terms of social scientists. As Spradley (1979) notes :-

Ethnographic research, on the other hand, depends more fully on the language of the informant. The questions arise out of the informant's culture.
(p.31)

The sixteen students who were selected, eight from each education institution, were selected with the aim of gaining as diverse a spread of placement settings as possible in terms firstly of geography i.e. health districts and secondly of location i.e. health centres, clinics and surgeries. In the event of these aims being fulfilled the length of community experience of students was taken into account and the resulting sample contained a mix of "direct" and "non direct" entry students. Direct entry students were

regarded as those with less than one month's community experience prior to the course, non-direct as those with more. (Student biographies are detailed in Appendix 2)

As Lofland warns it is not wise to depend on the information of one type of informant. The practical work teacher who worked with the student was also a main source of information but provided a different viewpoint. However this research is concerned with the students' experiences and therefore it is those experiences that are the starting point for data collection and for analysis, taking into account other sources of data that help to gain further understanding of the learning environment and the students' experiences.

Sampling over time

Timing for the students' placements is governed by the academic programme of the education institution, normally two or three week periods in the placement interspersed with college blocks. The activities that students are engaged in and their expectations are related to the timing of the placements. For instance the first placement is taken up with "getting to know" the area and the people and is by way of an introductory experience, whereas the subsequent placements are used to develop the experience and increase expertise.

Timing across the placement day is governed by the normal activities of the practical work teachers' working day and can vary across placements. However there are routines that prevail across all placements which mean that the majority of visits are made in the morning and the afternoons are usually free for extra visits or meetings. This might be regarded as a cycle of routine and determines when the student meets with other members of the team or with the practical work teacher, or when people are available for interview. The timing of these events has therefore some predictability and has enabled me to assess when I might observe some of the routines of the placement. However I was also invited to attend some exceptional events such as a practice meeting involving members of the primary health care team.

Sampling within cases on the basis of timing should take account of what Ball (1983) calls temporal cycles. In relation to research in general education :-

The researcher's decision to study a school at a particular time can be as significant as the choice of the school itself... Obviously, in the same way that the fieldworker cannot be everywhere at the same time, he cannot be in the field all the time or for great lengths of time.
(pp.82-83)

Sampling across time must therefore inevitably be a compromise.

In this research the decision to visit students during their second and third placements and not during the first was based on the assumption that development would take place as the student progressed through the course and on the belief that the first placement, though important from a research point of view, was much more important as the sensitive introductory period of negotiation between student and practical work teacher. Moreover it was felt that issues arising from the first placements could just as appropriately be discussed with individual students during the initial interviews in the education institutions.

The reasons for reaching the above compromise as regards visiting students in placement were explained fully to health authority representatives when seeking access. It was hoped in this way to assure the gatekeepers of the researcher's appreciation of the sensitive nature of the exercise. In fact the research revealed that negotiation that starts in the first placement is a continuous process throughout the whole of the first six months of the course.

Access

Having selected the setting and the cases, taking account of place, people and time, access became the next consideration. As Hammersley and Atkinson (1983) note :-

The problem of gaining access to data is

particularly serious in ethnography since one is operating in settings where the researcher generally has little power, and people have pressing concerns of their own that give them little reason to cooperate.
(p.53)

My research was no exception, problems of access were varied but in the main derived from peoples' pressing concerns of day to day work rather than their concern for the research.

The education institution was the first point of access and posed few difficulties in either centre. In the first year the inner city institution provided the choice of placements and in the second year the urban and rural institution. In both situations permission was sought and received firstly from the head of department and then from the district nurse tutors.

The district nurse courses in both of the higher education institutions were in a department of social sciences with two district nurse tutors responsible for each course. On the first visit to the institutions the project was explained and discussed with the tutors and a research protocol agreed. (See Appendix 3) During the first week of the course I visited the college again to discuss the project with the students and to ask for names of volunteers who would like to take part in the research. In consultation with the tutor who was familiar with the location of the placements eight students were selected,

using the criteria described above i.e. diversity of placement settings. The selected students were offered the choice of withdrawing at this stage. None did so and from this point my contact was directly with the students.

I was able to gain access to the institution in the summer in readiness for courses starting the following September. However the time between the students starting the course and subsequently gaining access to their respective health districts was around a month - very short particularly where problems of access were encountered.

Gaining access to health districts was quite complicated. In the first instance it was not clear who the gatekeepers were. Health authority hierarchy is such that it is easy to offend by overlooking someone and so bring about a refusal of access. Also news travels quickly in the district grapevine and not always accurately. Therefore any request could be misrepresented by senior managers to their fieldstaff. It seemed there were three levels to access, the manager at district level, the manager at community unit level and the practical work teacher. However even if this was fairly straightforward it was not always easy to find the named person in these posts and changes were frequent. Even the institution's records, on which I was reliant, were not always up to date.

The short length of time available meant that initial contact by telephone, followed by letter detailing the research protocol (See Appendix3) seemed the most effective way. In the first instance access might have been facilitated by my knowledge of local health authority organisation and my personal contacts. Moving away from local health districts meant this path was not open to me and, as Ball (1984) describes, is not always useful. In the best tradition of research I also wanted to ensure that informant's acceptance was based on informed choice - a principle not always upheld in an organisation such as the health service. Despite the intention of good practice one cannot be sure that subordinates have consented and various pressures can be applied to maintain involvement (Dingwall 1980). This principle cost me the loss of one informant in the second year and demanded continuous contact and negotiation throughout the two years of fieldwork, mainly with the practical work teachers who, once approval to enter the health district had been gained, became the main gatekeepers.

The general protocol for health service management is that the most senior are approached first, followed by the next in line and then the fieldstaff. Having once gained approval from the senior manager I followed up the other personnel as quickly as possible in order to curtail the grapevine effect. This process worked well in the inner city placements. In fact all levels of management accepted the

research with little enquiry into purpose or method. Perhaps this uncritical response was due to the fact that they were familiar with research activities or that they had experienced good research practice in the past and therefore did not see the need to ask questions. Or it may have been due to lack of interest or to lack of understanding about what research entails. Whatever the reason for their passive acceptance I cannot assume that it was the due to the access procedure as the very same procedure in the second year with the urban and rural placements resulted in two refusals.

Access and maintenance of access was more difficult in the urban and rural placements with managers, practical work teachers and students. It is fair to say however that I was carrying out the fieldwork at a time when health service staff at all levels were undergoing the trauma of clinical grading. The burden of clinical grading was the reason given for refusal to enter one placement and in another instance a rather harsh refusal came from the senior manager who had been called from a clinical grading interview to answer my phone call. On reflection a different pattern of access procedure such as a written request first may well have been better, but the constraints of time still applied.

Because of difficulties in gaining access to health districts in the second year the eight placements in the

second year were spread across six health districts rather than eight as in the first year..

A further complication in the urban and rural placements was that I had to compromise in one health district about the observations I wished to undertake with the student. This involved agreeing to reduce my observations to the visits to the clinic only and not to accompany the student on any other routines or patient visits, the arranging of which was felt would put pressures on already overworked practical work teachers. The maintenance of access was also compromised when one student withdrew before the end of the fieldwork. Refusal or excuses about convenience and workloads which necessitated changing appointments with practical work teachers, also complicated the maintenance of access in the urban and rural placements.

Access is not just about gaining permission to enter the field. It is also about making relationships with people who might help, hinder or stop the research. The way in which the research was presented to the community managers and the practical work teachers had much to do with the expectations about the research and the role of the researcher. It also meant that the role of the researcher was always precarious. I was made to feel quite vulnerable, and at times isolated and anxious. Small numbers of cases and limited time means that a minor change constituted a major disaster for the

researcher. Relationships are built up over time and often access may be prohibited or curtailed in a way that would not have occurred once trust had been established.

Hammersley and Atkinson (1983) suggest that too much information can be given at the first point of access and, with a trusting relationship not having been established, a refusal may result. Later in the research however, when gatekeepers recognise that information is used responsibly and confidentiality is honoured, they may agree access that earlier would have been refused. This strategy was used in a limited way in the urban and rural placements where agreement about access was based on twenty minute interviews and no agreed observation time. However once a relationship had been established with the practical work teacher observation of student routines was allowed over two hours and interview times were extended. However there is a dilemma here, because the researcher wished on the one hand to demonstrate good practice by trying as a matter of principle to adhere to any agreement made with health districts so as not to jeopardise future research, and on the other hand to take every opportunity offered to gain as much information as possible in the time available.

With the short time available in which to build up any relationship, it was perhaps unrealistic to expect managers to give permission for a researcher to enter situations where people were already under pressure of varying kinds.

Fieldwork Procedures

Maintaining access to enable the researcher to collect the data is dependent on field relations which may take varying forms according to the nature of the data and the method of data collection.

The methods of data collection for this study were informal or unstructured interviews and observations. Three interviews were carried out with each student and two interviews with their respective practical work teachers - a potential total of eighty interviews over two years. In actuality seventy six individual interviews were completed over two years and one group interview at the end of the first year. Observations were made at each placement visit including, in the third placement, accompanying students on their normal routine for between two to four hours. This extended observation was thought to be most appropriately placed in the third placement as I would by then be more familiar to both student and practical work teacher. A period of "acclimatisation" is mutually desirable in participant observation - particularly in patient care contacts (James 1986, Field 1990).

In the second year this extended observation was curtailed in the rural and urban placements, either by the managers in the health districts or by the withdrawal of students.

The establishment of relationships with students started at the beginning of their course when I talked to them about the research. At this time I explained the research aims and briefly outlined my biography as a researcher with a background in district nursing, practical work teaching and college teaching and therefore an interest in finding out more about the student's learning experience in practice. Something of the method was described and an estimation of the time that would be required from the students was made. I also told them that the results of the research would be submitted for consideration for a doctorate. For some this had negative connotations of personal gain rather than "real research" and therefore prevented their participation. I also promised to circulate a written report at the end of the research. Confidentiality was emphasised and also independence from any of the health districts or from the educational institutions. This was re-enforced by the fact that I was not known to any of the health district managers nor to the practical work teachers. However, as previously described, my lack of local contacts did make access more difficult in some health districts.

Contact with the students then followed on the pre-determined plan of interview at the education institution after the first placement, followed by interview and observation in the second and third placement. In the first year I met the inner city students as a group at the education institution on the last day of their course.

However this was not possible in the second year due to a different programme at the urban and rural institution.

Continuity of contact with students was maintained throughout the course by letter reminding them of our meeting times and showing interest in their progress. Similarly contact was maintained with practical work teachers in order to ensure continued interest in the research and continued access - essential to the success of a project such as this (Kratz 1978).

It is difficult to gauge the impression students had of me. Although all knew my district nursing and teaching background they seemed to regard the researcher role as my main reason for being there. However there were quite a few instances when students acknowledged my background by either asking advice or expressing a shared understanding, such as "well you know what its like on the district". During the longer periods of observation, all of which included patient contact, students discussed their decisions or in fact asked me what they should do as if I were a practical work teacher or college lecturer. Field (1983, 1990) regards this as an indication that the informants accepted my presence and that reactivity and threats to validity had been minimised.

Clearly presentation, including dress and demeanor, is important and has been described by authors from both

nursing (Kratz 1978) and education (Woods 1986) as being part of the creation of an appropriate role. In respect of practical work teachers, with whom there had been less time to make a relationship, it was important that I was seen as a researcher not as a teacher and not as a member of the education establishment. Despite by best efforts I could not be sure that practical work teachers had given informed consent or that they had not felt obliged to conform to the students' wishes. Clearly my role and my intentions were not always clear. For example in one interview a rather hostile practical work teacher kept referring to me as "you people at the college". When I reminded her that I was not from the college she countered "well you are a tutor perhaps it doesn't happen where you work".

Making use in the initial interviews of "natural" or "mundane talk" rather than direct questioning about research interests was another strategy used to establish a good relationship and indeed this frequently led into the research topics. The seemingly "mundane talk" of describing their experiences was a fruitful starting point for the interviews.

Interviews

Apart from the student interviews after the first placement and the group interview at the end of the first year all

other interviews were held in the placement settings. Settings varied across general practice surgeries, health centres or clinics, and venues within the settings varied even more - from the privacy of an office to the public thoroughfare of a large but quiet corridor. Despite these odd venues interruptions were infrequent and only once did the interview have to be curtailed for this reason.

All the interviews were tape recorded to reduce the distraction of taking comprehensive notes, although terms and phrases were sometimes noted - more as an "aide memoire" during conversation than for recording purposes. Tapes were usually transcribed within one week of the interview. However a backlog did occur particularly after the third placement when the urgency of summarising and interpreting in preparation for the next interview was no longer present. Length of interview varied from twenty to forty five minutes dependent upon time available to the informant and upon the amount of information volunteered. (See Appendix 4)

The interviews then were unstructured and informal. As Burgess (1982) says the unstructured interview appears to be without structure but nevertheless :-

..... the researcher has to establish a framework within which the interview can be conducted; the unstructured interview is flexible, but it is also controlled,... the researcher must keep the informant relating experiences and attitudes that are

relevant to the research problem and encourage the informant to discuss these experiences naturally and freely.
(p.107)

Opportunities for talking to students and practical work teachers and to a lesser extent others in the placement occurred at each placement visit, not just during the set time for the interviews but during the whole of the time I was present. Each visit to the placement then could be regarded as participant observation of which the interviews were a part (Hamersley and Atkinson 1983).

Participant Observation

There were two main contexts for learning in the placement setting: - the patient context, for instance home or residential accommodation, and the colleague context, such as clinic or health centre.

Observations were recorded in fieldnotes which were either entered into a small notebook or dictated onto a microtape to be written up more fully or transcribed at the earliest opportunity. Two or three times I forgot to take the notebook and so ended up with loose bits of paper which were then stapled to the notebook.

A further record was made of the whole process in the form of a diary. In this confidential diary I recorded my

feelings, thoughts and frustrations about the research in an honest account of learning about ethnography. (See extract in Appendix 6) The diary covered to some extent the three major elements identified by Burgess (1984a) as - a chronological record of events, informants and locations; an autobiographical account of the research process and the researcher's involvement in it; an outline of the stages of the research and "hunches" and "insights" relating to the data. In short a substantive, methodological, and analytic account.

The fieldnotes I made were open to the students' scrutiny but none took the opportunity to read them. However they were used as a reference point at the interviews in an attempt to validate my interpretation of the meaning of the behaviour I had observed. It was not my intention, or indeed ethically desirable, to keep fieldnotes confidential from the respondents (Dingwall 1980).

As many observers have noted it is not easy to make field notes without detection that causes anxiety to informants. It was quickly apparent that taking notes in students' cars was unnerving for them, except at times when they were describing patients to be visited. At such times I was able to make a few extra notes of students' comments or phrases. Of course not all visits were made by car, particularly in the inner city placements where walking or using public

transport was preferred.

I carried my notebook into the patients' homes - in constant fear that I might leave it there - and used every opportunity when I was not invited to be present, e.g. when patients were taken to the bathroom, to make detailed notes. Public transport, snack bars, the student's car and my own car when used, all provided opportune places for note taking.

A further dimension to observation in placement settings was familiarisation with the geographical environment - the housing, industry and local facilities which are all part of the community in which the district nurse works. Time spent walking around the locality before or after the meetings with students and practical work teachers was valuable in helping me to gain a better appreciation of the placement in its community setting.

During my overt observations, when I accompanied the students in their normal routine, including visiting patients, I was acting as an "observer as participant" in the terminology of Gold's (1958) ideal types. I was known as a researcher to the student and introduced to the patient, if at all, in a number of ways - sometimes colleague, sometimes visitor, sometimes researcher - depending on the discretion of the student. It is difficult

to assess the effect of an extra person on the observed interactions in any setting and particularly in intimate surroundings of someone's home. Dyadic and triadic relationships have been discussed in this respect by Luker (1978), Kratz (1978) and Field (1983). They noted no change in the dyadic nature of relationship between nurse and patient - the observer being viewed by the patient as one with the nurse. Kratz (1975) also discusses nurse patient reactions when a fourth person, the carer, is present. Again she notes few changes in the relationship due to the presence of the observer, one reason being as stated above that the observer is seen as being one with the nurse, another that, in the presence of a carer, the interaction was of a more trivial nature. Kratz (1975) explains this level of interaction as being due on the one hand to patients acting as non-persons - neither performers nor audience because of their age or illness - and on the other hand to patients conforming when they do participate to the expected behaviour i.e. acting normally and not asking maudlin questions about health or eventual recovery.

In situations where I visited patients without carers I was generally ignored or else included in the discussion in a similar fashion to the nurse, who was not always well known to the patient. The addition of carers, as Kratz (1975) observed, frequently centred on trivial interactions, but in some instances centred on patient concerns about illness and treatment, the patient, usually elderly, frequently being

the main performer.

It is even more difficult to assess the effects of the observer on the relationships between nurse and carers - important relationships which the district nurse builds up in the home and ones which are easy to ignore (Kratz 1975). I am unable to say that I found evidence to support all Kratz's arguments about relationships. However this is not surprising as my observations were not concentrated upon the district nurse's care of the patient in the home, but upon the opportunities for learning that were presented. A further complication in drawing parallel conclusions with Kratz is the fact that the students did not have overall responsibility for the patients who remained on the practical work teacher's caseload. The student's transient status was often a point for discussion during the visits to the patient's home.

When I visited placements for shorter periods perhaps for two hours or so to carry out interviews I observed in a covert manner. This did not necessarily involve observing just students and practical work teachers but others within the setting. Perhaps while waiting in the reception area or in the nurses room until a meeting had finished.

There are varying dimensions to participant observation - acting overtly or covertly are not dichotomous roles and

often depend on the open or closed nature of the system in which the study is being undertaken (Bell 1969). They are evident in several kinds of research activity as simply described by Becker and Geer (1982) :-

The researcher may be a member of the group he studies; he may pose as a member of the group, though in fact he is not; or he may join the group in the role of one who is there to observe.
(p.239)

Participant observation varies from total participation with no observation to observation with no participation. The participant observer role is therefore likely to change dependent on the situation and Gold's (1958) ideal types to overlap (cited Hammersley and Atkinson 1983), as illustrated below :-

Figure 5. Social Roles for Fieldwork.

Whatever role is adopted it is important to maintain marginality, as emphasised by Hammersley and Atkinson (1983) :-

There can be no question of total commitment "surrender" or "becoming". There must always remain some part held back, some social and intellectual "distance". For it is in the "space" created by this distance that the analytic work of ethnography gets done.... the point is that one should never surrender oneself entirely to the setting or the moment. In principle, one should be constantly on the alert, with more than an eye on the research possibilities that can be engineered from any and every social situation. (pp.102-103)

Moving between "familiarity" and "strangeness" and between "stranger" and "friend" is not easy and can result in isolation and disillusionment with the project (Malinowski 1982). Even in this small scale project it was easy to feel isolated and as the informants became familiar there was the likelihood of forming likes and dislikes with the danger of skewing the data (Gans 1982, Field and Morse 1985).

The participant observation was discrete and sequential - usually amounting to half a day at each visit - rather than continuous and therefore allowed greater detachment but cut down the chance to change direction and to take opportunities for "research possibilities" in many situations. It would not have been advantageous to increase the length of visits. Indeed there is an optimum time for which observers in the field are able to remain alert (Kratz 78, Field 83). However the frequency of visits could have usefully been increased.

Analysis Process

The process of analysis, although discussed here as if subsequent to the data collection, is part of it and not a distinct stage of the research. By its nature there are no sets of procedures or rules to be followed in ethnographic analysis which may account for some of the criticism levelled at ethnography concerning its lack of rigour and clarity. It is a combined process of reflection, imaginative thinking and systematic sifting and analysis of evidence from the data.

The broad steps in the process of analysis, outlined by Hammersley and Atkinson, (1983) underpin much of the ethnographic research in education and have provided a guide for this study :-

- the identification, formulation and clarification of research problems beginning in the pre-fieldwork phase.

This clarification of the research problems resulted in a redefining of the research questions beginning in the pilot study when it started to become evident that the problems were not so much a matter of what constitutes a "good" or "bad" learning environment but more a matter of how the students learned from their experience in the environment. As the study progressed this learning process became clearer and emerged as categories which demonstrate a developing process of learning. This process is described in detail in

the following chapters.

- careful reading of the data to gain familiarity with it, using it to think with and to identify any interesting patterns or features that are puzzling or surprising. " Formally it starts to take shape in analytic notes and memoranda; informally, it is embodied ethnographer's hunches, and emergent concepts." (ibid p.174)

Analysis has centred on the student interviews, with data from other sources and from other techniques being used not only to check out the inferences that are being made from student interviews, but also to provide a richer and more comprehensive picture of the practice setting.

After each interview transcripts were made together with brief notes of interesting or obvious ideas arising which stimulated thinking during the transcribing.

At the end of each placement the student interview data was read through and individual notes were made with coded reference to the transcript. Words, phrases and patterns were noted with cross reference to other student transcripts and to the fieldnotes.

It quickly became apparent that one of the first steps in this systematic process was to get some sort of order in

the data. With regard to the transcripts this was a matter of coding each idea which served to identify the respondent, the placement, and the year. The codes could then be grouped into concepts enabling references to be made across all transcripts.

The data from the research diary and fieldnotes was more difficult to distinguish. The purpose of the research diary was to record all the events throughout the three years, including the pilot study, and also to record personal notes about my feelings, attitudes and reactions to events and people I came across in the research. Not only did it aid recall and help me to reflect on the methodology, but it also contributed towards a more valid account of the inferences from the analysis (Field 1990). For instance some respondents were more helpful than others and some settings were easier to enter than others. Any resulting bias or error in the data analysis was easier to detect in the light of the diary evidence. (See extract in Appendix 5)

The fieldnotes were notes on observations and also contained some bits of verbatim comments that I was able to write down. However I found that the diary and fieldnotes sometimes overlapped, particularly when first meeting new situations and people. For practical purposes I carried the field notebook only when observing. It therefore seemed a good plan to try to distinguish in the fieldnotes between

observational notes, methodological notes and theoretical notes (Schatzman and Strauss 1973), all of which appeared occasionally in the diary. This system of ordering data was successfully adapted by Melia (1981) in her analyses of forty interviews carried out on student nurses.

Schatzman and Strauss (1973) describe the ordering of data into distinct packages thus:-

- ON: Observational notes are statements bearing upon events experienced principally through watching and listening. They contain as little interpretation as possible and are as reliable as the observer can construct them. They do not go beyond the 'facts' but record verbatim or paraphrase as accurately as possible.

Data from the visits to placement and the routine visiting with the students which I tried to contain in the fieldnotes falls into this category. Frequently it was paraphrasing with occasional recorded verbatim words or phrases.

- TN: Theoretical notes are inferential notes. The observer as recorder thinks about what he has experienced, and makes whatever private declaration of meaning he feels will bear fruit. He interprets, infers, hypothesises, conjectures; develops new concepts, links these to older ones.

Such data was mainly recorded in the research diary and

related not only to placement visits but to my reactions to interviews and to sudden 'insights' of interpretation.

- MN: Methodological notes are an instruction to oneself, a reminder, a critique of one's own tactic, noting timing, sequencing, and stage setting.

These notes which are closely related to TN again arise out of the interviews and contribute to the reflexivity. Often the end product of a TN becomes an instruction to oneself and therefore results in a MN.

When I started to use this system I used the notations indicated above. However this was abandoned in favour of just using the concepts and indicating differences in my recording. For instance all MN and TN were bracketed in my fieldnotes. It was the provision of a framework for the logical ordering of data that was most useful, rather than the application of the exact system.

An extract from fieldnotes during routine visiting with the student in the third placement of the second year gives an example of how the framework was used.:-

On to the next patient. FT describes Mary Jones. "Long standing CVA, very sweet lady, husband will have some pithy comments about me being late - he likes you to be on time."

FT says she is very frustrated by the situation and feels annoyed that all she seems to be doing is relief. No continuity with the patients.

She takes in equipment for catheter insertion - not sure what is in the house by way of equipment. Leaves car on the road. Enters house - spacious private bungalow in own garden, detached - without being let in, calls out and goes into bedroom.

Curtails any comments from Mr. Jones by saying "I expect you are going to tell me off for being late". He says "yes another black mark". I am introduced as tutor and decide to stand in the corner of the room away from bed and where FT is working. Mr J. says sit down - although no chair- then a few minutes later "stand where its warm near the radiator" - I decline mainly because FT is working there.

FT washes Mary, changes dressing on buttocks and puts in catheter. Mary talks generally - good rapport. General chat about the weather, visitors, other nurses who will be visiting - has twice daily visits by day and evening staff. Husband gets wife up later. He stays in the room and joins in the conversation and general banter about cooking and Mary bossing him about. Trying to remember where FT lived - Mary remembered - she chips in. Questions asked about other nurses - whether still off sick and in the treatment room. Discussion about catheter size- Mary has said its 18. FT says " you were right I asked Joyce" . Mr J. says "I thought she was on holiday " FT " yes but she

popped into surgery, not there very long"

[FT seems to be doing what she is told by other nurses. Follows the treatment of others. How can she be learning for herself. How relate to T and T category. No scope for innovations]

FT is empathetic and perceptive with Mary and husband. Includes me at one stage to show me the dressing for the buttocks - pressure areas. Calls me over to see 'how well it sticks'. Mr J.involves me in conversation a few times - what do you think of the nurses - I say fine [tutor role]. Later he says " FT is a very good girl - sorry when she goes ".

Mary is left in bed on her side until Mr J.goes shopping. He drives into R. one mile.

[FT copes well in this situation, but there are great opportunities for teaching here in both techniques and communication skills and health education - PWT]

Visit taken 30 minutes.

[Check out how PWT might discuss or visit to do this teaching]

While driving along I ask FT if she would make any changes in the caseload. She says she would cut down visits to Mary and put in social service care assistants. Explains the family visit every weekend, he is active, they have private cleaner and nurses could visit three times a week to observe catheter and P.A.s. Should not be daily. I ask

if she has suggested this. She says no "I don't think that would be welcome". She had already asked why daily visits and been told-because the family need support. FT Feels equivalent support could be given but at less cost to nursing resources.

[I feel sorry no opportunity taken by PWT to discuss this-why is this so?]

This extract illustrates the mix of mainly observational notes with odd theoretical notes about learning and with methodological notes arising from initial analysis of transcript. Reference to the category of "Trying and Testing Out" was possible at this stage because it had emerged as a well defined category and it was therefore fairly easy to recognise and focus on.

