

# Constructing professional identity during the COVID-19 Pandemic: the student nurse perspective.

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## Abstract

This thesis explored factors shaping professional identity construction as perceived by student nurses studying during the COVID-19 pandemic. A strong individual professional identity supports career longevity, maintaining the values, beliefs, and culture of the profession. Understanding how periods of significant and widespread disruption in healthcare influences the process of professional identity construction of student nurses has significance for nurse education.

Charmaz' Constructivist Grounded Theory methodology guided this study, advancing theoretical understanding of the process of professional identity construction of student nurses during this challenging period. Archer's Human Agency theory and Bandura's Social Cognitive theory theoretically framed the study, considering the interplay of individual agency, structural forces, and the ways these impacted participant attempts to construct a professional identity.

Twelve student nurses from three undergraduate nursing cohorts participated in six focus groups, undertaken when participants were in theory and practice blocks of learning, over a 14-month period during the COVID-19 pandemic. Vignettes and mass media imagery were used as trigger material to elicit in-depth discussion. Data were analysed using Constructivist Grounded Theory methods.

The findings suggest that workforce shortages, policies, and processes limit student nurses' scope of practice and challenge their relationships with nurse role models. Being frequently deployed as health care assistants influences their perceptions of the status and value of the student nurse role in clinical practice, and as future nurse professionals. The emerging Grounded Theory proposes that student nurses actively engage in a process of reshaping their expectations of being a student nurse, of role models, and of the qualified nursing role, to make sense of intense and challenging experiences and establish and maintain a professional self-concept.

In conclusion, where ongoing challenges in healthcare provision continues to impact student nurses' experiences, the nurse education community must strengthen processes and networks to support them to construct a positive professional identity.

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# Chapter One: Introduction

This study explores the range of factors that shaped the professional identity construction of twelve student nurses on the BSc Nursing programme at University of East Anglia (UEA) in the United Kingdom (UK) during the COVID-19 pandemic. The advent of the COVID-19 pandemic during this study, influenced the study design, and participant experiences. The study's findings provide a novel perspective of the experiences of student nurses who were attempting to learn and construct their professional identities during a major world health event.

## 1.1 Background

Professional identity construction is of interest to nursing because the establishment of a clear and confident professional identity within the nurse's personal self-concept influences the way they connect to and enact the role (Lindell Joseph *et al.*, 2023). This has implications for the profession, as nurses collectively enacting professional values and beliefs strengthens the validity of nursing within contemporary health practice (Willetts and Clarke, 2014; Fitzgerald, 2020).

It is accepted within the literature that professional identity is established within the formative stages of the nurse's professional career, beginning with their nurse education journey (Johnson *et al.*, 2012; Goodare, 2015; Lindell Joseph *et al.*, 2023). During pre-registration nurse education, student nurses are enculturated into the profession by nurse academics and clinical nurses, through a process of professional socialisation, and through their development of knowledge and skills within theory and practice components that are required within the educational standards (Nursing and Midwifery Council, 2018a, 2023a, 2023b, 2023c). Both the design of the education curricula and the development of the educational community of practice must ensure that student nurses are nurtured in their journeys to become 'future' nurses (Nursing and Midwifery Council 2018a:1). Professional values, beliefs, and conduct central to the profession are encapsulated within the Code of Practice issued by the regulatory body to which all student nurses and nurses ascribe (Nursing and Midwifery Council, 2018b). Thus, interactions with academic and clinical nurses are central to shaping the student nurse's understanding of the role. This includes role modelling the values and beliefs of the profession, and the boundaries within which nursing practice is enacted (Felstead, 2013). The enactment of these professional values and beliefs and understanding the shared responsibility to maintain and advance nursing knowledge and

safe and effective practice, shapes the identity of the student nurse as a future nurse and establishes a sense of belonging and commitment to the nursing profession (Willets & Clarke, 2014).

At the same time, constructing a professional identity as a student nurse is not a straightforward process: the progression of student nurses through their educational programmes results in individuals being influenced and shaped by multiple factors, ranging from those originating within one's personal self-concept, to external factors present within social, educational, and clinical settings (Fitzgerald, 2020). Additionally, learning to be a nurse requires student nurses to be actively reflective (Nursing and Midwifery Council, 2018a). In academic and clinical settings, internal values, self-efficacy beliefs and motivations are brought to the fore and revisited frequently when analysing and reflecting on interactions and experiences (Johnson et al. 2012). Additionally, the reflexive activities that student nurses engage in are important in their ability to make sense of the complexities of the social structure of nursing and their engagement within it (Goodman, 2017). Through this engagement, student nurses form their own understanding of these to create meanings of what nursing is and how their burgeoning professional selves fit within it (Johnson et al. 2012).

Within the literature there is acknowledgement of the value of professional identity to the individual, the professional group, and to the provision of healthcare (Professional Standards Authority 2016). A well-developed professional identity contributes to longevity in the individual's chosen career (Eteläpelto *et al.*, 2013; Professional Standards Authority, 2016). Not only does this have personal implications for career progression and job satisfaction, but it is also important for strategic workforce planning and development. In a period where UK nursing workforce shortages raise concerns regarding the ability of the National Health Service (NHS) to deliver safe and effective healthcare, strategic planning has focused on initiatives that support student nurse recruitment and retention, and reduction of attrition (House of Commons Health Committee, 2018; Health Education England, 2018; Health Education England, 2021). While practical solutions such as widening participation initiatives may be considered (Health Education England, 2021), to increase the effective targeting and success of these initiatives, it is essential to understand the student nurse perspective of the factors that impact on their experiences of nursing and nurse education. These factors are

influential in shaping the way they construct a professional identity and are crucial to establishing a strong connection to the nurse role.

## 1.2 Definition of professional identity

Across the wider literature, professional identity is viewed as an extension of personal identity, with the construction of professional identity articulated as a process through which individuals internalise and make sense of experiences and interactions in their work role. In doing so they assimilate the values, norms, and expectations of the profession (see Carper & Becker, 1957; Öhlén and Segesten, 1998; Ibarra, 1999; Goodrick & Reay, 2010). Such perspectives suggest that definitions of professional identity should acknowledge the role of the profession and the enactment of the professional role within the professional identity construct.

Reviewing the literature to identify a definition for this study, it became evident that authors focusing on nursing professional identity took varied approaches. For instance, Johnson *et al.* (2012:563) suggest that professional identity in nursing,

“... is a sense of self that is derived and perceived from the role we take on in the work that we do.”

The focus of this definition is on the individual’s perceptions of their work role which provides a sense of the professional self. However, it could be considered as simplistic, lacking acknowledgement of the influence of the profession within the individual’s perceptions of the work role.

In contrast, Walker *et al.* (2014:104) states,

“[professional identity] ... could be regarded as a person’s conception of what it means to be and act as a professional and is related to the ideology of a profession.”

This definition recognises the way the self, the role, and the profession are contributory factors to professional identity. In the UK, student nurses and nurses are expected to embrace the beliefs and values of the nursing profession as articulated within the Code of practice (Nursing and Midwifery Council, 2018b). Therefore, the profession’s ideology has an

important role in shaping a student nurse's professional identity and the way they perceive and enact the professional role.

Subsequently, the interpretation of professional identity by Walker *et al.* (2014) is considered relevant for this study.

### 1.3 Rationale and aim for this study

I began preparations for this study in 2018, prior to the COVID-19 pandemic. My initial review of the literature (Chapter Two) identified that despite professional identity construction being considered important to both nurses and the profession, potential gaps existed within the literature. At that time, a potential gap related to the impact on student nurses' identity construction of the changes to the conditions within which nurse education was delivered in the UK. The changes in UK professional regulatory and political policies that had occurred since 2017 had impacted on student nurses in terms of their access to and experience of nurse education programmes. These included the introduction of the revised Pre-registration Nursing Educational Standards which required universities to redesign nursing curricula. In addition, nurse education funding reforms moved the responsibility for the funding of student nurse education from the state to the individual (House of Commons Health Committee, 2018; Nursing and Midwifery Council 2018a, Nursing and Midwifery Council, 2018b; Nursing and Midwifery Council 2023a; Nursing and Midwifery Council, 2023c). Studies had explored how previous transitions in educational policies (such as the move to degree-level courses and transition into higher education settings) impacted on student nurse perceptions of the nursing role, thereby shaping professional identity construction (see for example, Melia, 1984; Apesoa-Varano, 2007; Serra, 2008). I therefore concluded that these more recent changes would have also had an impact on student nurse perceptions and that research was needed to understand that impact. This influenced my interest to explore student nurse perspectives of the range of factors that shape the construction of professional identity, and to advance theoretical understanding of this process.