There are also other aspects about my role and the relationships between nurse and patient which could be drawn out from these notes and used in the analysis. In addition there is evidence to contribute to inferences about the situation in which FT finds herself. Well established routines would be difficult to change here. FT is expected to "fit in" - another strongly emerging category at this stage. Opportunities for teaching, in this very common situation in the home, do not seem to be used by the practical work teacher. The idea of 'go and get on with it' as a way of learning, expressed by the practical work

teacher in her interview is at variance with what FT would like.

Ordering of data from the observations and simple coding of the transcripts together provided the beginnings of data analysis. (See Appendix 4)

- noting any links between data and expectations on the basis of common-sense knowledge, official accounts or previous theory. Also noting inconsistencies or contradictions between individuals and between their expressed beliefs and what they do. Identifying "sensitising concepts" - "the germ of an emerging theory" a starting point that provides the focus for further data collection.

Apart from individual transcript notes any general ideas or themes were noted and these together with individual ideas were picked up in subsequent interviews. This process not only began the progressive focussing of ideas but was also a way of validating respondents' accounts. It did not take the form of written accounts or formal feedback but rather a noting of points that I had drawn out of my interpretation of the previous interview and which later provided evidence for the emerging categories. Respondent validation resulted in confirmation of the point, or expansion, or explanation. There was no outright rejection but some re-interpretation as a result of discussion. For Ball (1983) :-

...respondent validation, despite its problems, is a potentially valuable method for ascertaining the relationships, if any, between the researcher's interpretation and

portrayal and the respondent's
experience's of their social world.
(p.99)

Once ideas had begun to emerge, after the student's second placement, they were discussed not only with students at subsequent interviews but also during observations and formed the focus for the participant observations noting any confirmatory or unusual activities. It is at these points when categories are emerging that conscious decisions start to be made about where to look for confirming data in other interviews and in observations. It is not the theoretical sampling of multiple sites used by the orthodox grounded theorists (Glaser and Strauss 1965) but the theoretical sampling within sites; within the student interviews, between the student and practical work teacher interviews and between fieldnotes and student interviews. This is an approach for small scale research such as this that allows utilisation of the concept of theoretical sampling (Strauss 1987) The concept has been used and modified not only in education but also in nursing (Melia 1981, Luker and Chalmers 1990)

At this stage it was obvious that there were some fairly consistent concepts emerging which could be tentatively explained by reference to the adult learning literature and which were familiar from the research on the ward learning environments. It would have been easy to begin to develop

categories prematurely at this stage and as a result to draw spurious inferences.

Sequential stages of analysis during fieldwork are identified by Becker and Geer (1982) as follows :-

- (1) the selection and definition of problems, concepts and indices;
 - (2) the check of the frequency and distribution of phenomena; and
 - (3) the incorporation of individual findings into the model of the organisation under study.
- (p.241)

Of particular relevance is the second stage in which the researcher is looking for evidence of inferences and conclusions. These may be arrived at by checking the number of respondents giving information; the frequency of such numbers pertaining to a particular category; whether the information was volunteered or given in response to direct questioning; by observing respondents' behaviour :-

Just as he is convinced if he has many items of evidence than if he has few, so he is more convinced if he has many kinds of evidence.

(ibid p.243)

For instance the category of "Trying and Testing Out" was devised from the conclusion that it was important to students in their learning to check out their actions with others they regarded as experts. Evidence for this conclusion came from a variety of sources. It was found in all students' transcripts and confirmed in interviews with

the respective practical work teachers' that this was a strategy in which they were involved and which they encouraged; it was stated voluntarily by students during conversation and observed in their behaviour in both first and second year students across all placements.

Integral to the process of analysis is the question of construct validity - the validity of the lines of inference running between data and concepts however far down the road towards theory testing the researcher is intent on moving. As Hammersley and Atkinson (1983) state there is little point in developing typologies and models if they provide little purchase on the data :-

As the categories of analysis are being clarified and developed in relation to one another, so also must the links between concepts and indicators be specified and refined.
(p.184)

They stop short of adopting quantitative methods of assessing construct validity as advocated by Evans (1983) which they considered as misconceived if applied to ethnography. They argued that not until the analysis has been written up are the relationships between the concepts and the indicators apparent and only then does evidence of the indicators become clear in supporting the validity of the claims made by the concepts. The important process here is the "inductive reflexive character of ethnography where the process of analysis involves the simultaneous

development of constructs and indicators to produce a 'fit' between the two"(ibid p.185). The question of identifying standardised indicators that concentrate on the stimulus response model with no consideration of the research process is again not an appropriate qualitative measure. Here the requirement for standard reliability measures to support construct validity becomes erroneous and the need for standard indicators, influenced by the assumptions of the behaviourists is unnecessary. This type of reliability measure as a component of construct validity ignores the differences in context and the "presentation of a standard set of indicators is not an essential feature of theory" (Hammersley and Atkinson 1983) :-

What is required is that the theory be explicit in its predictions of what will occur under given conditions. The question of whether and when those conditions hold can, and indeed must, be a matter for subsequent investigation.
(p.186)

Possible threats to validity in analysis can be reduced by triangulation. Despite the complexities of triangulation and varying terminologies particularly in nursing (Mitchell 1986 Duffy 1987 Corner 1990) its use in this study has been restricted simply to "data - source" and "technique triangulation" (Hammersley and Atkinson 1983). In the former, data is analysed from different times in the study and from different participants and in the latter, data is examined that has been collected through two different

methods - in this study through interviews and participant observation.

- clarifying and developing the concepts or analytic categories into a "theoretical scheme: finding links between concepts and adding new ones" through the constant comparison method.

Throughout the first year there was a rather loose frame of ideas and hunches with some fairly consistent themes which might be regarded as concepts and the start of categories.

During the second year the same process was carried out. However as concepts became clear they were matched against evident categories from the first year and in this way the interviews and the participant observations became progressively focussed. Also during the second year it became possible to clarify and to refine some of the categories and to compare data against these categories as it was collected. In this way it was possible not only to check the relevance of data to the categories but also to identify and sketch a particular category in the data.

It was clear that not all the interesting ideas and leads could be followed up, it was those concepts that were becoming conceptually well integrated that were concentrated on and others had to be left behind, what Strauss (1987)

calls the pain of severance, when decisions are made about the focussing of data collection on the basis of fit with the categories.

Analytic notes became more prolific as progressive focussing continued. These notes can be likened to the process of memoing described by Glaser (1978) as "the theorizing of ideas about codes and their relationships as they strike the analyst while coding"(p.83). The theoretical notes used to order the data were the beginnings of such notes. As the written notes continued they were kept on sheets separate from other data, and were concerned with the conceptual level of analysis centrating on relationships and on writing about ideas that were sparked off at any stage of the data collection and the analysis.

- continuing the systematic sifting and comparison to develop a typology as part of the emerging theoretical model.

It is important to state that my research is not seeking to develop a theoretical model but is drawing on adult learning theory in order to analyse and explain the student's learning experiences and to reach a better understanding of learning in the practice setting. In the words of Melia (1981) :-

This is as far as a description of the analysis can usefully go for the nature

of the work makes a detailed description of the mode of the analysis redundant without the attendant data and interpretation.
(p.114)

The conceptual categories which emerged are mapped out in sequence in the following three chapters. In analysing them I draw upon the research data for the evidence of the concepts involved and upon adult learning theory for an interpretation and explanation of the processes of learning involved in becoming a district nurse.

The categories arise in the first place from an analysis of the transcripts of the student interviews. Further evidence for the inferences made is drawn from the observations with students and the interviews with practical work teachers. This variety of evidence provides a range of different perspectives on the students' learning process.

There is a sequence to the evidence as it emerges from the data that closely follows the learning process being experienced by the student. The sequence is evident across the categories and it is around this process that the integration of the categories has been developed. The overlaps therefore are confirmatory rather than contradictory.

Categories in this study are thus defined as groups of concepts linked together logically in terms of adult learning theory. The rationale for linking the concepts reflects the learning process of the students as they progress through the course. The categories then are the end part of this study.

CHAPTER FIVE

"FITTING IN"

Introduction

The learning process involved in becoming a district nurse is characterised by as much uncertainty as the community itself portrays. Although all the students are qualified nurses they have to start at the beginning and one of the first challenges is fitting into the learning environment— not so much a physical environment such as health centre or general practice surgery but a social environment of colleagues and patients and routines and accepted practices. In this respect this category can be said to be inextricably linked with district nursing practice. The learning here is driven by practice whether good or bad. Not that district nurse students are uncritical of the way district nursing is practised but in many ways this criticism has to be set aside until the course is finished. It is postponed in order to be able to maintain some sort of fitting in.

The students recognise that this is where they learn about real district nursing and it is in this environment that they have to make the most of this brief opportunity of nine weeks, which to some extent gives a sense of urgency to the fitting in process.

Becoming a district nurse is like piecing together a jigsaw, of getting to know what is acceptable and what is not. It is as much to do with being accepted into the group, of which patients and professional carers play almost equal parts, as about learning what district nurses do.

It starts on the first day and is continuous throughout the placement experience, although the emphasis alters as responsibility increases from observing the demonstration of basic competencies to decision making about caseload management.

Fitting in with colleagues

Just getting to know the geographical area and finding the clinic can be a part of this fitting in process. The first morning feeling was graphically described by a student who was a direct entry. It was a feeling I was able to share with her as I had wandered round the streets trying to find meeting places and sometimes feeling the insecurity of an unknown area :-

AM We were talking about the strangeness of the situation, how difficult it is to come into a new situation

Student I couldn't get in, I didn't have a key, I couldn't find the door and I couldn't get in. Then I met one

of the district nurses who brought me in and in fact made me a cup of coffee. But it is this thing of having worked in a hospital, knowing where you're going to some extent - what's expected of you and then a very different situation of not being able to assume anything at all, and of having no past experience.

K01.2:2.1

The practical aspect of finding the way around the placement added to the strangeness, but it was something that students knew they would be able to deal with. It was just a case of learning the local geography and applied to all students whether direct entry or non-direct entry. However it all added to the strangeness of the situation; not only looking for a clinic or health centre but also looking for patients' homes. Knowledge of the local area is essential to finding, at the very least the patient's house, and more comprehensive knowledge is required, for locating local services. It is therefore closely associated with what is expected of a district nurse and with working alongside colleagues and is referred to by students throughout the placements.

The wider environment of the locality may appear to be simply a matter of using a map, and indeed it was, but it loomed large on the student's agenda at the beginning of the course. Finding one's way round a maze of streets, tower

block or estate in some areas of the city or town where violence is not unknown, can be disconcerting and much different to finding one's way round an institution.

However fitting in to the routines and practices of the group was much more of an unknown quantity and as described above is something akin to the experience of a stranger entering a new group (Schutz 1964). The lack of experience gave the above student and others, both direct entry and non-direct entry, the feeling of "a man with no history" (ibid p.97)

The newness of the situation was relevant to all students but the experience students had had before they came on the course was influential. The ability to draw on previous knowledge about the situation although not exactly the same eased the way in. But for those students with hospital work as previous experience it was different. They were acutely aware that they were in a different social environment but their background knowledge of hospitals was not easily transferable.

Further comments from the previous student reflects again much of what Schutz refers to as lack of status and lack of rules for guidance as to what serves as normal practice. It touches on colleague and patient interaction and highlights some of the student's needs. All these things are relevant

to this category :-

AM Did it (placement) meet your expectations?

Student Not particularly.

AM In what way?

Student In two areas. I thought I would spend more time visiting in homes, and I hadn't envisaged all the other things a PWT had to do. Um ... I spent a day with social services I spent half a day with the home help service.

AM Did that help you to put into a framework the things that happen in community? It must be one of the things that are different in community and make it difficult for you to know what services are available and who does what in relation to district nurses.

Student Yes, I think it's essential information, and for people who have already been out, they have accumulated this information over a length of time, I found it stressful in the sense that I had to go constantly meet new people, go to new places and find my way round. Um. Meeting new people, not knowing who anyone particularly was, always being on one's guard, not being able to relax. I was worried about getting to places on time, beating the traffic.

AM Is it a familiar area to you anyway - geographically?

Student No not especially.

AM What about your FWT was that a stable factor for you, at least that was one person you could always go to, whatever their feelings they would always welcome you?

Student Oh yes, um, Yes. She knew everyone. She had been there quite a while and as I am sizing them up, so they are sizing you up all the time.

AM What will you be expecting from your next placement? Presumably you will know where you are going this time and therefore it will be less stressful in that way? (mm)

Student It will be stressful in a way - to have a different role, not to have any responsibility really. Not to have any continuity for patients - for care. I think it's very difficult for a PWT to know what to give a student who has no experience whatsoever. I would like to have some responsibility without making the PWT a nervous wreck.

AM I expect they have to find a balance between giving you enough responsibility and not giving you too much responsibility. Were there any

experiences that were new to you when you were visiting patients in their homes for instance?

Student It's very different going into a new environment and very tiring, because your mind is always being bombarded with information, a new person, a new personality. Trying to cope with the new environment, trying to work out their problems - for the elderly. It was quite hard for them. I was surprised how hard it was and not knowing what to offer. (mm) {pause}

AM What about the nursing team, what about relationships there?

Student I think they were very careful about what work they took on. There was a lot of discussion between those specific groups, nursing groups about who should do what, the thing that very much surprised me was that the person who went in to look after the patient, who was acting as relief accepted the standard of care, the decision making and the planning was accepted, and that anything other was regarded as interfering. This could be a problem for some patients. Not just for leg ulcers but for others who were more serious where there needed to be some changes.

K01.1:1.1

The hospital experience at this stage does not transfer easily the past experience which is "thinking as usual" (Schutz 1964 p.98) is not so relevant in the community context. In this new environment the student is enquiring and probing trying to make some sense of what is happening in order to understand the situation. She is very aware of some of the things that others familiar with the scene would take for granted, such as the work practices of district nurses in respect to a caseload. The students do not feel they can easily take a part in the care planning despite the fact that they are qualified nurses and in some cases have had management responsibilities as ward sisters. This may cause problems if students are not prepared to relinquish their role of authority which a senior nursing post incorporates. The practical work teacher referred to these difficulties as continuing throughout the early placements, recognising that they were related to changes in status and setting, "for somebody who is very experienced and who has been in nursing for a long time..... for them to change from ward sister to the district to be under somebody - thats the crucial bit". Clearly there were expectations here that the students would also recognise their more subordinate role.

A further example comes from a student who had been a ward sister. Here again she is concerned with trying to fit into the practices of district nursing and into a new role :-

Student I didn't have a break from being a ward sister, so it took me some time to fit into the student role, so I think everyone knew me as a ward sister, so maybe I had high expectations of what I should be doing. Therefore I think I was doing things that maybe I shouldn't have been doing. Do you see what I mean?

AM Mmm. Do you have any examples?

Student Well,.. I don't know I just became, I think things like leg ulcer dressings, I found it difficult because people were going in only every other day to do things that I thought should be done every day. I could understand the reason, um but, seeing things that I thought should be done

AM So really you were carrying your experience directly into the community without any sort of discussion about whether there needed to be any sort of modification or any difference in application?

Student That's right. I felt that sometimes there were things that were lacking and that I felt that I should have been seeing to, maybe that is wrong, I don't know.

FM.1.1:1.4

This settling in to a new role was dealt with by students in various ways and indeed some found it a very easy process,

making the transformation with little difficulty. Where it was an easy transfer the students were made to feel that they were "welcome" and the expectations were that they should act like students and ask questions and not undertake the work of a district nurse at this stage. Time for learning was emphasised and to some extent the practical work teacher took control of students' learning rather than allowing experience to be determined too much by the workload. They were protected. Such students enjoyed the new role and to some extent the protection this gave them. As one said "it allowed me to ask silly questions".

How well this early fitting in worked had much to do with learning needs; how they were identified; how they were interpreted; and what impact this had on the learning opportunities for the student.

There is an accepted routine for students to work their way through the placement experience. It is a well established routine starting with carrying out tasks and basic nursing such as dressings and general caring of patients who need bed baths to the more highly prized areas of delegating and organising the caseload which comes in the third placement. Without exception all students follow this routine and it is one that all practical work teachers explicitly describe as the desired way of teaching the students how to practise district nursing.

Throughout this time the student has to fit in to each stage of this process. In the beginning, that is during the early stages in the first and second placements, the increase of responsibility varies according to how the practical work teacher perceives the student's capabilities in taking on increasing responsibility and the student's confidence.

Assessing students' needs is an espoused theory of practical work teachers who all adhere to this way of identifying what students need to be taught and in what order. Having said this it appears that practical work teachers already have a sequence of events in their heads - that is moving from task to management as if in a hierarchy of learning. The learning needs of students merely amend that sequence but do not re-order it.

The identification of learning needs is normally a joint effort between student and practical work teacher. Concessions can be gained by the student for instance according to the planned programme of the practical work teacher a visit with the evening service was planned. As the student already had this experience it was agreed a different visit could be arranged. This negotiation was regarded as "showing respect" for the student's past experience and was linked with being accepted and increased confidence.

However competent students feel they are at some activities they still have to go through the routine. For some this leads to disillusionment and a feeling that learning needs are not being taken into account and that their competence as nurses is not accepted. The routine is described here by a student who has had previous experience in the community:-

Student To start with, as in all cases we didn't do much the first day. It was just a case of getting to know each other and the area. Then we did go out and do a very small caseload and once I had been to one or two of them I was able to do them on my own.

I find being watched all the time fairly hassling, I don't like it at all, I know everyone has to go through this and I appreciate S_ _ _ has to do it. I must admit in myself I feel a bit resentful that after so many years working I am having someone see that I can do a dressing properly.

KU2.1:1.2

This routine is adopted by all practical work teachers and for some students it is a reassurance that they are doing things "properly" - a dressing technique correctly or updating in techniques that they had not used recently. Although at least half the students found it difficult and annoying being supervised in basic nursing it was tolerated in the early stages of the course. One of the problems seems to be that the techniques that students might want updating

in are not just dealt with separately. It appears to some students that until they have demonstrated their competence they are deemed to be incompetent and therefore past experience is of no value. Prior learning related to practical knowledge and skills seems to be ignored. Indeed practical work teachers say that they are concerned to ensure the students in basic nursing care, and can only do this by direct supervision. Although they are all concerned to do this without making the student feel inadequate and in fact the practical work teacher for this student describes how she tries to be unobtrusive and talk to the family while observing the student carry out tasks in the home. Practical work teachers volunteered this information about concern for students. There was no direct questioning on this subject, but clearly practical work teachers were sensitive to the student's feelings.

Another practical work teacher said " I took her round with me for a bit which she doesn't like. She likes working on her own completely. She hates being overlooked and she hates me watching her do dressings and things, but she knows she has to do so". The reason given for watching the student undertake basic techniques was to ensure competence and adaptation of competencies in the home.

The attention given to the needs of the student relates directly to how they feel they are being accepted by the

practical work teacher and by the group. In describing her increasing move towards more responsibility for patient care one student sees this as an acceptance of being a member of the district nursing team :-

Student But yes I mean it's great and I mean it's hello, how's college, and my face is being known, and the secretary at the health centre and the receptionist and that. You know they're talking to me, sort of including me in the conversation. Although they did that before, but now it's questions directed at me. I'm becoming part of the furniture, its quite nice.

EX.2.2:2.6

The feeling of security which is associated with meeting needs is described by a direct entry student :-

AM What did you feel that you needed to sort of find out, considering you hadn't had community experience, what were the sorts of priorities for you when you went out?

Student For the first two weeks? (yes). It was important for me to see that it was the job that I thought it was. I felt it important as well to see how the actual job was done, where you get the equipment from. How the communication was done between different disciplines; between the nurses - the practicalities of the job.

It didn't worry me about going in and looking after someone in their home. Yes it's different from the hospital but it's just adapting your basic skills to the environment. I think it was more not feeling that I would be in total control. Knowing if I wanted a ripple mattress how to go and get a ripple mattress.

But I feel that we identified that at the beginning of the first two weeks. That was my learning needs for the first two weeks and they were reached.

KT.2.1:1.9

This student reiterated this point throughout the course together with others who felt that, although some of the things taught or concentrated on were too basic for qualified nurses particularly if they became repetitive, there was a need to have early and continuing support. The development and feeling of moving forward was important otherwise the learning became pedestrian and no new things were learnt. This is clearly demonstrated in the "Trying and Testing Out" category and is closely linked to the extent to which students take up the learning opportunities on offer.

The interpretation of learning needs by the student is not just a case of adapting basic nursing techniques, as described above it is to do with being "in control" and seeing the whole picture or fitting the known competencies

into a new setting. Similarly another direct entry student describes her needs as having purpose and direction :-

Student Oh yes, I feel a lot happier, I'm not quite such a spectator, you know everyone's involved, one's care is valued it restores ones self esteem. I do know a little bit in which direction I'm going and another thing is I think the planning, you've got some input.

AM Is that important to you - the direction?

Student I think it is because you're floating, nothing's familiar.

AM You feel you've got that structure now?

Student Yes, I feel I have, before there wasn't such a purpose to the day.

AM And now you've got that purpose?

Student I think so. I've got a caseload and it doesn't mean to say I'm not in a learning position and there isn't room for change, obviously I value others' opinions very much, but I'm very much involved myself now. It's a big transition from being a sister in a hospital. Feeling that one's just being observed really and not feeling in any sense at home.

K01.3:3.1

Many of the assumptions about adult learning that Knowles (1984) identifies are relevant here. Clearly there is a link between self esteem and the attention that is given to students' needs. On the face of it if students' expectations are met the learning is relevant and therefore valued. If it is not seen to be relevant, such as revising techniques then it is not seen as relevant and as a learning experience is ignored. However this does raise questions about identification of learning needs - how they are interpreted and how they are met.

Knowles (1984) advocates the learning contract as a device to identify and to monitor students' learning needs. However his main criterion for the identification of learning needs is the extent to which these needs meet the required competencies to be achieved. The contradiction however is that learning needs are interpreted as competencies and pre-set in objective terms and is what the practical work teacher has in mind to teach. The felt needs of students are often about how they fit in with their colleagues or the system but are very difficult to express in terms of an objectives, skills model such as the district nurse curriculum. This is not to say that students do not wish to be competent and indeed many of their expectations of what will be taught coincide with the practical work teachers' ideas. However the timing and the method of identifying needs are closely associated with how the students feel about the experience.

It is not difficult to see how Knowle's work could be very influential here, because it has a simple appeal in its structured approach. (Knowles 1984) For the student relevance is not just competency based, but has to do with acceptance by the group and until this is demonstrated learning is postponed or at least interrupted.

Needs are also concerned with feeling in control and with having a purpose a more abstract requirement than something that can be quantified against a competence for the role of district nurse. They are personal needs rather than professional needs. The daily meetings with colleagues are one measure of the way in which students feel they are accepted. It is a time when work is shared out and when all members of the district nursing team meet with each other and with colleagues such as general practitioners or health visitors. An extract from the fieldnotes during a rural and urban visit in the third placement describes this activity :-

As I arrive KU(student) is just going out to see a diabetic patient.

I am welcomed by E (PWT) who is busy sorting through notes and talking to another district nurse about patients that have to be seen today.

This is called the community nurses' room, - small with central table, chairs round, filing cabinet and phone.

E tells me about some of the patients I shall see with KU and describes them as "a good selection". She explains that most of them know KU well and will give

us a "good welcome". E explains her colleague is off sick and therefore she is "running two caseloads", here and at ----- another surgery in the town. All the time she is sorting through files and looking at her diary.

Nursing auxiliary arrives. KU discusses patients she has to visit - apologises for giving her a "heavy patient". KU arrives back and gives brief comment on the patient she has just seen. E says the night staff have reported that Mr S has deteriorated who is on KU's visiting list. E asks about the wife. KU says that she is anxious but "doesn't want you to do anything"

During this interaction it is clear that the student is expected to take part in the usual activities of this district nursing team. She is becoming familiar with the routines and is recognised as being an appropriate person to visit an ill patient. This pattern of meeting and talking together about patients and workloads is evident during all my observations. The group may be small with one nursing auxiliary to help the practical work teacher, but in some placements there are three or four district nursing teams working alongside each other in one large room.

It is also apparent that the relationships that the practical work teacher has with other members of the team influence the student's entry into the team. One student admitted that she felt estranged from the other members of the group because her practical work teacher did not carry a caseload of her own but "borrowed" patients from other groups to give broad experience. To some extent this meant

that the student did not belong to any particular group and at this surgery there were a number of district nursing teams working from the same health centre.

It is in these settings where students experience the patterns of district nursing work. The day to day experience of the students then, forces them to think about how they are accepted by the group it is present every time they interact with colleagues and with patients.

Fitting in with patients

As stated at the beginning of this section fitting in is as important in relation to patients as it is to colleagues. It is linked with the status of being a student and of feeling part of the workforce. Doing the work means working with patients. The contact with patients is the *raison d'être* for being a district nurse. Five of the direct entry students said they had moved out of the hospital to get back to the patient.

How patients perceived the student depended on the introductions and this affected the amount of control the student felt they had over the care and therefore how much they were part of the team. Students wanted to be well known to patients, which again was part of being accepted as a member of the nursing team and therefore learning to be a

district nurse.

The initial introduction to the patient was important and at its best included some sort of explanation of the students' past experience of being qualified nurses. Although eventually patients knew the students were on a course from the students' point it was important that patients knew they were capable of carrying out nursing care. In the first placements when students were being introduced by the practical work teachers this was a sensitive subject - particularly for those who felt that the "student" label was emphasised too much. It was regarded at this stage as one of the measures of the practical work teacher's sensitivities and how much students fitted in. The word "student" was often seen by the students as a derogatory term - to denote lack of knowledge and expertise and was closely aligned with lack of recognition of past experience.

All practical work teachers mentioned the student's qualification as a nurse as something that had to be recognised and emphasised to patients. However some practical work teachers deliberately chose to send students to less complicated patients because of their lack of experience in district nursing which for some students was interpreted as lack of recognition of expertise.

The transience of the student's role was often a point of interest to the patients and the comings and goings between college and placement was a point of conversation as I observed during my visits with students. It provided a shared interest.

The relationships with patients were highly valued and good relationships were regarded as achievements. Indeed it was the patient's home that provided the main learning environment :-

Student This is a little bit scary - how the patients feel. Because I'm with the PWT she does try to explain I am a trained nurse. How the patients react to two of us there because you find that as my PWT has her own list of patients they know her very well, they talk about their own little things - you know there are their own little chats going on.