Then the COVID-19 pandemic, which began in March 2020, revealed a more significant gap in the body of knowledge: the professional identity construction of student nurses during a world-wide health crisis had not been explored. It was imperative to understand how the COVID-19 pandemic and its associated rapid impacts on nurse education policy and

healthcare delivery, was impacting student nurses' experiences and perceptions and its influence on professional identity construction.

The COVID-19 pandemic provided an additional dimension which was important to capture. Thus, the aim of this study was to explore student nurses' perceptions of the factors shaping professional identity construction with the intention to theorise how a world-wide health crisis influenced this process.

## 1.4 Research questions

The aim of the study generated the following research questions:

*What factors shape the construction of a nursing student's professional identity?*

*How do these factors influence the process of professional identity construction?*

## 1.5 Structure of the thesis

There are eight chapters within this thesis.

Chapter One introduces this study, setting out the purpose, aim, rationale, and research question. I complete this chapter by making a statement about my positionality.

Chapter Two reviews the literature that considers the construction of professional identity among nursing students. I begin by detailing the theoretical framework for this study, and my decision to use Archer's Human Agency Theory (Archer, 1996, 2000, 2003) and Bandura's Social Cognitive Theory (Bandura 1989a, 1989b). The chapter then reviews the literature, exploring the social influences on nursing, the clinical and educational contexts within which learning takes place, and how these aspects influence the student nurse's self-concept, their motivations, and their nascent professional identity. A broad range of literature has been considered, including emerging literature from the COVID-19 pandemic period up until July 2023 when this thesis was written.

Chapter Three details the methodological approach and the research methods used in this study. I consider my rationale for choosing Constructivist Grounded Theory (Charmaz, 2014) as the methodological approach of the study and provide a detailed rationale for the

methods used to recruit participants, and to collect, analyse, and interpret the data. As a nurse and nurse educator (see section 1.4), I address my role as researcher in the collection and analysis of the data, and the steps taken to ensure the integrity of the research.

Chapters Four, Five and Six present the findings of this study in three interconnected categories which capture the temporal and incremental nature of professional identity construction and the factors pertinent to participants' realities.

Chapter Four is entitled *Formulating a path into nursing* and is the first of the three findings chapters. The chapter explores the personal and practical factors which motivated participant decisions to both choose nursing as a profession and which motivated them throughout their nurse education journey. Participants' motivations were partly influenced by personal beliefs and attributes that they felt aligned with their perception of a nurse, and partly by pragmatic decisions that were based on practical personal and family commitments. These early motivational forces played an important role in how participants approached the challenges that emerged during their studies and how they maintained focus on their goal to becoming a nurse.

Chapter Five is the second findings chapter, entitled *Making sense of experiences in clinical practice*. Participants perceived clinical practice as the main location where student nurses constructed their professional identity. As such, the meanings applied to their experiences in this setting had a profound influence on their understanding of their role and shaped their professional self-concept. Participants' concerns centred on the student nurse status and role, their altered relationships with role models, and their attempts to maintain the required learning and progression during the COVID-19 pandemic. These held particular significance to their attempts to construct a professional identity.

Chapter Six is entitled *Establishing a professional self-concept*. The final findings chapter brings forward factors identified in the previous two chapters, to explore how participants attempted to establish a professional self-concept during the COVID-19 pandemic. Participants considered the negative impact of the challenges that they experienced which shaped their interpretations of their role and status and the meaning of belonging within a clinical nursing team and the wider profession. Participants expressed heightened awareness of the external influences on nursing, including political policies and agendas, and the public

perception which impacted on the pandemic image of the nurse. For some, their experiences had a negative impact on their attempt to shape a professional self-concept, whilst for others it provided motivation to be the change, sharing aspirations to change and improve the experiences for student nurses and to influence the narratives surrounding the nurse's role and the role of the profession.

In Chapter Seven, I present the grounded theory and undertake a critical discussion of the findings. The findings identified that the COVID-19 pandemic had a significant impact on the student nurse role and status, reshaping how student nurses interacted with nurse role models, and altering how they established a sense of belonging to the nurse role and to nursing. I then critically consider the implications of these findings on the development of professional identity, including how individuals respond to challenges on their agency as student nurses and as future nurses. The chapter ends with consideration of the quality and rigour of the study.

Chapter Eight concludes the thesis by considering the key findings, the strengths and limitations of this study, and proposed contributions to the body of knowledge. I also make recommendations for practice and further research.

## **1.6 Positionality statement**

Within Constructivist Grounded Theory methodology, Charmaz (2014) identifies that researcher reflexivity is an essential aspect, ensuring that researchers address any biases within their interpretations. As such, it was important to clarify my positionality prior to commencing the study.

My positionality derives from my nursing career and my current role as a nurse academic, as these are core to my own professional identity and have shaped the values, beliefs, and assumptions I hold as a registered nurse. My extensive clinical career and my current roles as nurse academic and novice researcher, are of significance to both my positionality and to my professional interest in the topic of professional identity construction. I have worked in roles across the UK National Health Service and at various levels of seniority. I am a registered adult field nurse, a registered Specialist Community Public Health Nurse (School Nursing), have previously been a registered Midwife, and have qualified teacher status with the Nursing and Midwifery Council. In my current nurse academic role, I am an Associate

Professor in Nursing Studies and have course leadership responsibilities. The role encapsulates the education and support of student nurses to meet the nursing professional body standards. This includes facilitating seminars and individually supporting student nurses, to understand the importance of leadership, identity, and professional conduct in their roles as student nurses and future nurses.

My nursing career spans over 30 years; therefore, I have taken the opportunity to reflect on my own pre-registration nurse education experiences and the factors that shaped my early professional identity. I recognise that some of the factors that influenced my own construction of professional identity in my formative years may not be recognisable to current student nurses. Certainly, the context of nurse education today is markedly different to the early 1990s, when training places were funded by the UK Government, and bursaries were sufficient to cover both accommodation and living costs.

A consistent thread through past and current nursing educational standards are the values and beliefs of the profession (e.g. safe and effective person-centred care, dignity, and respect). However, my initial nursing course was diploma level rather than graduate level, placing a different emphasis on the scope of nursing knowledge, leadership, and autonomy. Over time, the various periods of post-registration study and the clinical and academic roles I have undertaken, have shaped my perceptions and assumptions of the nursing role and of professional identity. In my current role as a nurse academic, it is necessary to continually challenge my personal assumptions so as to better understand student nurse perspectives and in turn, to ensure that my practice is effective and supports student nurses' professional identity construction.

Central to my positionality are my beliefs on the nature of nursing knowledge while my identity and nursing practice have been influenced by nursing disciplinary epistemology. This encompasses elements that are seen as necessary in the endeavour to clarify knowledge and meaning to deliver high quality nursing care (Thorne, Stephens, and Truant, 2015; Osuji and Karkhah, 2023; Ryan, 2018), including shared values and beliefs, person-centredness, interaction, interpretation, and context of practice. The nature of knowledge in nursing encapsulates the art and science of the profession, centred around fundamental beliefs and values, resulting in nursing practice that is holistic, agentic, scientific, and ethical (Carper, 1978; Thorne, Stevens, and Truant, 2015). In reflecting on my philosophical positioning, I

recognise that being person-centred and professionally curious about people's perspectives are fundamental not only to my practice but also my identity as a nurse and is subsequently influential to my identity as a nurse researcher

## Chapter Two: Literature review

### 2.1 Introduction

This chapter serves two purposes: firstly, it identifies the theoretical framework of the study and secondly, it reviews the literature. The theoretical framework consists of two theories that consider identity construction from a human agency perspective: Archer's theory of Human Agency (Archer, 2000, 2003) and Bandura's Social Cognitive Theory (Bandura, 1989a, 1989b). The narrative literature review explores the factors that influence a student nurse's professional identity construction. Factors include social expectations and perceptions; academic and clinical settings - including culture and hierarchy; and the role of clinical and academic nurses who play an important part in not only supporting student nurses but also acting as role models. These factors shape the way the student nurse gains a sense of belonging through internalising experiences and interactions, which contributes to their construction of a professional identity. Finally, I review influences on nurse education delivery in the UK both prior to and during the COVID-19 pandemic, as this provides an understanding of the social, professional, and political contexts within which student nurses attempt to construct a professional identity.