TR1.1.1.2

Another student highlights the importance of relationships and their links with having a caseload and thus working as a district nurse :-

AM So you didn't actually have a caseload of your own?

Student No, she's working that out for me next time.

AM Is that something you want to do?

Student Yes, I feel very happy to do it. It will be great

going out on my own, I enjoy going with other people to see how they work, but obviously its much nicer out on your own creating your own relationships.

UE1.1.1.11

The following student, unlike the previous two, was a direct entry and was very positive about her experiences. In the first placement her comments about being a student were related to acknowledgement of previous experience :-

Student I don't feel as if I'm a student when I'm with A. It's nice. (is it) Yes. As far as being a student the only time I've felt my back prickle is because I've crossed from the hospital to the community and just in the first few weeks in college a couple of times when people would criticise the hospital I would feel like jumping up and saying its not always like that. (Yes)

But apart from that I've adjusted quite well. Because you're not treated as if you know nothing. Its been stressed to us through college and A the PWT have stressed - we respect that you are a trained nurse in your own right. You've had valuable experience in the past and we are just giving you that post basic experience or a very specific speciality.

KT2.1:1.18

Such positive experiences were often associated with being included in the discussion about care in the early stages which eased the way into caring for patients even when the student had no previous community experience to draw on. Another student describes her first visits to patients in the first placement :-

AM And how much were you involved in all that? Are you really on the margins at the moment?

Student Very much on the margins, I get the impression that was my fortnight for settling in. I mean I had a morning with the GP that was quite good. But for actual treatment and doing anything um.. I mean I helped get people out of bed and that, but if there was anything specific to be done I tended to be on the sidelines. I..yet I was verbally included if I didn't do the actual nursing. Because you can't help it your fingers are itching to get in anyway.

But they'd ask my opinion you know - you've done a lot of orthopaedics - what do you think to this- because we had a hip replacement that had got a wound problem. So I felt part and parcel of it although I was standing on the sidelines looking in. I didn't feel like a spare part. I felt I was part of the ...I was always introduced not as a student, - she is a staff nurse, you know, to help her work in the community, which I thought

was rather nice. Rather than being classed -this is my student, sort of thing - you could be anything.

In a lot of places they just introduced me as E she is working with me, you'll see her about for the next number of months. So I didn't feel like a lemon at the end of the bed I felt as though I was contributing something. There's a limit, if you're going in to do a bladder washout you can't all have your hands in. I really enjoyed it and I felt as if I'd got a lot out of it as well.

EX2.1:1.6

A further example was a student with experience in counselling in terminal illness. Here in her second placement she describes the experience :-

Student Some things we discussed. In some situations she was happy for me to take over - in the case of a terminal patient where she actually said that I had more experience with that sort of thing. And I thought that was brilliant because not many people that I've come across will do that.

AM This was the first time you were out in placement?

Student Yes and I felt that was very good. And I noticed that the patient was very relaxed with sister, and I felt relaxed and it was a very relaxing situation and I think they benefitted from it. It

must have made them feel better to think that somebody with special knowledge - not that sister hasn't got special knowledge - saying that I will know more about this, when it was quite a sensitive situation.

FT2.2:2.2.16.

Not knowing the system presented particular problems in fitting into the expectations of patients :-

Student Well, I will feel far more positive about knowing about the system to start with -one particular area was notes. Patient's notes were kept in the nurse's drawer in the clinic. If it was my PWT's day off and I had to go in to see a patient I found it very stressful having to go into a patient without actually knowing anything about them. I think the patient expected me to know things about them that I didn't. Now that I understand the system a bit more and know what questions I can ask to find out about the patient it will be a bit easier, having heard the other people in the group talking, but there are so many unknown factors.

K01.1:1.9

Strategies for fitting in

Students developed varying strategies to cope with fitting in, which for some meant acting like a student or at least

showing the expectations of a student :-

Student It's not too long ago that I was a student midwife, and so I have learned actually to abolish my responsibility and I have done the same coming out this time. I always think being an elderly student you are a threat so I always make sure that I do sit back and just listen rather than voice an opinion. Especially this fortnight because M doesn't know me and I don't think there would be anything worse than me trying to take over.

AM. So that has been a deliberate ploy on your part, has it?

Student Yes I have purposely kept a low profile unless she has specifically asked my opinion and then I have given it.

NI2.2:2.1.7

Every student made reference to strategies used to gain acceptance and to maintain their place. The fact that students preferred not to make comments or to ask suitable questions and keeping a low profile were common. Also trying to act like an interested and positive learner was seen as appropriate to the student role :-

Student I was slightly dubious to start with because of my previous role and I knew that she didn't like the presence of the hospice because she feels that she can do it. So to start with we were on slightly

iffy ground. I think she felt that I might pretend I knew everything.

AM How did you cope with that?

Student By not being deliberately ignorant but by asking lots of questions and not... She said something funny to start with, she said I hope you're really keen about this course. This was just as we were going into a person's house, and I said, of course I wouldn't be doing it otherwise. I was quite firm about that. I'm not usually... I'm a person who grins my way out of things, But I did feel quite strongly about that. So after that she was fine.

AM So you feel you have got over that?

Student I think so. Yes. She said you know all that and I said no I don't, I asked her to tell me things. It was just finding out where we were I think.

AM And that was about the first week was it, what about the second week? Did it settle down?

Student Second week it settled down..... in fact it was the first day when she said that. When we went into the first patient (laughter). Here I am going through this course and not being paid and she broaches that, but yes it was all right.

NQ.2.1:1.11.

Another student in her second placement thinks through how

she will negotiate to get the best experience and still be an acceptable student :-

AM Now you've only been here on what - two days on this block? (yes) It's very early, do you think it's going to be different in the way you do establish a routine this time round? Last time round it was a bit of getting to know the patients and not being given such a lot of responsibility, perhaps just to go and visit? PAUSE ... (yes). Do you see any difference this time round?

Student I think I shall be more positive about negotiating what is actually expected. I think I didn't really know. I was hesitant about it. I think people saw me as somebody who could be threatening and I didn't want to be, and therefore I stood back a bit. But thinking overall it doesn't matter who you are, you need to be positive and if you are seen to be threatening then its just too bad.

AM Have you had any negotiation at the moment with the group, or particularly with your PWT, or is it too early?

Student Well, I think I've started, I think it's too early to really tell.

AM And have you set in your mind the sort of experience that you want out of this block? I mean have you identified quite clearly for yourself?

Student I know what I would like, but I don't know that it will actually happen. I would like a small caseload. I'm not quite sure how possible that is. I can feel the difficulties with the job. Somebody is not there or somebody is away, the question is raised, what is I doing on Friday...um I'm not sure how supernumerary I feel as a student. I'd like to be their student, although I'm very happy to work..um I'm my own worst enemy probably. I'm very keen to learn so I want to take all the opportunities that are available, I don't want to miss them, sometimes experience doesn't come every day, if you see it you've got to grab it, and you've got to be adaptable. I saw that on the first day actually. I saw the opportunity to go out with one of the qualified district nurses to interview a new patient - I hadn't seen that, I felt I felt I wanted to. She said she'd take me, so I said - yes please.

K01.2:2.7-9

In the first placements it was acting like a student and being taught, asking questions but not being too confronting. As the responsibilities increased and students took on more of a management role it was related to change and a sensitivity about making changes. It was unanimously accepted that the patients belonged to the practical work teacher and that no change would be made without asking. In some instances these changes were not even discussed if it

was thought that it would upset the balance of fitting in. For the sake of maintaining this balance opportunities were at best postponed until after the course or at worst lost.

Practical work teachers had ideas that students should be both interested and motivated, attributes recognised as contributing to a good student. As previously noted students should also act in a fairly subordinate role taking on responsibility as the practical work teacher felt appropriate. One practical work teacher had a stated strategy which she told all students and which was that she assumed they knew nothing about the community and "start from scratch" and for her previous six students it had worked - all had had previous community experience. It is clear that deviating from the established routine of teaching would be difficult.

It was not the stated intention of practical work teachers to restrict students' learning in this way, but even where there were very good and trusting relationships there was reluctance to challenge fundamental ideas about practice - such as how work is organised and delegated - the justification of decision making. Asking for facts and querying treatments was a fairly easy thing to do and bringing new ideas from the college was something practical work teachers usually welcomed. However the touchy subject of why unnecessary visits were made or why some patients

were even visited at all was not broached with the intent of challenging the decision making process of the district nurse. This is not to say that patients were not discharged by the student, they were - as a joint agreement with the practical work teacher or if the student had admitted the patient onto the caseload. In this case they were then seen as the student's responsibility. Relationships with general practitioners was another sensitive area particularly with respect to dominance by general practitioners and to teamwork.

Of course one has to recognise the practicalities of the situation. Decisions about patient care cannot be made to facilitate a learning exercise and quite properly the practical work teacher has to control the decision making process, but there were instances when students did not feel they could discuss their ideas without risk of offending or causing some disruption to their learning.

Discussion

Fitting in to both the environment concerned with colleagues and with patients takes time and energy, but is an important part of the learning process from both the students' and the practical work teachers' perspectives. Students quickly recognise what they are expected to do and try to conform in varying degrees to these expectations.

An obvious and explicit consideration for their feelings and acknowledgement of their expertise, their past experience and their requirements for learning, all add up to good experience for the student. Practical work teachers all express a desire to take into account the students' learning needs and discuss the students' ideas. However they only amend the programme, although that may be all that is necessary to give the students a feeling that they are being taken into account, that their self is being valued. It was aligned to "not feeling in total control" and also to having "a purpose to the day".

The feeling of increasing confidence is linked with increasing responsibilities and opportunities as part of the team. It is talked of as adaptation to community, but this is too simplistic because it applies equally to both those who have community experience and those who have not. It is certainly the working in a different context, but related to that is working in a particular role in a different context - the role of a district nurse. Feeling like a colleague and experiencing what Melia and MacMillan (1983) idealistically call the "collegial relationship.. able to share ideas, ask each other's advice and generally assist one another in their work without appealing to rank or length of service as a means of bargaining power" (ibid p74) is important in the fitting in process. This relationship is influenced in turn by the relationship or status that the practical work teacher has with the group.

The patient environment is seen as an important area of learning by the student and acceptance there is equally important. It gives the students some continuity and a feeling of belonging. Although practical work teachers and students refer to the importance of continuity for learning purposes it is equally important to the students for purposes of belonging and a feeling of familiarity. General talk about the students' progress through the course was reassuring. Failure in patient care was failure indeed because it was linked with nursing.

Strategies for fitting in were adopted by all students -some explicitly described them others made implicit reference such as carrying out techniques "how the practical work teacher wants me to".

Strategies for adapting were not only concerned with colleagues but with the overall routines of practice so that they get an overall view of how things work. Therefore the sequence of things taught is important. Concern for specifics can be irritating when students do not have an overview of how the system works. The concentration on adaptation of techniques is a very small part of the adaptation required to manage practice as a district nurse. All students have a broad view of adaptation of which technical competence is only a small part and which may not be the appropriate starting point. In Benner's

(1984) terms the students saw themselves as "experts" in their previous areas of work. The notion of starting as a "novice" is not acceptable and indeed does not appear to be appropriate for those areas of practice in which students feel confident. It is also clear that students required support from the practical work teacher to regain confidence in this new setting.

The length of time the practical work teacher spends with the student varies. It appears that the inner city placements give responsibility earlier than the rural and urban, but there is no obvious explanation for the differences and both express similar difficulties as can be seen from comments across both years of the research.

Climate setting (Knowles1984) could be another term used to describe the strategy required at this stage in the course. In the terms described by Knowles(1984) it again seems to offer the strategy that would help students to fit in to the setting of the community. While not disregarding physical climate, he considers psychological climate even more important. His seven elements such as " mutual respect" which values experience; "collaborativ^gness" in using the resources of peers; "climate of mutual trust" with teachers (ibid p14-17) are all echoed in the students' comments about their learning needs in this category. However the achievement of this climate is through the four basic

components of any educational programme which he describes as follows:-

- objectives - outcomes stated in performance terms using specific action verbs
- strategies - activities and resources to be used as
- evidence of accomplishment - measurement of the objective
- criteria and means of validating evidence - the validity and the underlying authority to measure evidence of accomplishment.

Apart from the overlaps in these components they do not sit well alongside the elements for climate setting. On the one hand he affirms his humanistic stance in the elements of climate setting and yet he subscribes to a behavioural objectives model in his educational programme. This reflects very well the contradictions the students have to face in their placements and they begin to emerge in the need to fit in and the strategies used to do so.

How well students fit in at the beginning of the course sets the scene for the coming placements. Although students are resilient to perceived inconsideration and disinterest it takes up their time and energy to establish and maintain an acceptable role. If students always feel "on the margins" then they may have to postpone some of their requests for learning. Therefore an effective learning environment is established by attention to this fitting in process and is linked to the extent to which students can utilise the

learning strategies described in the next category.

CHAPTER SIX

"TRYING AND TESTING OUT"

Introduction

During each placement the student engages in activities which are related to the work routines of district nursing practice. In learning to be district nurses their learning is inextricably linked with what is perceived as district nursing work.

The pervading routine in all placements is a cycle of visiting patients and returning to the base, the health centre, general practice surgery or clinic, to undertake various activities such as meeting colleagues, collecting messages, contacting agencies and attending meetings. The timing and frequency of this cycle of events varies from one placement to another. However it is a pattern that is established early in the first placement and continues, more or less unaltered throughout the course.

One of the prevalent activities in district nursing is, not unexpectedly, visiting patients. It is this aspect of work where the category of "Trying and Testing Out" is most apparent. From the beginning of the first placement the

student is inducted into the role of the district nurse by observing the specific daily routines of the practical work teacher. Learning by doing is crucial in this category. Several students talk of itching to be involved and learning more by themselves. They seek increasing independence from their practical work teacher to test out their future role and to be more self directing in their work and their learning. The students make use of their past experience by way of comparison and by extending their experience. However learning through self-direction is dependent on continued access to the practical work teacher otherwise learning can become repetitive and demotivating.

However there are limits to this sort of activity demonstrated when students want to make change. They are limited by the fact that they do not have control of the caseload and they come up against attitudes that do not easily accommodate change.

Students are keen to check out their practice with the practical work teacher and indeed it is one of the students' main expectations when they begin the placements. Priorities for learning at this early stage are expressed as knowledge in relation to direct patient care such as nursing techniques or health and social services that can be offered to patients and to their relatives. This is aligned with basic competence and confidence and involves using their

past experience.

Dependence

In the first instance students are dependent upon the practical work teacher for learning about practice. As they become more confident they become more independent and eventually take on more of a management role in relation to patient care, but within the limits of the caseload of others :-

AM What do you think you should be getting?

Student A good basic knowledge of what the community is about, and how to go about, - because I said to her I know very little about giving patients advice on seeking benefits, who to go to - with what - a particular problem whether it's the health visitor, social worker - who should be contacted first. Things like that, which is what I wanted, and she's going to arrange for me to go out with the social worker, you get a better insight into what they're actually doing. And really my confidence at being able to take on this caseload and cope with it, so that I feel confident in what I'm doing.

Although in the evening I was in charge and used to delegate the work they were ultimately the day staff's problems and you're only in as a backup

service - and how much social service help you put in. I want more of that, I want to know how much to put in how quickly. I have this fear of swamping people and I don't think you should do that otherwise you have nothing else to offer them at a later stage.

EX2.1:1.11

Again for two students who have had previous experience the checking against the practical work teachers' standards for basic nursing techniques is important :-

Student I find it useful because you actually learn the proper way of doing things. When I first started a year ago on the district I was given a bag and an injection bag. There is your bag and that was it. She has sorted all that out and it has been quite a joke between us because my bag was in such a mess and she has sorted it out. And I feel better about that now - the fact that is the way things should be done in a professional way.

KU2.1:1.5

The need for assurance of competence is stated in a different way :-

Student Also there were so many problems that you face with the patient when I was staff nurse. Things you don't know. I used to feel incompetent even though

you cover it up all the time, because you never let yourself down. You used to get into the car and think, gosh I don't know how to go about this. You go back into the team and everyone else is busy, everyone else is answering the phone and you end up tearing your hair out.

When I was out with the PWT I had time to go to the social services, find out all about the benefits, who gets what and the rest of it, which is really good. I've really enjoyed it.

MC1.1:1.4

For a student who had been not been carrying out practical nursing task it was a revision of the basic techniques :-

AM So what do you expect of her what do you expect your PWT can do?

Student I think guiding me along the right lines. I'm very out of practice in the basic physical care, which she is seeing me through. Ear syringes which I thought I could just do, but I saw her asking this patient whether he had got perforated ear drums and I thought oh there's loads of things I didn't ask him. That sort of thing I'm very rusty on. The practical part which I have told her I am so we can concentrate on that. Catheterisation and things, in the next session. We had a lot of talk about the care plan that we have to do but I couldn't quite

see who of my caseload last time I could actually do so we have to rethink that one through.

NQ2.1:1.14

For another direct entry student it was a bit more general but still concerned basic nursing care :-

Student I've got to get used to everything being in the patient's house, not having my own equipment, because in the hospital you lay your trolley for what you want, but you go in you don't really know what's in there. We have a dressing pack in hospital, here you've got to make your own, like that Hampshire Dressing business that's what I've got to get used to. And wearing the same apron, like you go into a house and the nurse has left an apron there. But I prefer to wear my own, and a different one for every house. But I don't know how - as regards getting equipment and dressings, that's a bit hard. So I'll have to check up on that when I get back I didn't want to say much about more confidence. To me it's just routine - I've got to get used to. Different routine after so many years in hospital.

Well to meet people in their own home and have her taking her dressing off with her dirty fingers. It does take a lot of getting you have to switch off.

DC1.1:1.5

Here the feeling of incompetence is evident but the opportunity to check out is available and used by the student in her own time and has to do with attitude as much as knowledge.

The routines of practice determine what experience the students get taught and how well the students' learning needs are met and this has to do with the pace of work, often commented on as "being busy". For direct entry students this is an obvious disadvantage, for those who have community experience their responses are mixed. Some wish to be busy as part of feeling they are acting like district nurses, others like the opportunity to take things at a more gentle pace and use the time to do things properly. However for all students there is an optimum level of "busyness" beyond which it is counterproductive to learning.

It would take a resilient student to withstand the work directed experience described by the following student in her first placement :-

AM What are the sorts of things you have been doing?

Student This is where I have been a little disappointed because the practice is very very big. Not the GP practice but the health centre practice is very big. I have been used as a double up all the time. We have gone out every morning and done several

general cares for everybody else. Not one of them has been our own so I have been used as a double up. My PWT knows I feel like this. There is just nothing they can do, so in that way I am a little bit disappointed with the placement practice because it is a very busy one and I don't think she (PWT) is able to give me the time. We have been going around all morning and doing complete general cares where there are two nurses needed. I was always with my PWT.

Our programme was lovely. Most afternoons it was going to be teaching with perhaps one or two visits. That never came off because a district nurse was sick and L went sick and we were just having to cover for everybody else every day. And even to the last day of filling in my blue book [Record of student's progress]. We have to fill in our report - we had to do that in ten minutes in pencil because we had to go back out again and do another call for somebody. So in a way I feel that placements were not considered.

I mean to me ----- is the wrong place to put a student. It might be a very nice place to put a student for experience, but I don't think it is a place to put a student to learn, especially, perhaps, a direct entry like me. Because all I have really learned is to do a bedbath at home

every day without exception, which isn't their fault. Why have a student district nurse there when they can bring another nurse in to meet up.

NI2.1:1.3

This student, previously a ward sister, did not feel she needed to learn about bedbaths or indeed asepsis - another thing she was taught that she felt was inappropriate. The main problem here was the work driven practice that directed the opportunities for learning. This situation was alleviated when the student took on responsibility for a small group of patients in the second placement and it was not until the practical work teacher was moved to another location due to other staff changes that the situation was resolved. Despite all this the student remained highly motivated .

Practical work teachers are in many instances unable to control the work situation. In trying to protect their students from the vagaries of workloads they work extra hours and rush round faster. For students and practical work teachers alike this causes frustrations and difficulties :-

AM I know A. is not in a perfect position as regards people taking work off her. My feeling is, and again this is taken from what other PWTs have said - is that they shelter the students from heavy workloads. They work into the evening just to cope with the student. Have you found that?

Student I think A. would be inclined to do that and she has been inclined to do that, but on the days when I've known they are going to be busy or she is going to be busy I've said to her I can do another couple. And I actually had to convince her that I'm happy to do another couple. And after the first time she let me do it.

So yes she has been very protective, but probably being the person I am I don't like being protected too much. I've fought against it and I've said to her let me do that. (mm)

Like I said before I've done things and then told her I've done them. Um.. with regard to things like phoning social services and going to talk to the doctors. If there had been anything that I had thought, this is really not the way A. would have done it then I wouldn't have gone and done it I would have checked with her first. Because it still is her responsibility.

KT2.3: 3.49.

This student had a very good relationship with her practical work teacher and felt able to take the initiative in counteracting the protectiveness, and in trying to help out in situations where workloads are heavy. This was in the third placement when students were taking on more responsibility. Where this sequence of increasing

responsibility falls down and the students' needs are not met due to workloads students experience frustrations and a feeling of rejection and are unsure how to resolve the situation. When this happens in the third placement it means that the newer skills of management do not get taught - presumably with consequences for the student's future practice. Or perhaps it is more subtle than that and the recognition of what can be achieved or what should be possible in district nursing practice, such as identifying the patients' and the community's needs and being proactive rather than reactive, are not seen as priority.

Students identify specific things they want to learn in terms of competence and begin to test out their competence as they accompany the practical work teacher in the first placement. The length of time they spend with the practical work teacher varies and again it seems to be a routine that the practical work teacher has already established. Firstly the student works alongside the practical work teacher, gradually being given more responsibility as they take over the regular care of a small number of patients. The variation in time as to how quickly the student is given responsibility for patient care seems to be based on the practical work teacher's perception of the level of confidence or ability of the student.

Independence

In the early stages students check out their learning as they work alongside the practical work teacher but it is not until they are visiting patients on their own that the full strategy of Trying and Testing Out is used :-

AM How's it feel to be doing the work yourself?

Student It was surprising actually. After ten years nursing experience going and dressing someone's leg ulcer on my own - I was so very nervous (were you) Um.. but after the... it was similar sort of feeling when you were first allowed to do something on your own when you were training - in the basic training. It helped a lot going on my own because when you're with someone else you're not having to think for yourself, but when you first go in on your own you've got to think for yourself. You've got to make sure you've got everything there. Check you've got enough dressings for the next day so that worked out well, yes. It's helped me to see more of the job. To do more of the job really.

KT2.2:2.4

Here the student is concerned with maintaining care and carrying on the established routine as a start to her increasing responsibility. Being alone helps learning. For another direct entry student the decision making was more complex - about referral and amount of care to give :-

Student Well I think you learn new things every day. I think that's inevitable. I don't know that you learn what you think you want to learn, I think it just happens really. I went to see a patient yesterday, which was very interesting. He was admitted apparently last night as a potential cardiac infarction. I went to visit for another reason - I thought that was interesting. From what my PWT said he didn't want to go into hospital. He didn't like the idea. I thought from my hospital experience that when the doctor came he would be admitted and I was very keen to run back and find out.

My PWT I think felt that there wasn't anything that she was necessarily going to do, Therefore the patient was well able to ring up the doctor - I said supposing the doctor didn't come. But I think I would have phoned, because I felt that he would be admitted, that I would have phoned him back and found out. It's interesting really, looking at it from different viewpoints - we had different ideas. I don't think either was right or wrong but it was interesting.

AM So you mull over what you've done? (yes) would you test out your ideas, like just talking now but with your PWT at some stage?

Student Well I tested them yesterday. It was interesting her view from a district nurse's point of view and a

hospital point of view, it was different. I think the answer is that one is so tremendously responsible when one is in hospital, for patients, and one's just trying to get the balance right as to how much responsibility to take, because one can only do so much. But even in hospital a nurse is responsible for themselves, somehow ultimately overall you feel responsible if a patient disappears off the ward and goes missing, you feel responsible for them.

K01.2:2.15

The use of previous experience here is important and the contrasting views give rise to thinking about responsibility.

Decision making about how much responsibility to take in terms of patient assessment is a priority for all students and is seen as the focal point of managing care. In similar fashion to the previous student another direct entry student identifies her priorities for the second placement :-

Student I think the main thing is assessing when to, how often to visit, and getting other agencies involved really. That was the main problem I had in the first block. It's easy in the hospital, saying someone should be turned two hourly, and you knew, hopefully that everything was going to be done. But when someone is in their own home and you know they need the exact type of care, you have to

compromise, you have to come to terms with the fact that you can't do that, so you have to bring the neighbours and people into it as well. I think if I can get that established I'm OK.

FM1.2:2.8

Assessment is not just about use of services or referrals but also about direct care. It is seen as one stage in the confidence building procedure :-

Student I mean if a new patient comes in, the PWT hands it over to us to go and do and it's just by chance that we've not had a chronic sick person. You know they have just been early discharges or wound assessments. Then we've come back and discussed it with her - I've done a b c - and whether it's right or not.

There was a discharge from hospital, a wound, and I said the treatment that I thought, and I wasn't really happy, I didn't feel all that competent and the next day my PWT.... both of us went in and went through it with the patient, and I was quite happy. And if I was faced with that same problem again I would know what to do. I was right anyway, but I just wanted her to reassure me, to say I was right.

MC1.2:2.7

Practical work teachers describe the process of trying and testing out as part of the programme they plan for the

student.

Students talk about checking up, discussing the problems, trying things out, and link this to increasing confidence and movement towards greater responsibility. Self direction in learning is part of adult learning theory (Knowles 1980, Boud et al 1985). It is only useful however when it is purposeful and when the students know what they are to learn. For students on this course there were times when self direction was not useful and it occurred when practical work teachers did not give strong enough guidance to the students or when they were not accessible enough to talk about some of the experiences that students had undertaken.

While students are looking for a means of checking their activities, reassurance is not always useful to learning unless it is meaningful to them. However being uncritical can be seen as not taking enough interest or as not teaching, as evidenced by the following experience :-

AM We were just discussing a minute ago... you made a comment about how much writing you had to do while you've been out, to do with your assessment visits. Is this because you wanted experience of assessments anyway?