### 2.2 Theoretical framework

The theoretical framework for this study is based on several theoretical assumptions. My starting point is that student nurses are actors and have agency within their social worlds and that there are a range of professional, public, and social constructs that influence and shape their experiences. Another assumption is that they will begin their nursing journey with preconceptions of the nurse role, then constructing their professional identity through the knowledge and experiences that they gain over the period of the pre-registration nursing educational programme. Therefore, there is a temporal aspect to this process. During their education, experiences will be complex and varied and will take place within a variety of settings and through interactions with the many people who are integral to the delivery of their education. Aside from preconceptions about nursing and nurses, their individual self-concept is also of prime importance. This will be shaped by their internal consideration of experiences and interactions, from which meaning is made and then informs the actions that contributes to the shaping of their perceptions of themselves in a professional role. My analytic framework is underpinned by the idea that it is through these processes that professional identity is established.

The two theories that are considered relevant to the research questions are Archer's Human Agency Theory (Archer, 2000, 2003) and Bandura's Social Cognitive Theory (Bandura, 1989a, b). Archer's theory of Human Agency proposes that the individual is the prime source of their identity construction. A distinction is made between the embodied personal self that is life-long, and the individual's social identity which may be short-lived, as it is dependent on differing social settings and is a product of social influences. In other words, the theory makes an analytical distinction between the individual and social structures. Central to Archer's theory is the individual's ability to engage in an 'internal conversation' which allows for introspective explorations of incidents, experiences, and interactions within their social worlds, and which is contributory to the sense of self (Archer, 2003). This cognitive process is reflexive and is a source of personal power, with the individual actively drawing on prior experiences, knowledge, and beliefs to explore specific concerns, to establish the sense of self, and make decisions to determine a course of action (Archer, 2003).

Archer (1996) suggests that reflexivity gives rise to morphogenesis, a process whereby the individual builds on the existing self-concept through the active exploration of meanings, interactions, and motivations in their current social world. This process results in the incremental development of the self over time (Archer, 1996; Elder-Vass, 2007). Archer's theory underpins my exploration of the subjective, reflexive, and relational elements within the student nurse experience, and my view of the construction of professional identity as incremental, over the duration of the pre-registration nursing programme.

The second theory in this framework is Bandura's Social Cognitive Theory (Bandura 1989a, 1989b, 2000, 2001). Like Archer's Human Agency Theory (Archer, 1996, 2000, 2001), Bandura's Social Cognitive Theory considers individual agency to be the principal factor in identity development, with social processes having an influential but not dominant role. The power of the individual centres on their cognitive abilities, enabling them to derive meaning from experiences and exercise their agency. Importantly, Bandura proposes that an individual's agency is shaped by their self-belief and self-efficacy. His conceptualisation of self-efficacy provides a way to consider the influence of efficacy beliefs on an individual's motivations, goals, and actions (Bandura, 1989b, 1982).

Bandura (1989a, 1989b) proposes that several elements are influential to self-efficacy beliefs. These include the performance of individuals to become proficient in a range of activities, achieved through sustained effort; the influence of role models and their ability to share knowledge and guide behaviours; and the individual's psychological state, including the influence of emotions. Self-efficacy beliefs make explicit the affective elements of the cognitive processes inherent to individual agency, including feelings that contribute to self-doubt, self-esteem, and self-worth. Emotions are impactful, shaping decisions with regards to the motivations and actions of individuals. In turn, they are built on the assumption that individuals internalise experiences, explore these to construct meanings, make decisions about their capabilities to perform in a role and have the power to influence aspects of their social worlds (Bandura, 1982). The theory also accounts for the transitional processes of identity construction, recognising that prior experiences will feature in the cognitions of individuals in terms of guiding how they decide on current and future courses of action (Bandura 1989a). Social Cognitive Theory – and specifically the concept of self-efficacy – supports my exploration of the motivations of student nurses and the affective aspects of their identity construction. This is helpful in considering how these beliefs were influenced by the COVID-19 pandemic, and how they sustained a student nurse's motivations through challenging circumstances, retaining focus and determination to achieve their goals.

## 2.3 Reviewing the literature

While literature reviews are the subject of contention between different proponents of Grounded Theory, Charmaz (2017a) recognises the impossibility for researchers to remain separate from the topic of inquiry. Instead, Charmaz (2014, 2017a) proposes that becoming critically cognisant of prior literature and theory enables researchers to reflexively scrutinise their own preconceptions and assumptions which enhances the rigour of the research process. This is imperative if researchers are to be open to the realities of participants, attentive to language and meaning and of how contexts and temporal aspects influence experiences and the meanings that participants make of their worlds (Charmaz, 2017a).