Student Yes, I did desperately need experience of assessing patients, here in the community and it is part of our second block as well. I certainly have been

doing a lot of it. Apart from assessing new patients, which I do on my own, I saw C my FWT do one assessment and we went through it together afterwards, and since then I've been doing them on my own, then coming back and discussing them. I've also been re-assessing old patients, because I'm supposedly taking them over during this two weeks.

AM Are you able to spend more time with your practical work teacher? Last time it was pretty hard going.

Student She hasn't actually been out with me on visits this time, but we have discussed things afterwards, yes we've had some time for discussions.

AM Has that been useful?

Student Yes it is useful. Any problems there are or anything you think of that you incurOh I can't remember what I was going to say ..Any problems she sorts out and anything you might not have thought of, you know, that you don't know how to arrange or whatever, she helps with that. We haven't had a very structured time, I'm much more my own boss, but C says to me 'You're so good there's nothing more I can teach you'. I'm sure there's an awful lot more she can teach me, but it's a question of putting your finger on it and knowing what.

AM Do you find that reassuring or a bit off-putting?

Student A bit of both really. It's difficult to identify when somebody says you're so good I don't need to teach you anything, yet you are here to be taught.

AM So there must be a bit of conflict there.

Student Well, I did something the other day, I did this policy, I don't really think I'm very good at these assessing things. I did this nursing care plan. She looked, she said I've read a book at home, but yours is much better.

I thought I'm sure that's not true. She's very good though and I think it's good for people to be positive.

VE1.2: 2.2 & 2.7

Trying and Testing Out is not just a case of going off alone; there is a measure of judgment required by practical work teachers in order that they can give an opinion about progress. Self direction is only useful if something is learned and if the student is aware of what has been learned. False reassurance although given with the best of intentions is not helpful.

Students also learn from decisions they have made that have been judged, by their practical work teacher to be wrong. Here the student describes the feeling when the decision made was more to do with giving nursing care rather than

organising services that would continue to promote independence for the family :-

Student Q has given me a new patient to assess and Monday I saw one, no problem. Yesterday I saw one I had some problem. I feel I didn't do very well there to be honest. Because the GP wanted us to assess the lady for a pressure sore, when I got there the pressure sore was healed, which means that the GP most likely never went to see the patient, just passed on the message through a message bureau which very often happens.

She had a stroke way back in January, the real problem is putting her in the bath, not the pressure sore, which he failed to assess himself. So I feel the lady needs a bath at least once a week. She has quite a dense hemiplegia on the left side, she can't get into the bath herself, there is a husband. She is seventy four, the husband is the same age. There is a brother in law who is eighty nine. Between them they do the nursing care. But they feel they are getting too old and need help. I went in for one thing and something else appeared. I'm afraid I didn't sort it out properly. (mm)

You see if you go with one thing in mind, and there is something else I felt distorted if you know what I mean. I couldn't settle it once and

for all - there and then so I thought I had better find out. (mm)

Next time if I have a similar situation happens I am geared for it, so I will know what to do next time, So I don't think I will have to come back and discuss it, I will know what to do, I will be able to decide then and there. Then I would relay to Q what I had done.

ST1.2:2.11

The practical work teacher is concerned that this student learns "to encourage self care to keep people in their own homes - getting away from task-orientation " Her discussion with the student has turned what could have been a negative learning experience into something the student regards as valuable.

As students go out on their own they are better able to control the situation so overcoming some of the difficulties associated with the high workloads of practical work teachers.

The following student who found in the first placement that she was very busy and only learning about bedbathing, now visiting patients on her own. Self direction has a purpose :-

AM How has that made a difference to your learning?

Student Because I am now going out on my own.(are you?) Yes Wednesday I went out to do four patients on my own and it was tremendous I don't know why but I had time to do it. And this time we don't seem to be doing everybody's double ups.

AM So you've been with your PWT a bit but the actual going in on your own and having your own patients, apart from feeling they are yours, what else about that has helped you to learn?

Student Because when I go with my PWT I usually sit there and talk to the patient while she does the work. By going in on my own I do the work. I do hands on and although it was only two lots of eye drops, one general care and tablets it was totally different that I was able to talk to them and ask how they were. Had they got any problems, check their catheters, and not stand back and watch, but was able to do things. Oh it was totally different I really enjoyed it. And I could still discuss things with M.

AM Did it also spark off other questions about those patients that might apply to other patients? You talk about the fact that you came back and talked to your PWT.

Student Well yes. The first lady was actually my case study and I'd found the other eye was infected so I

actually instilled chloramphenical drops in the other eye and give her information about cross infection and everything like that. And the lady with tablets instead of sitting there and talking to her I was able to see that she hadn't taken her tablets and although you couldn't say much like is there a problem I could see what tablets she was on which made looking at her different (right). Because the amount she was on, you start to think well why is she. It starts to mean things doesn't it? (yes)

And even the lady that I got up she had a fractured femur and CVA and even putting on the calipers - it's a bit like a corset - it means different things. You could see exactly how it should be, how she was walking and how independent she wanted to be. (mm)

Because I think when you stand back and watch somebody else do it you don't really register you watch them do it but you don't get into it but doing it on your own you really get into them and their problems, and what's going on. I looked at it more deeply.

NI2.2:2.4

The increasing responsibility is related to increasing confidence :-

AM So it strikes me what you're saying is to do with

learning and remembering and what helps. But its to do with confidence as well I think.

Student I think these two weeks have built up my confidence to go into someone's home and look after them in their home which until I went in on my own it wouldn't matter however much preparation I was given I wouldn't have that confidence till I knew I'd done it on my own . I can spend a year going in with someone else and I still wouldn't be a hundred percent confident. That's just me.

KT.2.2:2.7

Working in the learning context helps students to think through things on their own, to experience for themselves - not only in the cognitive but also in the affective domain.

Again increasing independence allows the student to see the importance of working within a patient controlled environment and how decisions in the home are linked to the management of other work. It starts to provide a broader view :-

Student I'm very much aware of the difference in the home, the difference in the position that you are in.

AM You as a nurse?

Student Yes, that it doesn't matter how strongly I think

something, I've got to be absolutely sure that it's what the person in the home wants, if possible to get them to make the moves if they something new or something different..er to say I actually want it. To pick up the phone. One of the patients I went to see this morning had in fact made a decision. He wanted to phone the sister in Day Care while I was there. So we thought about what he actually wanted and then I tried to put in to action.

I asked him to do his exercises this morning but he wasn't very keen on doing.... so he accepted bargaining with the exercises, and then we just did what he wanted. We didn't do one or two things I wanted because there was only a limited amount of time.

It's different on the timing, you're thinking all the time, how much time have I got, how much time am I going to use, what am I going to do next. That's a very strange feeling, I'm still coming to terms with it. How much time to spend on each one, and yet give good quality care.

I've thought of it even more today when I'm with Mrs Dawson that I really wanted to knowto be able to test the urine if possible. However when you've got Mrs Dawson standing up you can't put the sticks in the thing and you havn't got anywhere for her to sit down, so you waste a lot of time.

I understand how it's much easier to in and out the

doors quite fast, because you've got this ongoing thing of the next visit that you spend more one visit perhaps with one person and less the next visit. And sometimes you can say, well I've got a lot to do today, would that be alright for a short visit, you have that possibility, so thats a whole new area.

KD1.3:3.11

The importance of the context here is apparent. Trying and testing out in the reality of the patient's home albeit within the given parameters of the caseload controlled by others provides good learning opportunities. It demonstrates the patient controlled environment and the autonomy of the district nurse. The coming to know of these complexities of the district nurse's role are seen through the doing. Underlined by the student's realisation of "a whole new area". Although the students feel they do not have control over some of the decisions they can make, within the home they have a great deal of autonomy and this adds to the value that they put on this aspect of the course and to directing their own learning.

If the continuing support from practical work teachers is not forthcoming the increasing responsibility is of little benefit. This student in her third placement was very despondent about the continued support she was receiving. In the main it was a repetition of what had gone before in the first and second placements when she felt her learning needs

had been met and had enjoyed the student role and felt a part of the practice. The expectations for the increasing responsibilities were not met :-

AM I suspect from what E (PWT) was saying this morning that you're short staffed and that you're not able to see her so often. Has that affected your expectations of this placement? Has it been difficult to meet the expectations you had?

Student I just feel at the moment I'm being used as a pair of hands. Although it's nobody's fault I think there should be - if they're going to train district nurse students there should be people who can be called on if the staff are short, so that we can get the cover that we need and the experience that we need and have the time with the practical work teacher that we need. Which I haven't got.

E. has been doing the clinics and if I've had any problems I've really just had to figure it out myself without being able to ask. If she's floating about outside then I've managed to catch her and say. But it's difficult to keep on interrupting clinics. It stops her train of thought and it's disruptive to the patients as well. I don't like having to feel like this. I can't keep coming back here all the time, whereas before we perhaps met at patient's and I could chat to her in the car or as we went out. (It must have been very difficult) Yes

it has.

AM Have you had anybody else to help out or have you had all the work to do?

Student Yes, we've had other people on duty, but they've been covering other areas and so they've been covering the work and then going back to their area. It's been quite busy. I don't feel particularly happy about it this time (mmm) {pause}

AM What were you hoping to get out of this placement? I think you said it would be something to do with management.

Student I was hoping to have a set of patients that I could go to - a small caseload - that I could go to every day and if some new referrals came in then I would perhaps have them. If I got too many then I would drop some of the ones I had been doing before. I would keep the same caseload but include the new assessments.

Really I haven't had much time to do that. I've had the patients who the other person hasn't had, or she's had some of my patients some days - it's been quite difficult really. I feel quite angry - I know district nursing isn't meant to be stretching and glamorous. But there are things I've gone and done ..um..I feel I could be using my time better elsewhere. Perhaps Mary is a case in point, going

in to wash her every day is not quite what I should be doing.

FT2.3:3.5

The practical work teacher's views about the student were that the needs were being met although she saw some difficulties. The perceived lack of the student's ability to cope with a caseload was the reason given by the practical work teacher for not giving any help. She in fact refused help for extra staff, "I thought no let her get on with it". Clearly there is a difference between the perceptions of the student and those of the practical work teacher as to what the student's needs are.

The observations I made during the half day I spent with the student confirmed this state of affairs and the frustrations of the student relating to increasing responsibility for caseload. It was not dealt with by the nursing officer or the college tutor. Both said they thought that the student should be able to sort the problems out. Most help came from a fellow student in the neighbouring clinic.

The student continues to be motivated but is looking for ways in which she can get help. The experience here is in danger of becoming meaningless and routine. It is no different to what the student has experienced before.

In a slightly different way another student who had previous community experience found the placements "boring" and "unstimulating". In this situation the practical work teacher did not have a caseload with the intention of being able to spend time teaching and drawing from the caseload a variety of patients for the student to care for. However the "busyness" of the practice demanded that the practical work teacher had to help out and neglected her teaching duties. In this situation the student is using her past experience to draw on :-

Student I don't actually think this health centre is that busy compared to others, so I'm glad I've had the experience to know that I won't be able to spend half an hour - three quarters of an hour with each patient, or talk as long as I like.

QD1.3:3.8

The student also used her past experience and knowledge of ordering supplies, communicating with general practitioners and what to do if someone died. She felt the college should cover these things for those like her who didn't gain such information from practice. This led again into the fact that her practical work teacher was too busy :-

AM Would you expect to get that (teaching) out here-in practice?

Student Yes, maybe so actually um, yes we should do I suppose. I don't know if they have ..er. I think if

PWTs didn't have a list to do then they would have time to structure themselves to teaching.

AM You seem to be saying you have loads of time to spare (Well I do)

Is it because your PWT doesn't have it?

Student Yes. She's doing a list every morning.

AM Is that her choice?

Student I think she has to. There's two people on holiday, I'm not sure what the policy is.

QD1.3:3.12

The student goes on to list some of the things she would like to be doing such as teaching and health education and a greater variety of patients rather than as she says :-

Student The patients I've had have been long term and you just carry on with the treatment as before.

QD1.3.3.22

The practical work teacher seemed to have a different view of what the student needed, and felt that she had been with the student too much last time and so " I've tried to leave her alone unless she wanted help because otherwise if you've got someone telling you what to do all the time she wouldn't think for herself" The practical work teacher clearly thinks she is doing the right thing for the student. The fact that making decisions about caseload and delegating are things that have been "missed out on" because of workloads

and staff sickness is rationalised by the fact that the student has had previous experience in community. There is very little contact between this student and her practical work teacher even in the area of patient assessment which is mentioned by all students as being an important new area for learning.

The half day I spent with the student involved two of her patients and much of the discussion concerned what she wanted to do or saw as the role of the nurse that was not borne out in the experience she was getting. Her decision to leave district nursing for something where she was able to have more autonomy and get more satisfaction may have had something to do with the fact that everything seemed to be concerned with the maintenance of long term care and elderly. The fieldnote extract from this student's third inner city placement describes her feelings as she visits patients :-

Next visit (on foot) to get Mr H up for the day centre. Second floor flat of a large unkempt building - graffiti on walls and smell of urine on stairs. Well equipped flat with electrical aids. Mr H has a wheelchair.

I sit in a corner of the room and chat when asked, to Mrs H., about the lack of shopping facilities.

When we are walking back to the health centre, Q.. says she finds constant visiting to "chronic patients" quite boring. She asked for "two nurses to visit but nothing forthcoming, No one seems to care". Q explains how she left a note for the nurse at bag up the laundry

for collection by the incontinence service.
"I knew the home help wouldn't get there
in time". They said (nurses) it wasn't
their job.

When Q asked her practical work teacher
what to do " she agreed with them"
" I don't know whether she is just trying
to agree with them or whether she would
do it herself anyway, its not clear".

This type of experience has become repetitive to a state of
becoming "miseducative" Dewey (1938). In this student it has
lead to what Jarvis (1987) regards as a meaningless
experience. Learning has stopped and the aim is to get to
the end of the course.

Increasing control and being able to become involved with
the patients, moves the student on into managerial
aspects of the role and decisions about delegation and
referral.

The cycle of learning from experience described as a
simple learning model (Kolb 1975) can be discussed in the
light of the student's experiences described so far. While a
useful starting point for learning its simplicity does not
account for all the complexities of learning seen here.

It is clear from some of the situations described here
that experience does not always result in new knowledge. In
fact for some students they are not looking for new
knowledge but for a revision or reassurance of what they

already know. That reassurance however is important in their developing confidence to undertake other experience where they do not have the necessary knowledge otherwise they revert back to routines that are boring. However it is more complex than this learning model depicts and clearly one of the important factors in this process is a person to help facilitate the learning. The reflective process is given little explanation and also one assumes that learning experiences if they are to be meaningful are chosen for their relevance. However this is clearly not always the case, students do not have the opportunity to chose and their opportunities to bring about any change is limited. Innovation is not possible in their situations. Also students have different purposes for their learning - some are cognitive to meet the college requirements, but the learning in the community makes use of cognitive, affective and motor skills. The most complex are the areas that involve decision making, where there is less time to try out new thinking. This interactivity is clearly important as described by various authors (Boud et al 1985, Schon 1987).

Parameters of Change

Increasing control and being able to become involved with the patient moves the student on to managerial aspects of the role and decisions about delegation and referral :-

Student Well I do, I make up the list every morning and

delegate the caseload obviously there's things like with patients coming on once a week, so I do that. then we come back and we discuss the caseload at lunchtimes, M. used to do it but now I do it this time.

AM Would you delegate to the lady that we met in the street, the nursing auxiliary? Do you actually delegate a caseload to her as well? Do they come in in the morning?

Student Yes. Everybody has to come in in the morning, because they've got keys whatever. Anyway I think it's much better for everybody to meet in the morning. I know a lot of places don't. They've already got their list and they go straight to the patient. But if there has been any changes or that you discuss them :-

AM Changes overnight?

Student It can be - from the twilight.

TR1.3:3.19

The student is taking part in the running of the caseload and the routines of the practice. In this case it involves coordinating work not only of the day staff but also the twilight service. Whatever the routine the students get involved as part of developing management skills. In many instance this was observed during my visits to the placements :-

AM It was interesting to see you working this morning
Are you taking on more responsibility? That's what
you seem to be doing.

Student Yes, normally there's a treatment nurse on but
she's off today so T is doing the treatment and
I'm doing the district nurse part.

AM Is that the first time you've done that?

Student Well I'm taking over the diary and trying to sort
things out. Normally T has been there and she
says its very difficult to not do it when you're
so used to doing it. It's fine I enjoy it (do you?)
yes.

AM It seems to be moving you on.....

Student Yes. This particular one (placement) is supposed
to begin to take over management side. Next one is
do it totally (right)

AM Do you feel you are doing management side now?

Student Yes sort of organising the work and sort of taking
messages and generally running things,(LAUGHTER)but
keeping T in touch with what I am doing.

AM What about decisions? How far do you get along
that road - say delegating to people?

Student Yes.. Well of course the auxiliary she's got a set
load anyway and if she had any problems she would

have brought them up now. Um F she's just back from her holidays. And this is what we were working out - who would do what. Because you do have your own caseload at this stage and I've got my regulars anyway.

AM And what about discharging people off the books do you do that as well?

Student I would certainly say to T what about this one, it could be discharged. And I think that change of treatment, leg ulcers and things. I don't do it without saying to her, you know, I don't think this is working or can we try. But I think that's just ethical really more than anything.

AM But if you had your ideas about treatment would you actually say I don't agree with what's going on here I want to try X (yes). That's acceptable is it? (yes)

KV2.3:3.1

With the increasing responsibilities comes decision making and the decisions that might be made about change. Some changes are acceptable with agreement by practical work teachers as mentioned above. However changes that are related to more sensitive issues are not so readily addressed by the student.

Another student identified things that she would try and do such as set up a primary health care team meeting with people who were attached to this very big modern health centre. This was something she would talk to her practical work teacher about but other things which were also concerning management of the district nursing team were seen as too sensitive :-

AM If you were taking over a practice would you see it as important to do sort of a caseload profile or a community locality profile similar to what you are doing now?

Student I think it would be very interesting but you've got to be very careful when you go into a new area. You've got to see what the set up is before you can do anything.

Although it would be nice to say well you should be doing this until you see how the set-up works.

I do feel there are several things here that could be done. There's a lot of not backbiting but bickering between staff and being an outsider I probably hear both sides whereas they might not communicate so freely with each other. There's one RGN that's not coping very well, and nobody is really getting to her and saying let's have a quiet chat.

We're doing a lot of visits that are social more

than anything else. It's important that somebody visits but I'm not sure it's our role to visit.

AM So you would want to control what goes on rather than just let it go on?

Student Yes, that's it... well I feel that I would want to not be in control exactly but know what's going on more, and more aware .

AM Yes. Presumably you'll get chance to do that in supervised practice.

Student Yes. I think the girl that is coming back here, is on the course with me, um I think she's aware, because we talk about these things actually. How do you stand this. And she says well I hope to be able to, you know, change it.

AM She'll have more authority and be expected to make change?

Student That's right, but I have learnt a lot. Its been good. I'm pleased I'm doing it. It's discovering self more or less.

AM Do you discuss these things with K ?

Student No I just keep to.....I don't like to upset anything. It's a bit delicate.

NQ2.3:3.56

Again the ambivalence about change is apparent. The change

is postponed to a time when it can be undertaken perhaps in the supervised practice or later. It can be talked about but not actually tried out. The experiences that students talk about so positively that they encounter in the patient's home are not available in caseload management. Even in the most trusting relationships there are some subjects that are too sensitive to engage in.

Even though this learning strategy is very acceptable to the students it is a compromise. While it is possible to try and bring about change in the supervised practice it is clear that students need to practise the unknowns when they are students. As they move into supervised practice they are expected to take on an increasing caseload and act competently, so reducing the opportunities for "Trying and Testing Out" and for asking questions that appear silly.

The sharing of the responsibility such as described here is one way in which the practical work teacher can combine support and supervision. One strategy is a reversal of roles where the student delegates to the practical work teacher as if a district nurse. In this situation the student is on a more equal basis with the teacher and can take the initiative. It is then up to the practical work teacher to give guidance when appropriate. This sort of model is more in line with adult learning.

Increasing confidence leads to further learning and more trying and testing out if there is encouragement from the practical work teacher. In its extreme form it becomes learning by trial and error if there is little guidance from the practical work teacher. This can happen because of heavy workloads or because the practical work teacher does not have a programme to follow and lets the student do things haphazardly. To some extent the practical work teacher must keep some control over the learning otherwise it becomes meaningless and boundaries of developing the managerial aspects are restricted by attitudes of others. This becomes most obvious in the third placement :-

Student and you've got new ideas, you talk to other people and they've been using different things and they've got a different method of doing something. You come out and try to use it but you come up against brick walls by people who think they are more experienced, not really into new fangled ideas. L is quite energetic and enthusiastic so I appreciate that and she's been a good PWT, she's always into new things and discussing things which is nice. But then she doesn't control a caseload so it can be just theoretical really. (yes)

Because she can't say take Mrs Jones and do what you like because you've got to negotiate with this other person whose caseload it happens to be. And I

mean she doesn't see them when I'm not there.
Theres no continuation of my experience.

AM Seems to be that other people in the team are quite
 influential in what has been allowed to happen and
 what hasn't.

Student You can't change things.

AM You must find that even more if L doesn't have a
 caseload?

Student Yes. I do. I think also last time, several patients
 I had - dressings and things - I had to go by their
 orders when it was supposed to be my caseload. I
 was left notes of what should be done and things.
 But I've been better this time because they've
 been on holiday.

QD1.3:3.21

In this example the practical work teacher has little
control over what goes on in district nursing practice in
this health centre and is acting as a relief to others. The
student's opportunities are restricted by others who do not
have the enthusiasm for teaching that the practical work
teacher conveys. As a result the student becomes
disillusioned and is looking towards finishing the course as
soon as possible in order to move on to other areas of
nursing.

A similar situation prevails with a direct entry student. Here again the practical work teacher has no caseload of her own but is a well established and senior member of the district nursing team. Here again the student's regular patients are drawn from varying caseloads and although there are good relationships here the student still feels prevented from making changes other than those of simple nursing techniques. However the student maintains her enthusiasm because despite the feeling of not being able to make changes there is a general acceptance of students :-

AM D. I just want to talk about one or two of the patients we saw this morning. What do you feel-we talked a little bit about this in the car - what do you feel you get out of going to see all the people on your caseload? I mean, you know, what do you learn about district nursing by just going out and doing visits like we did this morning?

[Pause]... How useful is it?

Student Well its a bit like hospital really only it's more satisfying to me. Um in the hospital you give them all the care like you do in the community. But in their own home they are more relaxed and you know that if you're not doing everything as you should do it they can tell you to get lost or whatever. So I get a good deal of satisfaction out of it. I've got my way of doing it and nobody else to come and - like a dressing for instance. I've my way of

doing a dressing and I know after a certain length of time I have like a goal I know how far they will reach.

Whereas if you've got someone else doing dressings, interfering with your dressing as such you're not sure where you are. Community you know exactly where you are because you're the only one communicating and meeting that patient, and doing all the necessary bits of care.

AM But as we were saying they are not your patients are they?

Student No er no. I don't want to sound possessive but you are looking after them, as such it's your care that they're getting and your care shows. If it doesn't show results its a sign that you're not doing what you should do.

AM So you find out whether , in a way, whether what you're doing is right (yes that's it). You can check with U, you can come back and talk to her like you did just now, or you can ... or she can visit and see what has been going on. The patient will presumably tell their nurse whether they like you or not. (yes they do) {Laughter}.

Um... But when you go to do your supervised practice you're going to have supervised practice

you're going to have total responsibility for everything.

Do you find it difficult not having total responsibility for these patients or not?

Student At the moment it is a difficulty, they are on loan, if you like. So you can't organise the days you want to go in. You can't make a drastic change in what you are thinking. Sister has been going along for years and doing the same dressing, like Mrs D..... with her heel. If she were mine I would do her dressing a different way. And you can say well what's matter with coming back and checking with the nurse but on the other hand she might get offended. So I only have her for a month when I'm out. But if she were mine I would do it completely differently, her dressings and the times I go in.

DC1.3:3.2

Discussion

This category describes how the students develop their understanding of district nursing as they move from dependence to independence and begin to think about change. This is a process that is clearly described by the students and is used by them as they become involved in the routine of the practice.

Past experience as a nurse is used as a reference point for comparing with current practice. There are contradictions between the two which lead to questions about the present situation. Differences are highlighted which are fairly easily dealt with in relation to task orientated situations such as dressings procedures. Either the student carries on in the same way as before or tries to meet the requirements of the practical work teacher. It is in the way that care is organised and a knowledge of services that can be offered that are the main areas where trying and testing out is most useful and most complex.

Students want to be seen as competent and to check out their competence against the practical work teacher. In the first instance they use the practical work teacher as a way of checking what should be done and what standards are appropriate, although as they gain confidence in their own ability they start to challenge or at least question some of the things that are done or that are not done.

However the district nurse student comes to the situation as a competent practitioner. It is the context that is different and this is demonstrated by the students' comparing of past experience. They are adapting to a different context and one which is frequently referred to by the six direct entry students. The non-direct entry students also make reference to it, but in their comparisons it

appears they are contrasting what they have done before as being an unqualified nurse in the community. From their previous experience they make reference to being "thrown in at the deep end" and not really feeling competent to do the job or not having the full responsibilities of the district nurse. This experience is demonstrated by the need to learn about patient assessments - something they were previously not allowed to do. It appears that previous experience in the community in a different role does not provide any more suitable a background for confidence than experience in hospital. The comparisons still provide contrasts and the need to be assured they are competent. There are parallels with the notion of moving from a novice to an expert (Benner 1984) except that the student has a different starting point - they are already qualified nurses.

Competence is seen in the first place as being associated with the tasks which they all know about as nurses - dressings for instance. Students quickly want to get into the complexities of patient care and decision making about caseload management. The pace of increasing responsibility or movement along this continuum from task to management is variable and seems to be a decision for the practical work teacher according to her assessment of the student's confidence and ability, although the student may influence the situation by showing signs of being bored with the more mundane things such as "general cares". However it seems

that the complexities of caseload management are usually postponed until the second placement and in some cases until the third placement, although some students would like the pace to be quicker.

The routines of the practice soon become familiar and students start to talk about "getting the work done" and "getting finished on time". Being busy is a frequent term to denote the number of patients to be seen and is generally aligned to numbers of visits to be made.

Being busy is a constant part of the practical work teacher's world which is exacerbated by the student's presence. At no time do practical work teachers say they would rather not have a student, they see teaching district nurse students as a major part of their role and one that brings rewards such as being kept up to date and hearing new ideas and provides a challenge. Practical work teachers compensate for this extra work by working faster or longer. However it is not difficult to see how the "busyness" syndrome becomes a part of the practice of district nursing.

The inner city students spent less time with their practical work teachers than did the urban and rural, if determined by the time in the placements when students started to have responsibility. The important thing for the students seems

to be that their perception of what constituted the right pace coincided with what the practical work teachers were prepared to allow. However it was not just a case of giving responsibility but what was learned as a result of this responsibility. If having one's own caseload meant just more of the same and a repetition of visits then it was not valued and indeed was a negative thing for the student. This was concerned with the practical work teachers' ability to plan a programme beyond the task orientated procedures and also with the opportunities to try out new ideas or at least to discuss them.

As is seen in the text two students, one in each year suffered badly, from this inability of practical work teachers to move along with the students' progress. So although the student became independent from the practical work teacher they were not able to utilise their trying and testing out strategy to its full potential and the placement became boring. It reinforced the worst of practice and students who were keen to be innovative became disillusioned to the point of wanting to leave district nursing.

To some extent it seems that the practical work teachers are powerless to control the learning opportunities that students might take advantage of. They were not able to control high fluctuations in workloads and

they were not able to provide an environment in which students might try out change. Trying and testing out was dependent on the routines of the practice. Even practical work teachers who described innovations for district nursing also described how they were ignored or blocked by apathy either from colleague or management. Chance had as much to do with whether the students had opportunities to fulfil all their learning needs as the organisation by the practical work teacher. Although visits to specialist areas or people were generally planned in advance visits to patients were dependent on what the caseload offered.

This could be explained by the fact that there are many uncertainties in the community and therefore students must get used to these fluctuations. It certainly is not a deliberate ploy on the part of practical work teacher to give poor experience and indeed for most it was a source of anxiety. All practical work teachers expressed in one form or another a desire to give the students the opportunity to be competent practitioners, although some were more innovative in their thinking than others in how this might be achieved.

However it would seem that the students' experience is determined in the main by the caseload as is seen in the comments and observations relating to the variety of

different patients on the caseload. One useful opportunity to check this out was when a student and her practical work teacher moved to a new placement. The difference for the student was very striking in that she had a variety in caseload and relationships with other members of the primary health care team including doctors. The pace of work was at the optimum level to allow learning.

Practical work teachers themselves have ideas about change for their own practice. All recognise it is a part of changing face of community nursing. One acknowledged she was bewildered by it and apprehensive and in fact would prefer to keep the status quo, but all the others had made some evaluation of what was happening in their health district. The common factor was that although they were trying to take part in any change or were themselves innovating ideas they felt frustrated either by the apathy of colleagues or managers or by the workload.

It perhaps adds another dimension to the findings of Battle and Salter (1985) in that newly qualified district nurses have not been given the chance to try out their new ideas during placements and therefore are ill prepared to deal with the present climate. Risk taking was confined to visiting newly referred patients which to some extent is an unknown situation but perhaps there are other "risks" associated with how often and who gets visited that could be

taken as part of the management of caseload.

One of the important aspects of this category was being alone to think things through without anyone there. Of course this thinking didn't stop when the patient had been seen it went on after the student left work as one student described "I'm not ready to put it away I mull things over". A common experience for us all and one that can be used to advantage in this situation. Much of the "Trying and Testing Out" was a case of checking up on the correct way of doing things. Or just to get agreement that what had been one was correct. This was a constant feature during my observations both in the patient's home and in the centres where students were based. It seems there may be opportunities missed here which might allow the student to say - well what would happen if I did this - not - well I have done this is it correct?

Practical work teachers and students described a similar strategy of saying what would you do in this circumstance or talking about alternatives but it is the innovativeness of these ideas that is not clear. How far these alternatives deviated from the accepted routine is not obvious and without further evidence it would not be possible to infer any conclusions. Using experience is related to being motivated. It needs the stimulus of new ideas and new thinking whether adding to or learning new things.

It would appear that ensuring competence may exclude innovation and that routine is required to practise the activities of competence. The overseeing is like learning technical skills where learning is through demonstration. In relation to clinical skills it seems the teacher student relationship is teacher-led but teaching the new skills of management offers a more equal relationship.

CHAPTER SEVEN

"REALITY OF PRACTICE"

Introduction

The reality of practice is highly valued as a learning resource. Practice is where the real district nursing takes place. The student moves between the reality of practice and what is regarded as the ideal of college. In the early placements the differences between the two are clearly demarcated and in some instances seen as separate entities both to be drawn on for learning but for different purposes. As the students become more critical of reality they take into account the college teaching and start to integrate the two in areas that are of interest to them. The comparisons and contradictions give rise to questions.

Some students bring their practice experience to the college situation in order to debate the relevance to practice of what is expounded in the classroom. The college supplies projects with the purpose of helping to bring the two areas of learning together with varying success. For some it is an integrating and enlightening process but for others it is a burden. The extent to which the college work reaches its full potential is influenced and largely dependent upon the vagaries of workload in practice. The available resources in

the community for relating college teaching to practice are limited, the practical work teacher being seen as someone who can help with practice based activities such as the nursing process and nursing models. Other more academic subjects such as social policy are interpreted by the student into services and benefits which can be offered to the patient and as such are within the expertise of the practical work teacher.

The students are critical of both college and practice in their respective attempts to portray and teach district nursing. However they do not seem daunted by the differences and indeed live with each different perspective without obvious difficulty. Overcoming the differences seems to be more a stumbling block for the course planners and teachers than for students who see it as fact of life. A different approach to learning is noted by some students and within these individual approaches adopted by students the reality and unreality of each perspective are coped with.

It would be too simple to say that this category is merely a difference between college and practice. Within the practice there are differences - on the one hand the students' ideas of what district nursing should be about, presumably influenced in part by college and on the other hand what the practitioners think district nursing is about as demonstrated by their practice. It is a two by two split.

The gap in the former, college and practice, is much talked about in nursing in terms of the theory practice gap but the gap in the latter, within practice, is equally important but less discussed.

Parallels of College and Placement

A student in her second placement illustrates some of the above points :-

AM Another thing we talked about last time was the nursing theory and practice.

Student I still think the theory is idealistic, the practice is realistic. You look at it and you know that by rights you are taught that so much more should be done, but it can't be. There are still not the resources to do it. I mean the patient, the general care, she is very lonely, needs company. She is a lovely lady and likes company and one of her clubs is closed down. You know it would be an ideal situation if you could get her into a warden controlled flat but it can't be done. But in theory that's what they say to you isn't it (mm) she needs to be somewhere else.

AM How do you deal with that yourself, as a student because there must be some conflict with that?

Student Well there is but I can't deal with it there's nothing I can do. Luckily her home carers are very good. She has home care seven days a week, and they are actually phoning up for her and trying to push the council to get her into one of those warden controlled places, which is something I wouldn't have done so I like to hear about that. So other than that there is nothing I can do. It still leaves me with thatou,ou...that sort of feeling but there is nothing I can do at all. But I feel very sad.

AM So are you listening to the theory when you get back into college and taking note of that, I mean you seem to be separating the two things out.

Student Yes I think thats exactly what I am doing. I'm looking at what they [college lecturers] are telling me down here {hands describe a path} and I'm looking at what I can actually put into practice down here. { Hands describe a path} What theory there is, is there and I think to myself, that I will remember for the exam situation, this is what can really happen.

NI.2.2:2.5

The problems highlighted here are not just that college teaching doesn't exactly bear resemblance to practice but that what the student sees as a desirable achievement for the patient within her sphere of practice is not possible.

Other areas within practice such as self care and health promotion are seen as the more innovative parts of district nursing, but not all existing practitioners agree. In this case there is ambivalence about using the new knowledge in practice

Students were given projects to do, for example a teaching pack aimed at patients or carers. One student describes her experience :-

AM Does that [teaching pack] fit in with what you are doing in the practice at the moment? Does it complement it in any way?

Student We're doing a lot of teaching, about teaching in the schools and college, but I think is more aimed at big groups or other students in the future, I don't know if you can adapt it to go into the home and teach one person. I think it makes you think about teaching and education, which sometimes you might not. I suppose district nursing has always been a practical thing and now they are trying to involve prevention in the home situation as well instead of the Health Visitor being the person who presents the health education role. So it's certainly making me think about it but I'm not sure how I would use it.

AM In practice do you mean

Student I suppose the whole system has to change, talking to the older district nurses, I think they are quite happy with their role at the moment

AM Do you think they should be? Do you see differences in how you see district nursing and how they see it?

Student Yes.

AM What are the differences?

Student Well I think the role should be developed more. Because I don't think we are only practical people, we've got a lot of knowledge to impart, and also we do a lot of care for elderly, more so than health visitors. I suppose you could say district nurses are better in this area because they are dealing with them every day. If you've got the knowledge then I think you should be able to educate other people.

AM Have you discussed those ideas with the other district nurses?

Student No not yet, I don't really know them very well at all.

AM What about your PWT, would you discuss it with her?

Student Well I might, she's a very motivated person.

GD.1.2:2.19

The potential provided by the project is not easy to exploit in this practice and there is some reluctance to rush in with what might be perceived as new ideas. This feeling continued into the third placement when it was linked also with the category of "Trying and Testing Out" The project work for some is a burdensome exercise and adds work rather than enlightenment :-

AM Are there any things that you are doing in the college that you are actually picking up and practising out in practice or are the two separate?

Student Honestly we've got a lot of essays to do, projects to do. Personally I don't feel it is helping me on the district - in practice. Possibly the ENB wants all this and this is done in college but it doesn't work out that way in practice. As we went round [observation with student] you have most likely noticed that not everybody's the same so you have to adapt yourself according to that.

AM And don't you think the college takes account of that?

Student I don't feel it does so much. Say the project we've got to do on research, personally I don't see how this is going to help me here. I don't see the connection. I agree I'll have to read a lot more but whatever I'm reading will increase my vocabulary and my knowledge about the subject which

might not necessarily be related to nursing which means its not necessarily helping me.

AM Its a pity really isn't it - you are spending a lot of time

Student It is, this is what I mean. I felt ..er. I don't agree its broadening my experience or my knowledge of policy. But the psychology part we're doing ..er.. quite a bit which is helpful but its nothing new if you know what I mean. Because I was on the district I've learnt more or less everything - not everything - but everything they do on the district.

Maybe I needed a little bit more time than I'm getting here. But maybe I feel that way because its hard work for me, lets put it that way. (mm). I find it very hard really, (do you) yes because I hav^en't done studies for a long time. I feel my brain is a bit hazy.

AM Will you be pleased when the course is finished?

Student Definitely. Most of my colleagues were not looking forward to coming back on the district but to me I was. (Yes) Because I feel I've got more time. I can study better from here than at college. College is too tiring. My brain is saturated, when I get home I can't do my work.

ST1.3:3.7

It is clear this student finds the study difficult which we discussed while out during my observations. Her practical work teacher also finds it difficult to help her in the subject of research. She finds the placement more conducive to study than the college, previously referring to it in this transcript as "more relaxed". The recognition that college is hard and by implication less relevant than practice seems to make it more difficult to integrate the two. Now being in her third placement she has been of the same view throughout the course and is not one of the students who has come to see the relevance of college work. However she has admitted previously to a difference in approach to organisation of work.

Integration through comparison and contradiction

While some students do not see themselves learning new things or integrating college and practice work, they all admit to some changes in their thinking. A seeping in or seeing things differently. The coming together is not always easy for them to identify in concrete ways or specific examples. It is only as the discussion goes on that there is a realisation that some of their changes in thinking may be a result of influences coming from the interaction between college teaching and the practice experiences :-

AM Do you find that sort of case study [course work] helps you to link some of the college work to

practice, the stuff you've done in college or doesn't it make any difference?

Student I don't think its made any difference what I've done with him, [patient] not really. A lot of it has come from my previous experience on an orthopaedic ward. With him being a paraplegic we did quite a lot with spinal injuries on the ward. A lot of it I can gear from then. But its great he's making real headway. No college hasn't really apart from the emphasis on teamwork aspect and approaching people because that is geared in because we're all working together and he's an excellent patient for that. So probably that aspect has but not actually from the nursing side of it. The physio's helped quite a bit, the OT's been in there and the doctor and hospital but without the nurses it would have fallen down because of going in twice a day to do things, exercises and things so that aspect of the college - yes - but not really anything else.

EX2.2:2.16

Here the student is drawing on previous experience. Going on to discuss documentation of the care again does not provide the student with any relationships other than those she knew already. However when we discussed this point again in the third placement she had changed her mind :-

AM Can we pick up what you were talking about this

morning? [observation with student] We talked about settling in, you know getting into a new situation and working on something other than nights, you were saying you feel as if things are falling into place and coming together. Can you explain that a little bit more like - how are they coming together?

Student I think I've settled down. I've got my body clock geared to working days rather than nights.

And also what we've been doing at college seems to be relating to things we're doing out here. (mm) Well for instance I went to the pain relief clinic, went for the day there. And...er... there was this lady there with a back pain, that was having acupuncture - they do acupuncture here - (yes) and when she got up off the bed, she was telling me the history of her back pain and she'd had a laminectomy and epidurals and it was as if she was going through all the treatments and now she had to go to acupuncture which was one of the last things to try.

When she got off the bed and decided that the acupuncture wasn't doing anything she was going to the back pain support group in-----Um...she put on a quite high heeled pair of shoes. And her pace was quicker than mine and I looked at the sister and said she's not a true back. Surely can a real back pain move that way otherwise your acupuncture

is marvellous, it seems contrary to what the lady is saying.

I thought that sounds like a bit of college coming out. And we discussed how people have physical symptoms relating to the psychological stress that they have. And I think thats the first time that I had consciously thought - that is some of college. Something had finally related to things that I was going to be seeing in the field.

EX.2.3:3.2

Here the student is talking about a sudden realisation that some of the things are relating to each other " it seems to have clicked", and "it just seems to be dropping into place". The student is building on previous experience.

Not only is the practical work teacher a resource of knowledge but also other visits which are arranged by either the student or the practical work teacher. Not all these visits are seen by the students as helpful but, if well chosen and agreed by the students are useful. They make another resource for learning and for relating one experience to another, experience which may be all drawn from practice. A reference this student makes to "seeing the patient as a whole".

The relating is obvious not just in practice but also in college. This student goes on to detail how a discussion about the merits of giving patients fixed visiting times

provoked thinking and contributed to the discussion :-

Student I do relate - even in college last time, sort of the practical placement seems to seep in more with what we are doing, so it's working both ways. We all seem to be saying it as a group, oh no you can't do that or yes we agree. It seems to be more of a two way thing whereas it was just college and practical. There wasn't the flow of knowledge.

EX2.3:3.8

The relating of practice to theory is experienced by others when they start to think about it in discussion in the third placement :-

AM How do you find the college work and practice link up, talking in the car about the fact that you did your environmental study and discovered there were no one parent families round here, are there any other aspects that you feel you would like to.....

Student To be quite honest it still does seem to be quite separate, the only thing we have done... obviously nursing models and things like that, and now that I am due for my assessments, I can link that much better. Social Policy is hard to get, the inequalities that are there, I can definitely see that, particularly round here - living conditions are poor. I can see that I've learnt that, but I still feel that college is college and work is

work, [placement] I find it difficult to link up.

AM Do you manage, when you are in college, link the practice to the college - the other way round, or don't you think about practice too much?

Student Yes, Yes it does. I hadn't really thought but it does, especially now that we are writing essays. I can do that, but the other way round I find it difficult, if that makes sense (yes it does)

MC1.3:3.6

1

Although student course work has obviously drawn on practice the relationships are not clear to the student such as the one parent family - at least not clear enough to say it is relating one to another, but links are there.

Even if there is no straight application of theory to practice the contradictions provoke discussion. The reflective process and questioning might be utilised, particularly in the sense that Boud et al (1985) describes as; returning to experience; attending to feelings; re-evaluating experience.

The following extract from the fieldnotes written during a third inner city placement describes such an opportunity for discussion and identifies a situation for which there is no easy application of theory to practice. The problems are those of reality the problems for which there are no pre-set answers (Schon 1983). The student works on a large estate

where some of the tower blocks are notorious for violence and where nurses are advised to visit in pairs :-

Driving round the outer ring road MC describes G (patient) who is in his 30s and has bi-lateral amputation following a motor bike accident.

We enter a small ground floor flat. Sparsely furnished and cold. As we enter MC says the electricity has been cut off. Let in by Gs wife.

MC. goes into the bedroom. I follow and stand near the wall.

G is in bed. M says are you getting up today. No answer from G who turns his face away. He is arguing with his wife about when she should go shopping. She is sitting in a chair at the bottom of the bed. Wife says "he lies in bed all day".

MC. offers to help G.to get up. No answer. MC. then asks about social services and the electric bill. G. says they have not done anything and MC. says she will contact them again and talk to N (pwt) about it.

MC.asks "how is your son". The wife says he is coming home from school (residential special school) for the weekend.

After leaving the house MC. says she finds this visit and the life-style very depressing. (tearful). She says she told N. she could not cope "but it quickly passed". MC. says she finds this sort of visit very frustrating because she can't help

When we went back to the surgery the student discussed this visit with the practical work teacher who sympathised with the feeling of frustration and attempted to set it within the context of the estate where many such social problems prevail. The student was encouraged to ring social services about the electricity.

This example is one such of many instances where reality can be overwhelming and painful. Previous experience has not provided a "stock of knowledge" (Jarvis 1987) to use in this situation and the practical work teacher is used as a resource. However the process of reflection (Boud et 1985) is not obvious, although this is not to say that practical work teachers are not attempting some sort of process. Indeed there was evidence from the observations that discussion with the students before and after visiting patients was usual practice.

One might expect the "nursing theory" as described by the next student to relate across both the college and practice contexts. However it seems that the contradictions between the two do provoke questioning. Perhaps this is what is needed to encourage new learning :-

Student The nursing part I sometimes feel they are slightly out of touch. It's all so much theory. I think oh I'll just wind on a bit and sit here. {laughter}

AM Have you any examples of that?

Student Well perhaps the nursing assessment. (patient assessment) We had a lady, care study. And we had to do an assessment in a group. Well I suppose we've done it before and the next two hours session we had to do the aims and objectives and planning care and then the next one we had to do the evaluating. It just seemed to go on and on,

you know. In the end you could have rung Mrs T's neck. {laughter}

AM Somebody actually described it as having two lines of learning one for the college, and one for practice.

Student Yes I can see that.

AM I am interested to see if other students see it like that.

Student Yes. We had, well I'd never come across models before, so it just shows when I trained, I mean it was years ago (mm). So when we started on models we had Roper and Orem and Henderson, and Neuman and I thought well yes when do you actually use them. I could see with the Roper that in actual fact the forms that we use here are basically Roper - basically, and I thought that's fairly practical and straight forward. For my care study I did Orem, because I did the people that you went to this morning. I did her because she was caring for him and she'd scalded her foot. So our input for her self care deficit were dressing her feet because she couldn't reach them. And I reckon that was roughly Orem. But Basically if we all stuck to Roper we'd cover everything I think really.

And a lot of time is spent talking through these

models, it all seems airy fairy, that lot does. I can't actually see Orem working particularly well in the community for the majority of the time. Something like Roper that just deals with the activities of living, a check list is far more practical and basic.

NQ2.3:3.24

We went on to talk about college teaching in relation to the practice area of primary health care teams. Here again the student can see differences. They do not curtail her learning but provoke some suggestions as to what can be done. It engages the student in thinking about the difficulties and as such is very much relating the two areas of learning, but not in the sense of application of one piece of knowledge to another. The experience of practice provides the impetus for linking the two :-

AM We were talking about primary health care, whether college teaching met the practice situation here?

Student It really should do. I don't think it does though. You meet the doctors in the reception area, either when they're going out or signing scripts. There's no formal meeting at all. And I really feel there should be at least half an hour a week or once a fortnight. but there's no formal communication between the sections really.

Um . I think there used to be and I think K was going to do something about it, but I said to her

I really felt I wasn't part of a team. Part of a nursing team yes, because we meet here every day but not part of the primary health care team. We get little messages left in the book which is fair enough but I really feel there should be some formal meeting because there's a lot of patients that we could discuss and talk about and learn from.

AM So it isn't that you are at odds with what they are teaching in college?

Student No.

NQ2 3: 3.34

Both these examples are about nursing practice and not about the more academic subjects such as sociology and psychology that one might expect would be more difficult to relate. Students seem to make their own interpretation of knowledge from these subjects. Again they need to have had some experience as a framework in which to do this and therefore examples come more readily in the second and third placements :-

AM Some people have found that the college and practice, some of it they have seen as separate. Have you found that?

Student When we first started in college everything seemed little parcels. And then by about the second - the second theory and definitely the third theory I

started to see the links between the different topics. And I think, like the sociology and the psychology all that we've done has been related to medicine and to nursing.

AM Has your attitude changed or not?

Student My attitude to nursing or

AM Yes towards your practice - professionally really.

Student As regards the - again like with the social services really - in things - like at home - my husband says to me well it's their fault that they're in that situation. I'll speak up on that and say well it isn't. Perhaps its the circumstance they are in. I have tended to see things from a wider perspective.

And the attitudes to social services have changed. Um because its opened my eyes about what actually goes on behind doors, um. We used to live in one of the areas that is a high immigrant population. And I think of what our house looked like and what ones down the road were like - could be like with a family in. You know, I wouldn't have thought it possible a year ago.

KT2.3:3.30,3.35,3.37

The resources for learning are quite often separated with the students using the college for their essay work and the

practical work teacher for the expertise in practice. The two come together in the care study and nursing models although there is still the feeling that the interpretation of models may be different in practice to the teaching in the college.

AM Do you discuss any of the theory, that is not directly related to services, like psychology and sociology? Last time you were saying, in your head you related things about carers - we discussed. Do you actually discuss psychology and sociology as you hear it in college, with your practical work teacher?

Student No, to be truthful I don't. I can't think of any time I have. I mean a little bit of sociology well they tell you in college you can do so and so here. Obviously she feels the same. But there are things - one thing we've spoken about is models. One thing that is very clear in my mind is that we don't work to a model in the community. And to work how H [lecturer] is teaching us is different. This is a situation where I must remember what H is saying for exams because to do my exam on care study I must do it the way we are taught. But it's M's patient I have to do it on - a care plan the way M has it done. So that the way I split it and that's over the care plan.

NI2.2:2.8

It appears that the student may use the practical work teacher as an authority on disciplines other than nursing such as social policy or sociology, but it is in fact an interpretation of that discipline as seen by the student to be relevant, the most common being an interpretation of social policy as benefits and services. These points are evident in the following discussion when I asked the student if she would ask the practical work teacher's opinion about college teaching :-

Student Yes because they've got a model, bit like Henderson, not Henderson but based on Henderson and I went to assess an old patient and then I did the care plan and I based it on the Henderson model and we went through it. She's got a list of models that she uses and we went through them to see if they were relevant or not. Yes, we discuss them.

AM Are those ideas about models different to yours? Different to what you are taught?

Student Different to what we are taught in college, yes. Even working with the model that I had at college, we've done two, I think everyone has their own way of working and you use models differently. Some use them as written, some use them as a check list, you know, some only use parts. Anyway my PWT uses it as a check list but has her own way of doing things, little bit

different but we both ended up with the same plan.

AM What about things that are further away from practice, like social policy or sociology or psychology.

Student I'm a bit confused about benefits. I have a booklet about the benefits that my FWT gave me and I asked her about the benefits. She said she had an idea but she's not sure, about exactly what's going to happen. We didn't really discuss we went on to something else. I hope when I go to social services maybe I'll understand it, I don't think so but I'll try. I've got the booklet so I'll look at that before I go, and make a list and bombard them.

MC1.2:2.15

The student seems to accept the different ways of using nursing models and different perspectives. She agrees they end up at the same point. Here we have the beginnings of questioning about practice rather than just application of theory. Again an example of the varying resources that are used for learning is seen in the example of social policy, and the student's way of making use of them.

A Discovering Practitioner

Bringing together the two experiences of learning - college

and practice - is reliant on the individual student and also depends on their previous knowledge. Being prescriptive about course work as in essays or case studies, although directly related to practice is not always an appropriate vehicle for integration as students have pointed out. Rather the more open approach towards learning as identified by the following student may be a better alternative :-

AM How do you feel about some of the other theory?

Student What do you mean?

AM Well some of the other things you are doing in college, are they useful, are they directly relatable or futuristic?

Student I think futuristic most definitely. I think you go back to the fact, they almost give you the doors to open and I suppose it's trying to have it at your fingertips in order to apply it practically, very basically to situations. I think it could be what I make of it, so I could take it or leave it and I could still get by. It should enhance both my job satisfaction and patient care.

AM And so its really up to you?

Student I would say so

AM We talked quite a lot last time about competency and the competent practitioner and how you would know

whether you were competent or not.

Student Yes we did {laughter}

AM Have you developed any more thinking on that? We were trying to decide who you would measure yourself against. When we talked just now about take it or leave it has that anything to do with competency. Could you be a competent practitioner without it [theory] in your view?

Student I would prefer to apply it to my practice. To be honest people looking in from outside...I don't think its measurable things {interruption to get bag}. I thought a lot about your question last time. How I would decide I was a competent practitioner? I really thought about that. And its difficult, I don't actually know. (mm)

AM Whether it's skills based or whether it's attitudes or...

Student I would prefer both skills and knowledge {phone ringing}. I think personally I would rather have the knowledge and apply the skills. Because they should be there - the basic skills, its difficult.

AM It is. One of the people I was interviewing said they didn't think they needed to do this course because they were already a competent practitioner. So what is the difference working here or in

hospital? if you've got principles you can apply them to any situation.

Student Yes. I think actually district nursing...to develop we need more input on what we get at college, the sociology and the psychology and forward thinking on nursing and models and the nursing process because we'll just be plodding along doing the same old thing and we won't actually be developing and becoming part of a dynamic team. And perhaps that we need in the future to become part of a team with a very definite skill input. {Interruption, moved rooms}

AM We were talking about applying skills, having the knowledge to work in a team and then applying the skills. You described it last time as a discovering practitioner.

Student Did I? - good lord!

AM A self directing learner - I think that was me trying to interpret it. (mm) So you haven't changed changed your mind on that....

Student And I can't concretise it in any way because I thought about it - was quite a challenging question. I spoke to K about it as well{pause} I think it's finding a slot in which to apply the competence and skills rather than waking up one morning and saying that will fit.

Maybe it's fitting a role and feeling you do that role well. But then I don't know that there is a concrete role - the district nurse is X. I know we've got one written down, but there again it should be a dynamic one, with certain definite characteristics.

AM Do you feel that the experience you are gaining here is helping you to achieve it even if you can't define to what degree?

Student Yes I would say so. My one criticism so far is that there's not enough time for practical experience to actually settle and relax into the practice. Perhaps another week.

AM Has that something to do with the area you're working in or with the patients?

Student I would say its personal. I just need more time.

NT2.2:2.6

This student is describing what Schon (1983) describes as artistry and what Benner (1987) terms intuition or the intangible things that make up competence or expert judgement. When the practical work teachers were asked a similar question in terms of what did they think they should teach or what was important they came up with specific things, but again found it difficult.

The student is not advocating application of knowledge but rather a different way of thinking, - enquiring, questioning. An idea put forward by others but in different words. The college teaching is not separate but can add to the development of the role, a use of the knowledge in the future rather than direct application. It is not a case of "not knowing it's having more time to be able to find out about each thing" as one practical work teacher states.

The student has thought about what she is aiming for but is happy to leave it open and to enjoy the new experiences without tight objectives. She develops this in the next placement when she has had responsibility for a small group of patients.

In talking about her use of the college work to help her develop her thinking she describes it as taking risks and perhaps losing marks in the process, but the nature of the course, in comparison with others, allows this leeway - again the take it or leave it approach. This applies to nursing and to the behavioural sciences :-

Student So that's another new field which is exciting in some ways to explore. And so I'd aim again to sacrifice some marks and have a bash but there comes a time when you can't do that anymore {laughter} (yes)

AM It's rather like putting yourself in a challenging

position or taking a risk rather than always working on safe ground.

Student Yes I was comparing this course to midwifery and certainly there's a lot of scope for not worrying about having to learn things. You can go off at a tangent and somehow scrape through the marks. To me I much prefer it. I'm not too bothered with that sort of learning, perhaps I ought to, I shall have to sort of pin myself down soon because of the exam. It seems to be a more challenging course, although I don't think it's as well recognised, which is a shame.

NT2.3:3.29

The student is exploiting the flexibility of the course within the boundaries of having to achieve given standards in the shape of passing examinations. For many students this was a real burden and reduced the opportunity to take advantage of their own explorations. However all students make reference to some attempts to learn new things by using their course work to investigate new knowledge.

Exploring ideas mainly from the reference point of practice leads to new thinking, albeit in small and indeterminate ways. Students find it difficult to give specific examples of new learning and generally discuss it in terms of how they have come to see things from in a different perspective, or a recognition that they have added to their

existing nursing knowledge. Any obvious new learning seems to be more apparent as the student moves towards the final placement and takes on the responsibilities for managing a small caseload.

Much of the learning is concerned with decision making in the context of patients' homes and in the context of working within a group either the district nursing team or the wider primary health care team. It is in these contexts that the student is "sorting out problems" which lead to "looking at things in a different way". The problem provides the impetus for using the new knowledge and integrating it with other knowledge.

Learning is described as "widening the perspective", or "looking at things in a different way". It is the context of practice that provides the stimulus for thinking about the reality of district nursing.

The problems of practice may become very familiar and even boring, particularly in dealing with elderly and problems of increasing dependency on others. Sometimes the student comes across unusual situations, at least for district nurses, which present different problems and start thinking about other aspects of practice that can draw on sociology or psychology taught in college.

Discussion

In the first instance this category seems to be concerned with the differences between college teaching and practice experience. At the beginning these two areas - college and practice seem to be giving different messages. It is clear that the students think of bringing the two together by the application of college teaching to practice, in taking this stance the difficulties are obvious - they don't fit.

Students develop strategies for coping with this "gap" and separate the two areas out, compartmentalising the two and working with them in parallel. The students interpret the academic disciplines in order to make them usable in the practice situation. The integration occurs without the students noticing and in fact they are quite surprised when they suddenly realise that the two are linked. It seems that there has to be some length of time for this process of linking to take place and perhaps it is obvious that students need the experience before they can link the two. However the student already comes with not inconsiderable experience and the contradictions between the previous experience and present and between the college and the practice throw out contradictions which, if used, can be the starting point of greater understanding. What is not so clear is how this is dealt with by the practical work teacher, if at all. It may be that to make the most of these contradictions they need to be discussed, not to find

solutions but to think about the questions that these contradictory situations present. It is clear that students begin the process of reflection by talking about what they have seen and what they feel. It appears that these instances are not always exploited by the practical work teacher, particularly at time when the student identifies a change in their own perspective.

If students are looking for right answers then they will find this sort of uncertainty about answers difficult to deal with but if, as one student describes, they can be seen as "doors to open" and accept that the knowledge and expertise they get on the course can be used in the future then the application model of theory and practice may not be such a stumbling block. In any case the integration of college teaching and practice.

For nursing subjects the reinterpretation of the college teaching is less noticeable. Here the students seem to make straight application and dismiss the college teaching as not appropriate or the application is postponed or the teaching is amended.

The practical work teachers rely on the objectives of the college for their linking and all mention the objectives or the college programme as an important part of relating the college teaching and the practice teaching. Some temper this with student needs but still the practical work teachers use

a straight application to theory model and some are at a loss without it as described in the second year when the programmes were not sent out.

What should be taught is not wholly determined by the college and practical work teachers have some things which they think are crucial for district nurses to know before they move on in the course, and in all cases were described in terms of knowledge to be learned in relation to the activities of district nursing. It was quite easy to identify the things that they wanted to teach by talking about what they were teaching. Having made assumptions on this basis from the first year analysis I asked a direct question to practical work teachers in the second year about what they thought were the crucial things to teach a student before they went into supervised practice.

In a simple count of the response to this direct question there was consensus about:-

- recognition of patients' rights and values in their home
- attitudes to patients, carers and colleagues
- communication with patients and primary health care team including their own colleagues
- management of caseload, setting priorities, and decision making
- teaching, education and encouraging self - care.

One person described the crucial aspects in terms of open-mindedness about change and district nursing, recognition of the limits of own competence particularly in terms of caseload management " they should not act like

martyrs, so many do" None mentioned research in any form - except in relation to their own development.

Reality is where the integration and interaction between college and practice takes place and is a dynamic process. The reality of where district nursing is practised poses problems that do not have text book answers and where the students seek recourse to an expert district nurse in the form of the practical work teacher who can speak and demonstrate from their experience. However the reality of practice is not just what happens in patients' homes but is also about working alongside other colleagues and about managing the caseload. It is at this stage in the course when students begin to gauge some sort of balance between what is desirable and what is possible and again when they are influenced by the practical work teacher as an expert. However this whole experience occurs within the parameters of caseloads and practices that are controlled by others and as such the true reality of district nursing practice is not experienced until students are qualified and are then expected to be experts themselves.

CHAPTER EIGHT

CONCLUDING ANALYSIS

Introduction

This final analysis will relate the research findings to the theoretical discussions in chapters one and two. That is to say it will consider the categories in the light of adult learning theory within an experiential framework. The implications for district nurse education will then be discussed. The analysis reflects the categories which describe the experiences of students and have emerged more as a process of learning than as merely a description of the learning environment. It is therefore the focus of the categories that directs the theoretical framework and hence the emphasis upon experience and reflection in this analysis.

Experience and Reflection

Experience based learning and with it the process of reflection is regarded by adult learning theorists as crucial to the process of learning from experience, (Mezirow 1981, Kolb 1984, Boud et al 1985, Jarvis 1987, Schon 1987). The experiential learning model (Kolb 1984) is a simple but useful starting point from which to explore the process of

learning, but it does not make explicit the process of experience and reflection. Boud (1985) and his colleagues attempt to remedy this deficit by examining the components of reflection as part of experience. Reflection in the context of practice has also been examined by Schon (1987). An attempt to look at experience, taking into account the social context, has been undertaken by Jarvis (1987). Their combined work based on the practices of adult education has contributed to a greater understanding of the complex nature of learning from experience.

Summary of the categories as an experience of learning

The three categories have arisen from the analysis of the experiences of students as they learn to become district nurses. The categories demonstrate the complex process of learning from experience which has emerged as a staged process. Each category can be regarded as covering broadly a stage in the students' learning. Firstly the students are adapting and fitting in to a new situation and preparing themselves to gain from experience; secondly students engage in the activity using certain learning strategies that are determined by the routines of practice; finally students incorporate their new learning into the reality of practice with varying degrees of success.

The stages may be summarised as follows:-

1. Students enter the learning situation with some anxiety and a need to find their way around and to fit into a strange environment. Fitting in is concerned not just with physical things such as uniform, equipment and becoming familiar with the geographical area, but also with relationships and the accepted practices of the group in their placement. Past experiences of nursing are used to make sense of the situation and to orientate themselves in new learning situations. Experiences are used for comparison and as the foundation on which to build further learning. Students come with expectations of how and what they should be taught, and all develop strategies as to how they can best fit into this new situation.
2. As they become more familiar with the placement they begin to develop ways of learning which accord with the work routines of the practice. They find it tiring working in the new situation and keeping up with college work. Frustration with the pace of development and, in some cases the lack of development, is evident as they become independent and feel restricted in testing and trying out their ideas to the full. Positive feelings also prevail with increasing confidence and responsibility. Practice and college are used as refuges to air their perceived successes and failures. The experience in placement begins to raise questions about the links between college teaching and practice experience, and strategies are developed to cope with the

differences.

3. The increasing independence and the move towards taking on more responsibility provide a greater understanding of the practice of district nursing, and students begin to talk about having a different perspective - a broader view. It is difficult for students to identify new knowledge. They tend to describe it as a new way of looking at things. The drawing together or integration of college teaching and the reality of practical experience is beginning, but there is no conclusion to this process and it is seen as something that may happen in the future. Other aspects of development are postponed because of the limitations for innovation and change. The experience is therefore a continuing one.

The categories then, demonstrate the students' use of experience and also certain characteristics in each learning environment that either promote or hinder the students' learning. It is also clear that the routines of practice and the barriers to change are influential across all learning contexts. It is appropriate therefore to analyse firstly this individual learning experience and secondly the context of the learning environment.

Experience as an individual activity

Throughout these stages experience is used differently

determined by the biography of the student, their past experience of learning and life events (Boud et al 1985). Biography relates to learning needs not merely at a competency level (Knowles 1984) but at a level of self confidence and in coping with new situations.

The use of hospital experience by the direct entry students and community experience by the non-direct entry leads to learning by comparison of the two experiences, initiated by a conscious realisation of the differences that can be equated with "loss of confidence" or "disillusionment" (Boud 1985 p.19), or "inner discomfort" (Boyd and Fales 1983 p.106), or "disjuncture" (Jarvis 1987 p.9), or "disorientating dilemma" (Mezirow 1981 p.7). This conscious realisation of the differences between past and present experience leads to the prompting of reflection and questioning; what are the differences between taking into account the patients' desires in their own home and in the hospital? This leads to thinking how these desires may be incorporated into the care planning and about the approach to the patients. These incidents are taken up only if the learner sees them as appropriate to themselves or to what they need to learn.

The work of Jarvis (1987) provides possible explanation for some of the situations experienced by the students. He describes the concept of meaningful and meaningless learning

in terms of responses to experience not all of which result in learning. The response he calls habitualisation arises when people undertake activities with which they are familiar. It is "a taken-for-granted response to a situation" (ibid p.78), where individuals' self confidence is maintained because they have "a stock of knowledge"(ibid p.78) and experience on which to draw. The extreme of this response is evident in some professional practitioners where the need to change is apparent to others but not to the practitioner. The habitualisation process has led to apathy. Indeed some of the students describe this situation when they themselves are wanting to talk about change but see nurses around them who carry out practice as an extreme habitualised response. As the students progress through the course they themselves come to work in an habitualised way, gaining in confidence and drawing from a developing stock of knowledge and experience.

The district nurse students are in new situations. They are comparing their past experience which to a greater or lesser degree is used in the new situation in which they find themselves. They are in what Jarvis (1987) describes as a situation of "disjuncture" (ibid p.79) where previous experiences are similar but require some adaptation or adjustment to provide a basis for action. This adjustment is a potential for learning and indeed is described by students as increasing confidence as they adapt to the new situations. It is a situation experienced by all students

and the support they get from their practical work teachers helps to maintain their self confidence. This disjuncture also results in cognitive, affective and skills learning. It depends upon taking advantage of the "teachable moment" (Jarvis 1987) to make the most of the learning potential in this situation. For this to happen both student and teacher must be aware of the need to learn. Disjuncture is a potential for learning but must be taken advantage of for learning to occur and it then will become again habitualisation.

Two further responses are described by Jarvis (1987) as meaningless learning. One occurs when the taken-for-granted experience becomes repetitive and boring and has no meaning. This was well described by a student whose experience had gone beyond the bounds of habitualisation. The second occurs when the students find themselves in a situation where they are unable to use their past experience because it bears no resemblance to the present. In this situation students require direct teaching for them to be able to relate this to present experience. There are no obvious parallels here except that students do find themselves in situations for which they have limited previous experience particularly as they begin to learn about managing the caseload. Although the student who described her lack of contact with her practical work teacher was probably experiencing this situation, she did not have the answers to enable her to make decisions about patient care.

This analysis of meaningful and meaningless shows not only the different points where reflection may be best used, but also the limitations and the potential of reflection. The optimum time for reflective learning is when "there is a limited disjuncture between the biography and the experience" (ibid p.84). How the learner makes use of the experience then is determined by the value of the experience to the learner and the opportunities for learning that are available to the student in the learning environment. The process of reflection becomes an important part of learning.

Utilising the process of experience and reflection.

Reflection is described as a dynamic process - "a kind of spiral - a back and forth" (Boyd and Fales 1983 p.106), a cycle (Kolb 1984, Boud et al 1985, Jarvis 1987). The process of reflection as a part of the total process of experience leads to a change in perspective for the learner. During the many experiences of the students on the district nurse course there are clearly times when they have been able to reflect on what they have been doing and they describe changes in perspective about professional practice and about themselves. This has been evidenced during the interviews and the observations and through the comments of the practical work teachers about the students, throughout all the categories. The timing varies. It may occur in one incident, in one placement or over the whole course. The

strategy for learning which the student sets up in "Testing and Trying Out" offers good opportunity for reflecting on experience. While this strategy may be to a certain extent imposed by the routines of practice it is utilized by the student.

The stages of the reflective process - returning to experience, attending to feelings, re-evaluating experience (Boud et al 1985, p.37) - provide a useful framework for looking across all the categories in order to analyse the extent to which reflecting on experience is used by the student or by the practical work teacher in facilitating learning.

It is important to remember that Boud has defined the reflective process as one of "intentional learning" - that which has a goal or outcome. The difficulty with this definition lies in the different levels of generality. In fact the definition of intentional learning in the context of Boud's work seems irrelevant and raises unnecessary questions. For instance all students on this course have the goal of being a district nurse - at a more specific level they may have the goal of learning about social service provision and even more specifically about a dressing technique. The discrimination in generality is not obvious from Boud's work, but it will be assumed that all the students on this course are intentional learners.

- returning to experience; the objective description of what has happened.

This is something that the practical work teacher undertakes with the student throughout the placements and relates to different situations. It can of course take place immediately after the event e.g. following a patient visit, or later when the student meets with the practical work teacher. It can also be undertaken by the student without anyone else being involved e.g. on the way home in the car where it is "mulled over" or "thought through".

Returning to experience is therefore something the students can initiate when they relate their experience to the practical work teachers about their activities with patients with the intention of learning. The learning here is gaining specific information - finding out how to do something or checking whether or not what they have done is correct. The practical work teacher asks how the student has "got on" with patients and this initiates some discussion. The opportunities for returning to experience are clearly available but the extent to which they are followed by the next part of the process is not so clear.

- attending to feeling; awareness and understanding of feelings which may be barriers to learning.

During the interviews the students talk about their feelings

of fitting into the group as something that has to be reckoned with before they can go on to learn fully about district nursing. At the very least it takes up time and energy. All students talk about it and for some it is a major topic in their interviews. Practical work teachers are aware of some of the difficulties. One initiated discussion to include the course tutor, but in the context of telling the student "how she should behave" it was made quite clear to her that she was now a student and we more or less spelt it out to her, now she had to accept the fact that she was a student, she had already made a decision to leave the other place.." - a different sort of awareness raising. Other practical work teachers had a more sympathetic tone and this was reflected in the responses of the students.

In their experiences with patients the students relate instances of having become aware of their feelings which may affect their learning, for instance, the way in which they are expected to be accepting of all home circumstances or ways of life - dirty homes, different ethnic customs. Good feelings can also be raised and are in evidence in the many instances when students identify increased confidence. There are instances when students are involved with sensitive situations in the home and indeed with colleagues, where they are able to identify how they feel and then describe how they will talk about it to their practical work teacher.

Reflecting on experience is mainly concerned with the non-sensitive areas of practice. Although students do think about situations such as making changes, the assistance with reflection from their practical work teacher is not always open to them in this area. In effect this is a "no-go" area and therefore reflection, although individually indulged in, does not result in an outcome in Boud's terms i.e. "a new way of doing something, the clarification of an issue, the development of a skill, or the resolution of a problem" (ibid p.34). The outcome of this reflection is a decision to do nothing, or a postponement of a decision, or a negative response that results in a decision to get out of the situation as soon as possible. It may also call into question the individualistic focus of this reflective approach (Boud 1985) where the political and social context is largely ignored and therefore students are not able to examine change. Not least because practical work teachers are also part of this social and political context.

- re-evaluating experience; re-examining experience in the light of the learner's intent, associating new knowledge with that which is already possessed, and integrating this new knowledge into the learner's conceptual framework and into their repertoire of behaviour.

Knowledge can be developed by adding new ideas and information or through the adaptation of what was already

known to new situations. The students are very keen to have their previous knowledge recognised and the post registration status of the course means that students do not expect to have to relearn things they already know. The re-examining of experience takes place across all placements and particularly in the third placement, when students are trying to fit their new knowledge into the reality of district nursing as they approach the time when they will no longer be able to fall back on their student status. It also involves looking back on what they know. For example, one student had experience in orthopaedics in a hospital situation and drew on this knowledge in the home. Integrating new learning into their "stock of knowledge" is something the students talk about in making links between the college and practice. Here the students are demonstrating that aspect of re-evaluating experience that Boud et al (1985) calls validation - "a reality test" (ibid p.32).

Re-evaluation will have varying results for individual learners. It may result in the discarding of an experience as providing no information, such as that described of a visit to a specialist hospital department. Other experiences need to be teased out to discover what might be useful and what should be disregarded. This seems more likely to arise from visits to patients where there are complex problems to unravel and the student is left with a mix of feelings and attitudes that need to be discussed. In this situation

re-evaluation might be open-ended, where the test for reality has to be left until the student has qualified as a district nurse. The influence of context is important here (Kemmis 1985, Jarvis 1987). Whilst re-evaluation and indeed reflection are directed by the intentions of the individual, they are also part of the social context. The ability to bring about change or even to test out reality may be inhibited by the social or political context and in characteristics of reflection that differentiate it from idle speculation or day dreaming. What is clear from this study is that the context, that is the learning environment, is not easily controlled by the practical work teacher.

As Boud and Griffin (1987) state the stages of reflection are not as clear cut as diagrammatically shown. They do not follow "a simple linear sequence and they are not independent of each other" p.35. As with all models it is only useful to aid our thinking about the process or in case of difficulties in reflection "to think about the stages we have described and examine whether any of them have been omitted". In this respect it may help practical work teachers to facilitate the process if they have the skills to do so. The elements of reflection are clearly evident in the categories and the opportunities for utilising the process of reflection as part of experience are also identified. What is not clear is the depth into which reflection is engaged. However Powell (1987,1989), using an adaptation of Mezirow's (1981) levels of reflection, showed

that reflection at the higher levels that lead to learning and a change in perspective were demonstrated more by community nurses than by hospital nurses. The greater autonomy and lack of institutional regimes were the reasons given. This is a useful comparison with another post-registration group of nurses, albeit small, that indicates the potential of the learning environment for promoting reflection-in-action. However it is clear from the district nurse students in this study that the community learning environment has its own restrictions to learning and that a technical-rationality model is generally supported by the practical work teachers.

Again it is not clear as to the level of the ability of practical work teachers to undertake reflection as a teaching strategy. An assumption from the evidence would be that some practical work teachers are not providing the students with opportunities to reflect on practice even when students clearly want some help. Others give help in the form of a sympathetic approach to the difficulties of being a student. They initiate reflection by recollecting what has gone before and an understanding awareness of the students' feelings in the learning process. All are concerned to apply theory to practice as stated in the placement objectives.

The Context of Reflecting on Experience - The Learning
----- Environment

The learning environment is very influential on the students' ability to learn from their practice. As all the categories show there are barriers to the students' learning, not least the practice regimes that direct and, in some instances, restrict the students' opportunities for reflection.

The influence of environment on reflection in practice is a concept taken up by Schon (1983). He describes reflection as thinking and adding to knowledge while in practice - epitomised in his well used phrase "reflection-in-action". (ibid p.54). For Schon the context is all important where learning by doing, in professional education, takes on a special meaning. It is not just the sitting by "Nelly" or technical rationality model of learning, but the combination of learning by doing with reflection. It is a reflection that includes dialogue with the teacher or, in Schon's terminology, "the coach". The main activities of the coach in "demonstrating, advising, questioning, and criticising" (Schon 1987 p.38) are carried out in the practicum - a setting designed for the task of learning a practice. Here students learn by doing, although their doing "falls short of real world work". It "approximates" a practice world, and reflection in the practicum takes place in a protected, safe environment. However the practicum, or practice setting, for district nurse students, is where they

experience directly the pressures and stresses of the uncertain world of district nursing. It is in this environment of meeting real every day problems that reflection takes place; in the "swampy lowlands" (Schon 1987 p.42) of indeterminate problems.

The difference between the reflection-in-action described by Schon and that of other writers is his emphasis on the reflection within and while undertaking practice; a sort of thinking on your feet familiar to many professionals and a feature of professional practice. The observations with students gave examples of this type of thinking in situations where they were not certain of the action to be taken. However for the students this presents a difficulty as the action they may consider appropriate may be different to that favoured by the district nurse who has responsibility for the caseload. The care taken to ensure that they work within the established practice of others is mentioned by all students and is apparent in all the categories. The dilemma is well stated by one student:- "you have to know which sister is looking after the patient as to what they would do". This does not mean that students do not have their own ideas, but they develop ways of putting forward those ideas in an acceptable way. There is no obvious theory of practice to be drawn on as practical work teachers and district nurses have their own ways of working. The very autonomy which Powell (1987) refers to as promoting reflection-in-action, for district nurses presents a

somewhat complex situation for the student.

This is not to say that there is no shared view of practice. Indeed, as stated previously, there is a consensus of opinion from the practical work teachers about what should be taught to students and this generally reflects the objectives of practice put forward by the college. The students do not always share this view but are not able to discuss the different perspectives freely. This is similar to the findings of Twinn (1989) in her study of health visitors and fieldwork teachers, who adopt respectively a non-directive and directive approach to clients. She describes these different perspectives on practice as "conflicting paradigms of practice" (ibid p.274). These findings then question the feasibility of developing the intuitive judgement of knowing-in-practice (Schon 1983), where knowledge is generated from practice and where the artistry of practice is observable; the reality of practice can be very contradictory.

The practicum then, provides the student with the opportunity to observe the artistry of the profession and to develop the ability to re-frame problems which cannot be addressed by application of accepted theory. The important point for Schon (1983, 1987) is that while practitioners may use their intuitive knowing to solve familiar problems, not unlike "habitualisation" (Jarvis 1987), they may also

come across many problems where there are no pre-set answers as noted in this study. In these cases the practitioner needs to be able to reflect-in-action by reframing the problem and having the confidence to act in uncertainty. Learning to reflect-in-action is therefore an important skill for students to acquire and can only be learnt in practice settings (Schon 1983). Whether or not the practice setting should resemble the safe and protected environment described by Schon is in question. Indeed the "practicum" is a rather contradictory concept in the light of his emphasis on working with indeterminate and real life problems. There is a danger that a protected "practicum" will result in the simulation of real life problems which may then be carried out in an institutional setting, negating the whole idea of reflection-in-action.

The concept of reflection-in-action has added another dimension to the process of reflecting on experience, although the process is not fundamentally different from that described by other authors. However in describing reflection as a part of professional practice he presents an appealing and understandable argument for the place of practical knowledge as a legitimate and central type of knowledge for practitioners. The difficulty for the district nurse students is that there is no obvious stock of practical knowledge for them to apply. Therefore if they are working individually to a technical rationality model of application to practice, even in the practice area they

will find conflict between the practice of one practitioner and another, despite the consensus of espoused theory of practice put forward by the practical work teachers. This contradiction in practice is again similar to that for health visiting students (Twinn 1989).

A more reflective model, which one student described as the discovering practitioner and one practical work teacher described as analytical and enquiring practice, would offer more opportunities to utilise fully the practice setting as a learning environment. This type of model would meet the demands of uncertainty and unpredictability which characterise the practice setting, by equating with the two main assumptions underlying Schon's arguments (1983,1987) namely :-

1. Many of the problems that practitioners meet are complex "messy problems" for which there are no pre-set answers to be applied by those who do not actually comprehend them and who are outside the practice setting.
2. The knowledge to solve these problems comes from practice. This knowledge is only accessible by the observation of expert practitioners who pass on their knowledge by the demonstration of professional artistry, the intuitive judgment of knowing and the skill of reflection-in-action, which together are the characteristics of a reflective practitioner (Schon 1983,1987).

This argument is not new (Ryle 1949, Polanyi 1967) but has been related to the professions by Schon's work with professional groups. His ideas have been taken up by others in nursing (Powell 1987), in health visiting (Twinn 1989) and in teacher education (Fish 1989). The parallels with intermittent experience in teacher education are useful here. The contribution of observation to learning is described at four levels, which can well be related to the observation of practice by district nurse students. They are described by Fish (1989) as :-

- It can help shape in the student's mind what can and what should (and should not) be done.
 - It can help her to begin to consider whether and/or how she can personally operate within a classroom.
 - It can begin the vital process of associating action with reflection and deliberate - before, during and after action - which can help the student to develop her own personal theory.
 - Properly embedded in other school experience activities ... it can help the student to see how a wide variety of practical experience, together with a range of theoretical perspectives, can contribute to personal theory.
- (p.105)

This description brings some of Schon's (1983) ideas into a British context. The district nurse students are undertaking blocks of experience in the reality of practice. The levels of observation detailed above are close to the experiences described by the district nurse students. Indeed there is evidence across the categories to demonstrate the progress in learning postulated by Fish (1989). The main point however is that the aim of observation is not to mimic what

is happening, but to "refine ones's own thinking and ultimately one's own actions" (ibid p.105). A further important point is that without the knowledge to observe, think critically, reflect on and analyse what has been observed and experienced, refinement will not occur. It is also important for district nurses to be able to develop personal theories that may subsequently guide their practice in the context of the practice setting of district nursing. The students therefore need not only the individual ability to gain from the observational experience, but also the guidance and help from the practical work teacher in order to set the observations within the context of practice. In the light of my study therefore there has to be some questioning about the concept of a "practicum" in Schon's (1987) terms - "free of pressures, distractions, and risks..."(p.37) - which may well insulate the student too much from the real world of the practice setting.

Once district nurse students began to take on aspects of managing practice as described in the category "Reality of Practice" they were concerned with taking risks because they were working in situations which were unknown - visiting new patients for the first time or working alone perhaps when the practical work teacher was off duty. Both students and practical work teachers were able to describe such situations. Although students did not perceive that they were at the time being deliberately put in situations of risk, this was clearly more than "approximating the real

world" (Schon 1987) and was a necessary experience for students. How these experiences prepared students for the next stage of their course - that of supervised practice - is not very clear. Responses were mixed as to whether or not these experiences had prepared them. However all students agreed that increasing responsibility, and with it the element of risk entailed in unknown situations, was important in learning how to become a district nurse.

Implications for district nurse education

The analysis has raised issues about the experiences of students in the practice setting which pertain to ways in which the opportunities for learning are made available to the students and the ways in which the students are able to utilise the potential for learning. The opportunities for learning arising from the practice of district nursing and the utilisation of learning are to a great extent dependent on the learning environment that prevails in the practice. This environment is much more about the practitioners, their ways of working and their attitudes to the students and to learning, than about physical characteristics such as health centres, teaching rooms, offices and primary health care teams identified as suitable placement criteria by the English National Board (1987) (See Appendix 7). Learning from experience in practice is about the facilitation of learning; about controlling some of the experiences and about being able to identify and formulate a theory from

practice. The application of theory to practice model raises difficulties for students within practice where there are contradictions between practitioners and between college and practice - where the curriculum does not portray the reality of district nursing practice. The skills model of practice presented by the objectives curriculum for district nursing (ENB 1987) is contradictory to the humanistic model of adult learning taught to practical work teachers (ENB 1987). Furthermore the individualistic approach to practice espoused by the practical work teachers is at odds with the task orientated and work driven practice experienced by the students.

The powerlessness of the practical work teacher to influence the prevailing practice in the learning environment is obvious. The setting up of any sort of practicum - a safe environment to try out ideas would present difficulties. For one thing the practical work teachers seem to work to a competency based model and for another their personal theories of district nursing - their assumptions, values and beliefs - are not made explicit. What is made explicit is that of task orientated reactive practice. This means not that they do not hold personal theories of practice, but rather that they do not discuss these theories to any purpose with the students. Practical work teachers express their own frustrations at not being able to give students what they feel is a good deal. There is conflict between their aims for learning and what is achievable. It is not

that they are insensitive to the problems of students or that they are unaware of the shortcomings of practice. It is rather that their own aspirations for teaching cannot be achieved.

However the provision for learning through practice is something that practical work teachers hold dear and that district nurse students value. The opportunities to experience many aspects of practice are clearly available. However the opportunities to realise the learning potential of practice and to conceptualise it as the focus for developing district nursing practice, raise issues that district nurse education needs to consider. These are issues about the features of the learning environment that influence the learning processes and learning experiences of the students, that have implications for the students, the practical work teachers and the epistemological stance of the practice and the college.

Students

Firstly the students have some influence on their own learning and are motivated to make the best use of their experience in practice. They are able to adapt to the uncertainty of the community and to develop, to some extent, ways of trying and testing out their experiences and of fitting into new situations. They are well able to become

self directed with the help of their practical work teachers and are eager to make use of resources available. However as part of self direction they require guidance on what to learn. This is echoed in the evaluation of the English National Board pilot studies (Leonard and Jowett 1990) where pre-registration students were not sure what they needed to know. Although district nurse students have some ideas about their own needs, for learning to continue to be meaningful and to be utilised they require access to the practical work teachers. This access may be spasmodic and to a certain extent resisted by the students as their confidence grows. Indeed the increasing responsibility students value is measured by the increasing independence from their practical work teachers.

Linked to the identification of learning need is the importance of acknowledging what students already know from their previous experience in learning. Although students are able to identify instances of having to repeat experience and to demonstrate competencies they already have, particularly practical techniques, it seems this prior learning is not related to present learning needs. Crediting students with prior learning in the practice area is clearly important to them. The assessment of prior learning in the area of practice is one that needs to be addressed. The work of Winter (1989) in assessing prior learning for entry to masters' programmes could be a useful starting point as it includes nurse entrants. However this

assessment would need to be developed for advanced courses that include clinical practice such as district nursing.

For students to be able to integrate college teaching with practice they need the ability to think in abstract terms and to synthesise material with other disciplines. The application of knowledge to practical situations, in the haphazard way experienced by students, is likely to negate the worthwhileness of knowledge (Peters 1981) that arises from both the behavioural and biological sciences, because it is neither understood as a science nor seen as relevant to practice. The process of integration is seen by the students as their responsibility and could be enhanced by the reflective process which they have already developed in an ad hoc fashion.

The reflective process also requires analytical skills to enable students to integrate new knowledge into their conceptual framework. It is clear from the students' comments and from the observations, that students are analysing current practice and trying to set their own values and beliefs into the reality of the practice setting. The postponement of this analysis in some of the more sensitive areas of change, diminishes the potential of reflection in developing their own values and beliefs towards a personal theory about district nursing practice.

Practical work teachers

Secondly the practical work teachers are of great importance to the students' learning process, not only in helping the fitting in process, but also in aiding the students' understanding through reflection. The potential influence the practical work teachers may have in controlling the learning environment to allow optimum learning is limited by the attitudes of colleagues, the lack of control over workloads and the inability to change routines of practice where necessary. However their individual relationships with the students are also very influential and can help the student to overcome some of the frustrations that occur. The development of a "practicum", providing a balance between real and protected practice, where the student can experiment and learn from mistakes would be appropriately within the domain of the practical work teachers. However this sort of development requires more control over the routines of practice and programmes of learning that would allow the students to initiate change and to talk openly about their ideas.

Practical work teachers are expected to be not only experts in district nursing practice but also teachers of practice. As such they transfer both the personal or tacit knowledge of district nursing practice and the knowledge of practical techniques, by working with and alongside the students. Atkinson's (1981) study of the clinical experience of

medical students leads him to put forward, in the context of medicine, an argument similar to that put forward here. The professional work concerned with technicality is made explicit in rules, procedures and techniques, but the personal or tacit knowledge, concerned with the intermediate work of a profession, is not made explicit and cannot be formulated into procedures and techniques. Both types of knowledge were used by medical students in their efforts to become doctors and used by doctors to teach in the clinical setting. Atkinson's (1981) conclusions are that the two are "intertwined". He states the point thus:-

However much the rules of procedure may be codified, the concrete application of the spirit of the rules depends upon the "tacit" understandings. What we refer to as "knack" or "flair" or "experience" refers to such competence in the application of interpretive procedures in the production and reproduction of knowledge.
(p.110)

Both types of knowledge are transmitted by the practical work teachers - on the one hand by demonstrative and explicit description of techniques and on the other by giving increasing responsibility for patient and caseload management to students and implicitly fostering tacit, intuitive practical knowledge. It is important that such major changes as nurse education is now undergoing, do not mean that the best of the old system of apprenticeship "that of being close to an expert in action" (Jacka and Lewin 1987, p32) is lost.

In an effort to integrate theory and practice practical work teachers work closely to the placement objectives set out by the college. In teaching the practice of district nursing they are also concerned to ensure competence. Both these factors lead to an objectives based and a skills based model of teaching. A move towards a more reflective approach to teaching would seem more appropriate and has implications for the teaching of adult learning theory in practical work teacher courses.

The findings here are similar to those of Maggs (1989) in his evaluation of the preparation of practical work teachers in England. Of relevance to this study are his recommendations that there should be resources to support practical work teachers; continuing education to maintain and develop their teaching skills and knowledge; managerial and professional support to make effective use of the practical work teachers' skills.

The experiences of students in the "Fitting In" category suggest that students would benefit from not having to move to another location for supervised practice as is the case now. The practical work teachers' role could then be extended to cover students' experience in supervised practice.

Epistemology of College and Practice

Thirdly the epistemological stance of the college influences the approach of practical work teachers to students' learning through its guidelines or objectives for practice which are described in terms of objectives for competence. The college also seems to require the students and the practical work teachers to integrate the college teaching and the practice experience by application of college work to practice. Clearly the college is concerned to encourage the integration of theory and practice. A more explicit framework with acknowledged college responsibility in this process may draw the two environments of learning closer together. The work on courses in teacher education has much to offer curriculum planners in working with models that concentrate on the question of theory and practice (Webb and Wilkinson 1980). Their individualistic model:-

assumes that the only relevant theory for any individual practitioner in the classroom is that derived from his personal experience. It is axiomatic to the individualistic model that a series of practical experiences are closely analysed by skilled professionals (teacher and tutor) along with the student. In this way theoretical perspectives of general applicability are developed by stages.
(p.59)

This type of model draws on principles of education, in this case learning in practice - not as in so many nursing courses where a competency model is adopted or where a model

of nursing which originated for a totally different purpose to that of providing a framework for curriculum is adapted.

The knowledge taught to sustain the practice of district nursing does not appear to be clearly identified in the curriculum. Spicer (1983), on the assumption that district nursing knowledge is embodied in what course documents describe as Principles of District Nursing, found great variability of content under this heading across forty eight centres offering district nurses courses in the UK. The content ranged across the biological and behavioural sciences and Spicer concluded from her content analysis that district nursing knowledge has borrowed knowledge from other disciplines and the uniqueness of district nursing with its complex application in the home is "unseen". The similarities in these findings with those of Twinn (1989) and of my study indicate that the knowledge used in practice is largely unidentified and unacknowledged and therefore the technical rationality model of knowledge application is at best confusing and at worst irrelevant.

Development of personal theory indicated by Fish (1989) and Twinn (1989) as an important aspect of practice based learning is described by the students in terms of what is important to them in district nursing, for instance :-

- giving time to patients
- treating patients as individuals within their homes
- managing resources to maintain patients at home
- setting goals to meet expressed patient needs within the limitations of patient and career resources.
- working as a nursing team.

However these personal beliefs and values, the beginnings of personal theory, stand in contradiction to the apparent prevailing beliefs and values that are evident in the routines of "busyness" and visiting and the seeming inability to control workloads and practice (Mackintosh 1975, Poulton 1981, Badger et al 1989). It appears from my research that these contradictions result in compromise rather than the testing out of what they mean to students and are therefore ineffective as learning experiences. Students have clear ideas about what they would like to achieve in their role as district nurses and about what they would like to change to achieve these aspirations.

It is clear then that experience with the indeterminate problems in the patients' homes is where district nursing is carried out and where the students gain most of their experience. This is the experience that is highly valued by the students, the care of the patients at home. It is where the "artistry" of district nursing is learnt; where the core of district nursing is observed and where practical

of district nursing is observed and where practical knowledge is transferred. The certainty of this experience is highly prized and constitutes the reality of district nursing.

Conclusions and Implications for Future Research

The changes in nurse education as a result of Project 2000 will provide students with the initial experience and knowledge of nursing in the community. This in turn will result in further changes to programmes that prepare the proposed advanced practitioners (UKCC 1990) who will be practising as district nurses.

This study examines the learning experiences of district nurses from the perspective of the students. In so doing it has gone some way to gaining an understanding of how students learn in practice and what helps or hinders their learning. Attention has been drawn to the difficulties experienced by students in fitting into new settings and trying out change, to the detrimental effect on learning of rigid practice routines and to the powerlessness of the practical work teacher to influence the learning environment. Issues have been raised about learning in the practice setting which have implications for further research and for curriculum planning.

The development of a package to monitor and evaluate the practice setting as an environment that provides optimum learning would be an appropriate project for further research. It is important that criteria for assessing and monitoring environments should reflect the range of issues involved in learning in practice and should be useful to those working in the setting for self evaluation and monitoring. The criteria might appropriately raise questions about:-

- the amount and level of influence of the practical work teachers on the opportunities for learning in the practice setting
- the awareness of staff within the setting about the learning needs of district nurse who will be practising as advanced practitioners (UKCC 1990)
- the attitudes of practical work teachers and other nursing staff to innovation and change
- the level and amount of control by the practical work teacher over workloads.

While the quantifiable things - such as numbers of staff, numbers on caseloads, rooms for study, - are important a more comprehensive package of evaluation is required.

Related to evaluation of the learning environment is the

specific development of practical work teachers' teaching skills. Students establish a strategy of "Trying and Testing Out" which provides opportunities to reflect on their experiences. Action research, involving both practical work teachers and students, to develop teaching strategies based on experience and reflection would be a further way forward. Closely linked to the above is the development of a "practicum" where students can analyse the realities of practice in the light of knowledge taught at college and where knowledge developed in practice can be identified. Again action research could provide opportunities for researcher and practical work teachers to work together to enhance both aspects of the practical work teachers' role, that of teacher and practitioner.

The new programmes for advanced practitioners will oblige educational institutions to develop new curricula. At this point curriculum planners will need to take account of the contradictory aims of an objectives, skills based curriculum, and the humanistic philosophies underlying adult learning theory. This research has raised issues about such contradictions, the results of which are evidenced in difficulties in integrating college teaching and the reality of practice. This is also related to the issue of competence. It seems here that if competence is identified as an end point by objectives that emphasise behaviourist philosophy, there will be a danger that students will continually have to repeat their learning. The changes in

Project 2000 will provide a foundation and a level of competence from which professional practice can be developed - an ongoing process. If this approach is to be successful there will need to be different starting points according to individuals' previous learning. For instance, in this study the practical work teachers without exception had the same starting point and used the same routine of moving from clinical tasks to management of caseload, as noted in the "Fitting In" category. In this respect the assessment of prior learning needs to be addressed in curriculum planning.

The findings from this study are comparable with findings from studies of other practitioners who learn in practice settings (Atkinson 1981, Fish 1989, Twinn 1989). The issues raised make a contribution to the planning of learning from experience for nurses undertaking post-registration programmes and for practitioners in other professions.

CHAPTER NINE

ETHNOGRAPHIC APPENDIX - A postscript

Discussion and comment about the research method has been incorporated into chapters three and four. This reflexive account will analyse ethnography as it has been used in this research and provide a starting point for others in nursing research who may chose this methodology.

At the outset it became quite clear that compromises would have to be made due to the practicalities of collecting and analysing data over the short time available in the taught practice of each course and to the limitations of a single handed part time researcher. Despite the rather despondent remarks from Payne et al (1981) that ethnography is only possible for full time researchers, it seemed to me to be the most appropriate method for this research. However the appositeness of such remarks became obvious as the research progressed. It is a complex method and the involvement of the researcher as an instrument of data collection and of analysis sometimes makes for introspection and self doubt. It also requires a great deal of sensitivity in interacting with gatekeepers and informants. The researcher has to draw on personal resources of resilience and self confidence to maintain fieldwork and analysis over periods of time. This, combined with the

intellectual requirements to be imaginative and to develop conceptual categories, were all things for which I was unprepared when I embarked on this research.

I have drawn extensively on the work of Hammersley and Atkinson. In particular their approach has provided a framework for fieldwork and analysis.

Fieldwork.

Fieldnotes improved as I became more adept at focussing on themes that began to emerge. In the first year I either tried to record everything in the setting, which resulted in a great deal of inconsequential information, or I recorded very little, as many things that happened appeared at first sight to be of no significance. As Atkinson (1981) points out, it becomes easier to select key issues as the research progresses and as substantive themes emerge to guide the data collection. Selectivity in making fieldnotes is not easy to achieve at the beginning of the data collection, when the researcher is deliberately trying to be open to the perspectives of others. For me this was something I was constantly trying to achieve - a distance from the setting and from the people in the setting. Making judgements about settings with which you are familiar is very easy to do. The decision to choose settings where I had no previous associations with the staff helped me to retain my

"strangeness". I realised that my preconceived ideas about what went on in the practice setting had to be changed and this fact in itself was an indication that I had entered the setting with expectations of what I would find.

The fieldnotes in the first year would have been improved if a more comprehensive version had been written up at the end of each day. Although the literature advises the researcher to make full written records that can be read and comprehended at a later time, it is only when you test this out by trying to make sense of something three months later that you realise how sensible this advice is.

The research diary was a most useful tool. It gave landmarks and structure to the data collection and provided a context against which to check the validity of the inferences (Field and Morse 1985). As a reflexive account of the process of the research . . . it provided an opportunity to express feelings on paper and in this way to keep the social and intellectual distance necessary for the analytical work of ethnography. Linked to this notion is that of personal intuitive theories (Hammersley and Atkinson 1983). The diary raised awareness about such theories that might affect analysis - for instance, my concern about the standards of nursing practice in the context of changes that require district nurses to develop their role. Student experience was a guide and reference point that determined data

collection. Adult learning theory set this within an educational framework although the activities of district nursing practice could have been of equal interest and raised different issues. In making explicit the theoretical stance it enables others to draw their own conclusions from the research. A useful example is Melia's (1981) study about student nurses in which she uses the term "fitting in". However the interpretation within the framework of occupational socialisation has different implications to those that arise from an interpretation within a framework of adult learning.

Analysis

As I stated in Chapter four, transcribing my own fieldnotes was the beginning of analysis. Transcribing sparked off ideas that led to analytic notes (Hammersley and Atkinson 1983). It was not until the second year that I fully realised the potential of such notes. Although they had their beginnings in the theoretical notes (Schatzman and Strauss 1973) used to order the data, they soon became an important part of the analysis as progressive focussing developed. The construction of analytic notes "constitutes precisely the internal dialogue, or thinking aloud, that is the essence of reflexive ethnography" (Hammersley and Atkinson 1983). In fact the development of topics or themes that guide progressive focussing arise from transcriptions and fieldnotes and subsequent analytic

notes. In any future research I would file these memoes in a more systematic way, in order that they might be retrieved more quickly. Indeed much of what I have learnt from undertaking ethnography has been about the recording and filing of data for future retrieval and comparison.

While student transcripts provided the starting point for analysis and category development, practical work teacher transcripts and observations were used to provide a different perspective and to check out meaning. In abstract terms the use of different perspectives seemed a rather nebulous concept, but it came alive in the analysis. Some comments by students would not have been as meaningful without the practical work teacher comments or the observations. For instance, it was clear in at least one situation that the student was not having as much interaction with the practical work teacher as she would like. When it became clear that this was a deliberate strategy on the part of the practical work teacher, it clarified the differences in explanation of heavy workloads made by student and practical work teacher. This instance was easier to explain, through understanding that there was a discrepancy between the student's and the practical work teacher's priorities for learning. The practical work teacher's explanation also provided further evidence that the student was being left alone. The observations too provided a stronger basis for generalisation within settings - for instance, noting how students acted or felt within the

patient's home in comparison to when I saw them in the health centre. One of the difficulties of having to negotiate all the terms of the research in advance with the health districts, due to my own time constraints, was that I could not change direction easily. It was clear that negotiation within the setting could have taken place and that further visiting or theoretical sampling could have been undertaken. This is useful to know and would give confidence in future for larger scale research. In this study one extension of my observations could have been to observe and record interactions between student and practical work teacher had this option been available.

It was this whole area of having to make compromises over theoretical sampling that caused me the most concern. Perhaps it was my eagerness to make use of the grounded theory model within ethnography that caused some of my concern and confusion. The nature of grounded theory (Glaser and Strauss 1967) as a process, with its systematic steps of progression, is not to be confused with the broader approach to ethnography which uses other models such as analytic induction. The differences became apparent as the research moved into analysis and theoretical sampling as a form of constant comparison. At this stage of my research I was anxious to ensure that my analysis was as rigorous as possible. Perhaps this anxiety came from a wish to defend qualitative research rather than from the demands of ethnography.

The process of grounded theory begins with the intention to develop theory as conceived by Glaser (1978):-

When the grounded theory approach is used, relationships between theory and methods become tightly integrated. Empirical relationships are created between the theory that is being constructed, the data it explains, and the inductive process by which the former was generated from the latter.
(p.39)

Within the definition the purpose of theoretical sampling is to develop theory. Within ethnography the purpose of theoretical sampling is to discover and develop categories that seem most likely to develop theory. Of course, as previously stated, there are various stages where the research may be concluded before the point of theory development. However it may be that ethnographers are intent on testing theory.

Common to both is the attention to detailed documentation and referencing in order that ideas may be retrieved and their source in the data identified to illustrate evidence and links made with other concepts. A useful point in the grounded theory literature is the reminder that category development is carried out at a conceptual level of analysis so that the relationships between concepts can be mapped in the data. The temptation to get bogged down in the data is thus avoided. Further practical information on self pacing which I identify with, is described by Glaser (1978). He suggests that analysing data should be restricted to between

two and four hours and that ideas should be written down rather than talked through. His terminology of the "drugless trip" was very reassuring at the stage of feeling "blocked" and not able to write. His advice is to write down anything you think is analysis with a little reading to stimulate the writing. Then "through this tributary generated ideas find their release by associations and flow like crazy" and following this Eureka effect "energy is lost...excitement changes to stultification...closure leads to satisfaction"(ibid p.24). In other words the important thing is that the ideas are recorded, so that they can be returned to later.

The assumptions of ethnography (Hilton 1987) listed in chapter three have to some extent been tested during this research. Studying culture "as it is" can be tempered with reflexivity - the recognition that the researcher will influence the setting. The fact that you are included in the conversation or asked advice is an indication of acceptance by the informants (Field and Morse 1985), but it also indicates that you cannot somehow become "invisible". In this research reflexivity has become important on two counts. Firstly it is clear that reflection has much to contribute to the learning process in the practice setting of the community, in relation to both students and practical work teachers. Secondly it is, as Hammersley and Atkinson (1983) state, "the key to development of both theory and methodology in social science generally and in ethnographic work in particular" (p.236).

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1 DISTRICT NURSE COURSE

AIM OF THE COURSE

1.1 The aim of the course is to prepare a district nurse to be competent to commence nursing duties in the community and to be able to accept individual responsibility for the professional standards of her own performance. To satisfy this aim the curriculum has been designed to emphasise the use of a problem-solving approach to district nursing and reference is made throughout to the 'nursing process'.

NB. Although the female gender is used in these guidelines all comments apply equally to the male student.

COURSE OBJECTIVES

1.2 Four main objectives are incorporated in the outline curriculum. The principles should be applied throughout the course of study and not limited to specific units of learning:-

Objective 1 To assess and meet the nursing needs of patients in the community.

Objective 2 To apply skills and knowledge and to impart them effectively to patients, relatives, other carers and the general public.

Objective 3 To be skilled in communications, establishing and maintaining good relationships and able to co-ordinate appropriate services for the patient, his family and others involved with delivery of care.

Objective 4 To have an understanding of management and organisation principles within the multi-disciplinary team and a positive approach to future developments to meet health care needs.

1.3 The outline curriculum will be found at Appendix 1a.

LENGTH OF COURSE

1.4 The course must be of at least 38 weeks exclusive of study leave. The first 26 weeks must be planned on the basis of two thirds theory to one third practice and this must be followed by a period of supervised practice.

- 1.5 The curriculum allows flexibility in course planning but requires that theory and practice will be inter-related throughout the course and that there should be some concentration of study at the beginning and near the end of the course.

TAUGHT PRACTICE

- 1.6 One-third of the first 26 weeks (ref 1.4) must be allocated to taught practice. The student must be placed with a practical work teacher who will assume responsibility for planning the student's practical work programme, allocating a controlled caseload, and teaching the skills of district nursing within a primary health care team. It is the responsibility of the course leader to ensure that the student is placed in a suitable learning environment. A note on the recommended criteria for practical placements will be found at Appendix 2.

PRACTICAL WORK TEACHERS

- 1.7 Practical work teachers must have completed an approved course and hold a qualification approved by the Board.
- 1.8 The practical work teacher/student ratio must be one to one during the period of taught practice. The practical work teacher must not have allocated to her any other student during the period in which she exercises her responsibility towards the district nurse student.
- 1.9 A practical work teacher shall have a reduced but well balanced work load whilst training students. Ref. Whitley Council advance letter (NM) 3/81, paragraph 6 and ENB Circular 1986/19/BMR (see Appendix 3)

SUPERVISED PRACTICE

- 1.10 The required length of supervised practice is 12 weeks. For this period the student must be placed with a supervisor who has undertaken an approved course (ref 4.3); and who is currently practising as a district nurse or, if a nurse manager, has immediate responsibility for district nursing services.

For further details of supervised practice, see Appendix 4.

ASSOCIATED EDUCATION AND TRAINING

- 1.11 Opportunities for shared education and training should be developed with other students being prepared to work in primary health care.

OUTLINE CURRICULUM - COURSE CONTENT - DISTRICT NURSE COURSE (1978)

SKILLSKNOWLEDGEATTITUDES

Principles and practice of district nursing techniques.
Development of social policy.

1 Information gathering

Interviewing methods.
Principles and problems of confidentiality

Awareness of the need to preserve confidentiality.

2 Observation

Effect of the environment on the individual.
Sociological concepts and their significance in health and disease.

Respect for the values held by all persons with whom she comes into contact.

3 Assessment of physical, social and emotional needs

Criteria for assessment of total needs of individual and groups of patients.
Normal and disordered body functions.

Demonstration of an enquiring mind.

4 Planning of care

Problem solving techniques.
Programmes of care to meet assessed needs.
Referral techniques.

Respect for the patients and carers perception of their needs.

5 Implementing care

Organisation of the nursing environment.
Dietetics.
Drugs and other therapeutic measures for conditions commonly met in the community.
Rehabilitation.

Respect of patient's property.

6 Evaluation

Methods of evaluating care.
Prevention of further ill health
Promotion of health

Awareness of the need for continual re-assessment of care provided and willingness to modify previously made plans.

SKILLSKNOWLEDGEATTITUDES

7 Supportive care

Determinants of stress in the family situation.

Acceptance of professional responsibility for the welfare of people other than patients.

8 Imparting skill and knowledge

Introduction to principles of learning and teaching.
Skills analysis.
Demonstration and teaching techniques.
Self analysis.
Assessment of performance of others.

Understanding of the importance of teaching and willingness to accept this responsibility.

9 Communication

The basic principles of written and verbal communication.
Record keeping.
Record writing.

Appreciation of the value of health education in its widest sense and the need to develop an individual approach as necessary.

Awareness of communication as part of total patient care.

Willingness to learn and re-learn.

10 Establishment and maintenance of effective relationships.

The dynamics of individual and group relationships.
The psychological and social needs of families.
The role and function of the primary care team.
The management structure of the National Health Service
An outline of central and local government

Acceptance of her responsibility as clinical nursing expert within the primary care team.

SKILLSKNOWLEDGEATTITUDES

11	Co-ordination of services	The policies, structure and contribution of other health, social and voluntary services.	Appreciation of, and respect for, the skilled contribution of others concerned with patient care.
12	Organisation and supervision of the nursing team.	The principles of management as adapted to the needs of community care.
Basic understanding of the principles of motivation.	Appreciation of the importance of teamwork. Willingness to accept managerial responsibility.
13	Appreciation of methods of critical investigation.	Development of new procedures and techniques
Information retrieval and use of resources.
Ethical, legal, professional implications of research. | Awareness of the value of research and its contribution to better patient care.

Respect for human dignity. |

APPENDIX 2

BIOGRAPHICAL DETAILS - STUDENTS

STUDENT	PROFESSIONAL QUALIFICATIONS	LENGTH OF COMMUNITY EXPERIENCE	CAPACITY IN WHICH EMPLOYED 2 YRS. BEFORE COURSE	NON-QUAL. COURSES ATTENDED	AGE RANGE
1st.yr.					
S.T.	R.G.N. '66	15 mths.	Charge Nurse - Hospital Staff Nurse - Community	Brit.Tuberculosis Ass. '67 Ophthalmic Nursing Dip. '68 1st Line Man'ment Course '76 Cert.Oncological Nursing '86	41 - 50
Q.D.	R.G.N. '83	10 mths.	Staff Nurse - Hospital Staff Nurse - Community		22 - 30
F.H.	R.G.N. '74 R.S.C.N. '77	2 weeks	Ward Sister - Elderly Acute Medical	Care of the elderly Promotion of continence	31 - 40
U.E.	R.G.N. '83	1 year	Staff Nurse - Community Staff Nurse - Agency	Patients come first - 2 day course '87	22 - 30
K.O.	R.G.N. '68 R.M. '70	1 day (vol.)	Ward Sister - Medical	Diploma in Counselling - 1 year part time '86-'87	41 - 50
T.R.	R.G.N. '81	1 year	Twilight Service	None	22 - 30
N.C.	R.G.N. '80	1 year	Staff Nurse - Hospital Staff Nurse - Community	None	22 - 30
D.C.	R.G.N. '74	None	Ward Sister - Elderly Medical	None	31 - 40
2nd.yr.					
N.T.	R.G.N. '78 S.C.N. '85	10 mths.	Staff Midwife Staff Nurse - Community	Study Days - Terminal Care	22 - 30
F.T.	N.N.E.B. '80 R.G.N. '85	12 mths.	Staff Nurse - Hospice Staff Nurse - Community	Pain Control Symposium '87 Assertiveness Course '88	22 - 30
N.D.	R.G.N. '64	5 yrs. (pt.time)	Home Care Sister - based at Hospice	E.N.B. 931 '87	51 - 60
K.U.	R.G.N. '71	1 yr.	Staff Nurse - Hospital	None	41 - 50
E.X.	R.G.N. '78	4 yrs.	Staff Nurse - Community Evening Service	I.V. Therapy '86	31 - 40
Q.D.	R.G.N. '76	3 yrs.	Staff Nurse - Community	Study Days	31 - 40
N.I.	R.G.N. '74 S.C.H. '78	None	Night Sister (relief) - Hospital	Management '86	31 - 40
K.T.	R.G.N. '81	None	Ward Sister - Medical	Diabetes '85, Management '86, E.N.B. Assessors '85, Aids '86.	22 - 30

RESEARCH PROTOCOL

Title of the Project

The Community Learning Environment - An ethnographic study of students and their practical work teachers in district nursing.

Aims.

To describe and gain an understanding of the learning environments of district nurses in the practice setting of the community. To suggest indicators for good learning environments in the community.

STUDY DESIGN.

The study is based on the grounded theory form of the ethnographic approach. The qualitative nature of this research does not allow the testing of research hypothesis or measurement against strict criteria. The aims are deliberately broad and non-specific. In keeping with the methodology more precise objectives will emerge in the course of the study.

TIMETABLE.

Pilot Study	October 1986 - August 1987
Main Study	October 1987 - ongoing
Estimated date of completion	October 1989
Written report	July 1990

SAMPLE.

District nurse students and their practical work teachers will be drawn from institutions that can provide examples of community learning environments in different geographical areas.

A) ACCESS.

Gaining of access will take account of the following factors:

1. Gain permission to enter Institute from where the student sample is to be drawn.
2. Discuss research proposal with Institute staff and students.
3. Initial identification of student sample and corresponding health authorities.
4. Gain permission to enter health authority by:
 - a). Telephone contact with official correspondent, nursing officer and practical work teacher who have responsibility for the student while they are undertaking the district nurse course.

- b). Written confirmation of agreement to participate in the study and outline of participants involvement in the study.
- 5. Confirmation of health authority permission with students.
- 6. Awareness of need to ensure continued agreement with participants throughout the study.
- 7. Careful scrutiny of research proposal, including ethical considerations will be carried out by the supervisor of this project.

B. DATA COLLECTION AND ANALYSIS - Main Study.

Data will be collected by interview and observation.

- 1. Initial unstructured interview conducted at the institution with each student after the first and before the second practice placement.
- 2. One unstructured interview with each student and practical work teacher conducted separately during the second practice placement.
- 3. Observation of each student for one period of their normal routine while in the third practice placement, followed by a further unstructured interview with student and practical work teacher separately.
- 4. Unstructured interviews with students at the institution following their third practice placement.
- 5. Data will be recorded by audio tape at interview and written fieldnotes following observations.
- 6. Data analysis will be an ongoing process. As categories emerge from the interviews and observations they will be developed, refined, modified and in some case disproved. The finding will be analysed in the context of existing theory relating to learning environments, adult learning and learning from experience in the work area.
- 7. Preparation of written report.

C. USE OF FINDING.

- 1. A report of the findings will be made available to all the participants. Wider dissemination of findings will be achieved through publication in professional journals, presentation at conferences, talks to research groups and teaching to district nurses, practical work teachers and nurse manager.
- 2. It is anticipated that this preliminary research will raise questions for research.

Confidentiality.

All information will be treated as confidential and only used for purposes of this research. Names of informants, health authorities or institutions will not be revealed.

A.E.Mackenzie,

Interview with ----- - 3rd placement. Feb 17th 1989.

- 3.1 I just want to pick up from last time when we were talking, one of the things you said was that you were getting slower and I wondered whether you still think you are getting slower or have things changed ?
- 3.2 No, (laughs) I have speeded up this time, I've had a heavy case load. I've been working on my own most of the time because of this situation so I've had to cope. Really, that's perhaps to the patients detriment, maybe I've missed things, I've probably missed things that I would have picked up on if I'd been taking my time. There just hasn't been the time in the last two weeks to do that.
- 3.3 So you're not worried about that now (no that - laughs - resolved itself, yes)
- 3.4 I suspect from what ----- was saying this morning that you're short staffed and that your not able to see her so often has that affected your expectations of this placement has it been difficult to meet the expectations you had ?
- 3.5 No they haven't been meet. (Why is that).
- 3.6 I just feel at the moment I'm being used as a pair of hands. Although its nobodies fault, I think there should be, if they're going to train district nurses, there should be people who can be called in if the staff are short, so that we can get the cover that we need and experience that we need and have the time with the practical work teachers that we need.
- 3.7 Which I haven't got. ----- has been doing the clinics and if I have had problems, I've just really had to figure it out myself without being able to ask. If she's floating about outside then I've managed to catch her and say, but its difficult to keep on interrupting clinics. It stops her train of thought and its disruptive to the patients as well.
- 3.8 I don't like having to feel like this. I cant keep coming back here all the time whereas before we perhaps met at a patients and I could chat to her in the car or as we went out. (It must have been difficult) yes it has.
- 3.9 Have you had anybody else to help out or have you had all the work to do ?
- 3.10 Yes we've had other people on duty, but they've been covering other areas and so they've been covering the work and then going back to their area. Its been quite busy. I don't feel particularly happy about it this time (hmm).

- 3.11. What were you hoping to get out of this placement, I think you said it would be something to do with management ? 310
- 3.12. I was hoping to have a set of patients that I would go to - a small case load - that I would go to every day and if some new referrals came in, then I would perhaps have them. If I got too many then I would drop some of the ones that I had been doing before. I would keep the same caseload but including the new assessments. Really I haven't had much time to do that, I've had the patients who the other person hasn't had or she had some of my patients some days - its been quite difficult really. I feel quite angry - I know district nursing isn't meant to be stretching and glamorous but there are things that I have gone and done. I feel I could be using my time better elsewhere. Perhaps ----- is a case in point, going in to wash her everyday is not quite what I should be doing.
- 3.13. You would make changes there would you ?
- 3.14. Yes - its difficult I don't know whether to say or not (yes). Perhaps if ----- had been available, I would be able to just say is it really necessary, could we organise it a different way and then if it doesn't work - fair enough, (hmm) rather than just going in there every day without saying anything.
- 3.15. Are there other instances where you feel that if there had been your patients you might have done it differently (yes) any other examples that come to mind ?
- 3.16. Hmm... the terminal patient that I went to last week, he just died last week-end, hmm I felt there wasn't enough input there perhaps its because I've had so much experience in terminal care. I tend to think they're my baby, but not possessively, but I think... she was being visited once a week when I got there last week. I started going every day, getting the Marie Curie in, I think they'd been in before but I got the evening service in. The daughter was really at the end of her tether and I think that was a shame because she'd worked so hard, our input could have gone in earlier, and relieved some of the tension she was feeling. By Thursday she was pretty up tight, pretty cross and her mother actually died on Sunday and I think she now feels guilty. Perhaps saying a couple of things to me that she didn't really mean. I saw her this week and took everything out of the house and I said that I'd got and see her next Friday to give her time and the children will have gone back to school then. So I felt there that our input could have been better.
- 3.17. Did you discuss that ?
- 3.18. No, I haven't really said very much at all. I haven't had the chance, because ----- goes home at lunch times. I find that quite difficult. I obviously can't go home so I sit about and do my forms and things, I find that... I don't really like that.
- 3.19. No... so you haven't had any formal teachings either ? (no). Have you asked for any teaching (no not really).

- 3.20. Did you say this morning that there was another person on the course, are they based here ? (No at ----). 311
- 3.21. Do you ever get together with that person ?
- 3.22. Yes, I do, I rang her last night (laughs) because I was feeling a bit grumpy. She is quite good she just listens and says what she thinks. We are quite close like that we can say to each other. I don't think you should say something to ----. (hmm).
It's very difficult I don't want to... I know she's very easily upset and I don't want to upset her, and a lot of it isn't any fault of hers but I think she could put a bit more effort in. (hmm).
- 3.23. It's an awkward position, you have to continue working...
- 3.24. Yes, whatever I say I've got to carry on and if I'm working in this area when I'm qualified it could become quite difficult. I don't want to upset her and say anything.
- 3.25. Have you discussed it with ---- (yes) and what was his advice ?
- 3.26. He wasn't very helpful. I didn't find him helpful. He said that when he came to visit he would discuss it but when he came ---- was doing the baby clinic that afternoon so I took him out and we just talked about the patients. I said have you had a word with ---- and he said no, and I said well you know this is fairly typical of her being in a clinic in the afternoons, while I'm out. It's not how I envisaged a PWT being (hmm, that's right). I don't need to be protected from all sorts of things but I just like to know that there's somebody there who's going to be helpful and say OK.
- 3.27. Because you seem to be relying on what you have already learnt before (yes).
- 3.28. Would it be fair to say then, that you haven't really learnt much new. (No, I haven't). But has it changed your ideas or changed your attitude ?
- 3.29. But I'm still finding things difficult... just like last year, that I don't know how to handle , like what do I use after the Aserbine. I'm, still at that stage whereas now I think I should now have a series of things that I can pick and use it, whereas I'm still wondering well has that helped. Well over halfway through the course I should be feeling more confident and have some basic teaching about things like that and what has been used by my PWT to advantage or not. It comes back to this thing of it's mine and I don't want to share it. (hmm).
- 3.30. It's very difficult for you I can see that [pause, to look through notes]. Yes, another point I wanted to pick up was links with theory and practice. I'm just trying to find out whether you make the links yourself by actually just thinking about what you have done in college or are there any specific ways in which links are

- 3.31. Hmm, well... the only thing...hmm, well, I haven't really done much linking this time. The only thing I'm very aware of at the moment, I'm doing another assignment this time on communication and I'm very aware at the moment of how people are using their non-verbal signs. I'm storing it all away to use as examples (hmm). (Is that the psychology assignment ?) yes. (And that going to be used as an assessment ?) yes. And I'm finding it very difficult, because its.... all the reading that I'm doing its only really people from the ... and theories, none of it you can say is concrete, that where somebody does a certain gesture it means this. So it's all supposition and I find it difficult to write about things that other people have thought. I haven't got anything on paper yet and it's got to be in at the end of March.
- 3.32. Did you choose that because of your background ? Anyway you must know quite a lot about non-verbal communication.
- 3.33. I choose that because it leapt at me none of the others seemed to stimulate my thoughts. But I've read quite a bit, but I can't seem to get anything on paper, there seems to be so much to put in without quoting things that I've seen.
- 3.34. Is that required then... are you expected to draw on your own experience ?
- 3.35. Yes, you are to a certain extent but they also want to know the background and they want to know the theory and things and that's the bit I'm finding hard, whereas thirty percent of the marks are on how you relate it to district nursing.
- 3.36. So it's psychology you have to draw on not nursing research like Macleod-Clark's stuff on communication, (no) it's the psychology.
- 3.37. The other thing that has struck me while I have been doing the research is the sort of protective environment that students are in because they are not taking full responsibility for the caseload which is normal practice - so one question that arises in my mind is how do you actually find out when you're in a risk situation, you've got to take a risk or in stressful situation, whether you can cope. Do you ever get put into those situations ?
- 3.38. What do you term stressful situation ?
- 3.39. I'm particularly thinking about patient care if you went into a situation and you didn't know how to cope, have you had chance to test yourself in that like going into the unknown and find a catastrophe has occurred ?
- 3.40. I have been in situations like that before (on this placement ?) not on this placement. I mean, I had to go in yesterday and take somebody stitches out and I thought: Oh it will be fine and then

when I got there and got the dressing off, it was all weepy and bloody, so I didn't take the stitches out and I keep thinking I should³¹³ have taken them out really. Anyway, I'm going back on Tuesday and I think I'll take them out then... I mean they won't hurt to be in but it worried me that I had said to the patient before I'd really thought, Oh, I'll leave them in. If I had not said it, I would probably have taken them out today. And that's... that put me in a spot. Well it's not putting the patient in danger so I could take them out Tuesday and I don't think the stitches were doing much good anyway. I'll probably have to dress the arm for a week or two anyway.

- 3.41. And yesterday, I went to a terminal patient who's uptight, he said he didn't want to know anything about his illness. They told him he had got carcinoma of the lung and that's what he knows and now he's been told he's got congestive cardiac failure as well and the prognosis is very poor. And I said to him, which made me feel stressed, do you want to know any more about what's going to happen, have you changed from when you said you don't want to know ? And that's because I was feeling comfortable in the situation and after I said that I felt uncomfortable, but he gave me an answer which is good because I wasn't clear whether he had changed his mind or not, and he said no, he hadn't changed his mind and didn't want to know any more. And yet, you wouldn't think I would find that stressful because I have been in situations like that before but I lull myself into security and then all of a sudden, it grips you. But his wife said to me she was very glad that I asked that because nobody had really asked him again. And I was just worried I've nursed people who've said they don't want to know and right near the end have wanted to know and said why didn't you tell me and I didn't want that to happen, because I think his wife is doing a grand job and I didn't want him to go against in the end if she'd stopped everybody telling him more about it. So we cleared that up and we can now carry on.
- 3.42. So as you go in, you come across these situations (and does that give you a feeling of what it's like ?) yes.
- 3.43. And perhaps the next time I wouldn't say I'm not going to take those sutures out, I'll think a bit more before speaking out.
- 3.44. Have you discussed that with ----- ?
- 3.45. No, I haven't seen her since. (Would you expect to do that ?) yes I probably will to test out what she thinks.
- 3.46. It seems you are drawing on a lot of background experience you have had before...
- 3.47. But, I don't know whether it's right or not, I've never been told whether what I am doing is correct... because I've always worked on my own. I was relief for people on holiday. They always told me about the good things that I did but I don't think sometimes they told me if I'd done things wrong, I think they were quite protective

(And are you finding that out here ?) No, I want somebody to say : God ! that's terrible, why on earth did you do that and I would say³¹⁴ well that is what I thought but can you tell me what to do the next time it comes up, (hmm).

- 3.48. Last time we discussed a situation where you had been to a patient and you'd done some counselling and I think ----- had been with you, clearly that hasn't happened again this time, so that recognising your skill, your experience hasn't happened this time because of the lack of contact (yes).
- 3.49. This was the same terminal patient that I was counselling with ----- last time.
- 3.50. Except that the experience with the GP was negative, (yes I find that very frustrating) yes.
- 3.51. I find that quite insulting really that people shouldn't recognise the skill that I have got just to wave it away as if it's an extended role and it's not for you. Whereas I'm willing to do it I would have thought that was a good resource, having nurses that were not specialists and stuck away but nurses that have specialist skills and can teach others they are in contact with.
- 3.52. Just one more thing. You said you were talking to your colleague who is on the course with you, do you find the group supportive as a whole.
- 3.53. Yes... hmm... the group's too big, definitely too big. We've sort of gone into smaller groups now around various tables and we tend to stick to those and the people in those groups are very supportive, which is quite good and as a whole the group sticks together. There was an episode over counselling last term, hmm, with ----- who you are going to see as well. She and I decided to opt out of counselling because we felt we weren't getting anything out of it and obviously we took something away from the group. We were disruptive and we opted out and whilst we were out of the group that day, the counsellor actually discussed us with the group and the group, as a whole, was very supportive because they didn't like the way we were discussed. And, we've actually decided now that we went to that because we didn't find it was beneficial. I found that I've had experience, I mean, I haven't had so much that I don't need anymore, but I found that it wasn't doing me any good. I found that talking to people who had been in it, in the group, they were concentrating on all sorts of things and getting away from the actual patient who they were talking to, they were looking for all sorts of signs and signals and I didn't want to get this into my brain and lose what skills of counselling I'd already had. But I talked to ----- about it and he said that's fine, there the group pulled together and I was surprised.
- 3.54. That is good, you need support somewhere.
- 3.55. I did talk to ----- but I don't think he's any help, he just said yes and

no and I think, he thinks I'm quite strong enough to say things on my own but I don't want to upset anybody and I think I will do if I¹⁵ say anything. The slightest thing will upset somebody.

3.56. Unfortunately it does happen.

3.57. Does it, do you think something should be said because, the girl that I'm at college with, she said it's for everybody else good if I say something. People who came out the next time will not have had the experience and she says, well what if I'd been in ---- and she'd been here with no experience to call on, how would she have coped.

Tape turned off - see fieldnotes.

Footnote

An extract from this transcript is found on page 183
coded as FT2.3: 3.5

Glossary of Punctuations used in the transcripts

Glossary of punctuations used in the transcripts

- () Interjections from the other person involved in the interview.
- Change in thought or topic.
- [] Explanation or reference not made explicit by the narrative.
- { } Other activities eg laughter, phone, pause.
- Name deleted.

Coding system used in the transcripts:

Initials	- Student identification	eg KO
1st fig.	- Year of study	eg 1
2nd fig.	- Placement	eg 3
3rd fig.	- Paragraph	eg 3.28

Example KO.1.3:3.28.

Student KO in the first year of the study, in her third placement found in paragraph 3.28 in the transcript.

This system makes it possible for the reader to locate the student in the year of study and in the placement within that year.

The female gender is used throughout in referring to respondents. Although one respondent was male identification would compromise confidentiality.

APPENDIX 6

Extract from Research Diary (Fictitious names used throughout).

Year 1 - November 11th.

To interview KO in placement. Found I had not contacted the gatekeeper (Director of Nursing Services), although I contacted the official correspondent - Jane Smith. When I telephoned Jane Smith she was only too pleased, chatty and said not to bother going to the Director. Things change so quickly - need to be sure and to "over ask".

P.W.T. very concerned about using tape recorder. Time spent before the interview talking about my research and answering questions. This obviously needs doing to allow respondents to become familiar with the research. Eventually persuaded to use tape - reinforced confidentiality.

Interview with KO. Told KO I had tried to imagine how she must have felt coming to a new place. [Strangeness in an unfamiliar landscape - important to student - hadn't realised how strange it feels - hostile even.]

Asked KO to get closer to the tape - soft voice. Said again - after tape off - not sure what I wanted. Seems very anxious - which she says she is about the whole placement. Relaxed discussion when tape is off. This also applied to P.W.T. KO says will I pass information to P.W.T. "because if so she would phrase it not to be hurtful".

[Methodological note - giving information to informants - stress confidentiality, use of tape. Access and gatekeeper. Protocols].

[There seems to be a great leap from hospital experience to community. Things like knowing where to go i.e. clinic - door locked, couldn't find way in. Has this affected her learning? Time short - does it allow for this. Has different approach to care from P.W.T.? important!]

Year 2 - February 22nd.

Further transcriptions. Clearly it seems important to have people who can think things through - conceptualise v.s.v. concrete thinking - shown in difference between NT3 and KU3.

[Implications - need to look at theory and practice. Are we separating them out too much i.e. college/practice and therefore creating a void that is not already there? Is it just applying in practice? Can you think about practice and postpone the application? Students have to in some cases.]

APPENDIX 6 cont.

Each time I transcribe another door opens up. It is therefore important to transcribe own tapes, although boring. Hearing the voice takes you back to replay/reflection. An important point for taping interviews - a role play. Re-creating the scene.

Certainly has affected my thinking about district nursing. Often thinking about standards and the poor students who might go through and the poor P.W.T.s and the good who are frustrated - also the mismatch between student and P.W.T..

[M.N. I have to make sure does not affect my "distancing" - it could introduce bias.]

Some transcripts are boring and uninspiring, some are very stimulating. Feel you want to work with those people and follow them up. Perhaps in future evaluate practical placements or courses. Perhaps there needs to be some sort of criteria for H.A.s and colleges - both - to evaluate placements.

[Not just theory and practice - its vision and reality. So how close is the H.A.'s notion of district nursing to the college's notion. If we work to a pre-set curriculum we are restricting the ability to educate for reality. Academic freedom v.s.v. vocational preparation. But no - it's not that - it's using the academic development in thinking - intellectual development - to help develop the professional role not move it further away from practice.]

[M.N. Interviews need to reflect interest and level of ability of articulation of students. Is a skill in helping people to articulate their thoughts.]

RECOMMENDED CRITERIA OF SUITABLE PRACTICE FOR THE PURPOSE OF PRACTICAL EXPERIENCE FOR DISTRICT NURSE STUDENTS.

The following guidelines are issued to assist in the selection of suitable practical placements.

1. Siting

- a. A group practice or health centre. Where possible a teaching practice.
- b. A room available for practical work teachers to conduct clinical demonstrations, discussions and counselling interviews.
- c. Facilities areas for private study and work completion should be available to the student.
- d. Quiet area for private study and work completion should be available to the student.

2. Primary Care Practice

- a. Primary care team concept upheld by members.
- b. Maintenance of Age/Sex Registers and other methods of identification of 'at risk' groups would be an advantage.
- c. Health assessment projects, e.g. cytology Clinics, Screening Clinics for the Elderly.
- d. Practice lists should ideally include a cross-section of:
Age groups;
Social class;
Ethnic groups.
- e. Where these facilities are not available, consideration may need to be given to the provision of some contrast experience, e.g. rural or inner city areas.
- f. Teams of all nursing grades to provide managerial experience.

3. Learning Environment

- a. The learning situation should be under the management and control of a qualified practical work teacher.
- b. Placement monitored and facilitated by a nursing officer (district nursing).
- c. Practical teaching and the delegation of a controlled caseload must be undertaken by a qualified practical work teacher.
- d. Continuity of instruction is an important factor and consideration should be given to holiday arrangements and a relief qualified practical work teacher for unplanned absences.

APPENDIX 8

TERMINOLOGY

The following terms have been used in this study and are defined as follows:-

District Nurse

A Registered General Nurse who has undertaken a post-registration qualification, recordable with the United Kingdom Central Council for Nursing, Midwifery and Health Visiting.

Practical Work Teacher

A district nurse who holds the Practical Work teacher Certificate. The practical work teacher has responsibility for teaching the practice of district nursing; planning the students' taught practice programme; assessing the students' progress throughout the course and evaluating competence to practice.

The term community practice teacher has now been adopted by the English National Board for Nursing, Midwifery and Health Visiting. It is a generic term to include not only practical work teachers, but also others in the practice settings of the community who have teaching and assessment responsibilities for health visitors, community psychiatric nurses, community mental handicap nurses and occupational health nurses.

Caseload

The population for which the district nurse has designated responsibility and is based on a defined population such as that of a general practice or a geographical area.

Workload

The whole range of activities for which the district nurse has professional responsibility, such as nursing individuals in their home, liaising with other agencies, identifying health needs of a population.