A stepped approach was taken to reviewing the literature. This approach was relevant in addressing the need to gain a preliminary understanding of the topic, supporting the Grounded Theory methodological approach to analysis, and contextualising the findings (Deering and Williams, 2020; Charmaz, 2014; Corbin and Strauss, 2015). In line with this stepped approach, in the early stages of the research process an initial literature review was conducted to scope out the literature that directly pertained to the factors that shape

professional identity of student nurses (see section 2.3.1). This stage enabled me to establish the broad factors shaping professional identity construction which in turn, supported the development of the research questions, and provided a structure for the wider narrative review of the literature. In keeping with the Grounded Theory approach, the review process was extended throughout the study to identify any new literature related to the topic, including the emerging COVID-19 pandemic literature, which were used to evaluate the findings (Charmaz, 2014; Corbin and Strauss 2015). In addition, I reviewed literature that increased my understanding of the theoretical concepts surrounding identity construction. I concluded reviewing the literature in July 2023 when writing up this thesis.

### 2.3.1 Process of review

The initial approach to review of the literature aimed to identify and review primary research studies that would provide an understanding of the range of factors shaping the construction of professional identity of student nurses. Recognising the importance of rigour in the review process, the literature review followed a methodical approach to locate and review appropriate primary research studies (Aveyard, 2023).

The search process followed the SPIDER (Sample, Phenomenon of Interest, Design, Evaluation, Research type) framework as this was relevant for the review aim and exploration of the phenomenon of professional identity construction. The SPIDER framework is suitable for qualitative reviews, and provides an alternative to other search strategies, such as PICO (Population, Intervention, Comparison, Outcome), that may be more relevant to the review of quantitative research (Cook, Smith and Booth, 2012). As the review question did not specify the type of research or design, the SPIDER framework was modified to focus on three aspects of the framework, namely the sample, the phenomenon of interest, and evaluation. This allowed for suitable studies to be identified and to prevent the search excluding studies where the research type or design were not clarified within the title. Thus, the search process was as follows:

- Sample: Student nurses
- Phenomenon of Interest: Factors shaping professional identity construction
- Evaluation: Perceptions, views, experiences

Various combinations of search terms were explored, using Boolean operatives and truncation. Those terms which yielded irrelevant results were excluded from the final search strings. This strategy resulted in the search terms presented in figure one.

Figure 1: Search terms

| Sample             | Phenomenon of Interest    | Evaluation     |
|--------------------|---------------------------|----------------|
| Student* AND Nurs* | Professional AND Identit* | Percept* OR    |
|                    | Factor* OR                | View* OR       |
|                    | Element* OR               | Experience* OR |
|                    | Influence* OR             |                |
|                    | Form* OR                  |                |
|                    | Construct* OR             |                |
|                    | Develop*OR                |                |

Inclusion criteria were applied to include studies that would provide the greatest relevance to the focus of the study. Primary research, published in peer reviewed journals, that explored student nurse's perspectives of the range of factors that shaped professional identity construction were of interest. In recognition of the progressive move of undergraduate pre-registration nurse education into higher education since the late 1990's, the time range was set between 1995 to 2020 to capture relevant studies published during this period. While this study is situated in the United Kingdom (UK), studies from international locations were included if they met the inclusion criteria and were written or available in the English language. Although international undergraduate pre-registration nurse education programmes may differ in the curriculum design, there are commonalities in the experiences of student nurses, including requirements of clinical and theoretical elements of education and assessment, professional body requirements, and completion of programme requirements to achieve degree status and formal registration as a nurse in the country of study.

Exclusion criteria aimed to ensure relevance of the review to the topic. Excluded studies were those that explored professional socialisation rather than professional identity construction or studies whose participants included a range of students from a variety of health professions, or qualified nurse professionals and nurse academics. Whilst potentially interesting, these studies would provide limited elements for comparison.

Several search engines were interrogated using the search terms. To maximise the potential to include relevant studies, the following databases were interrogated: MEDLINE Complete®, CINAHL®, Academic Search Complete, ScienceDirect and Complementary Index. MEDLINE Complete® and CINAHL® are recognised health profession databases and unsurprisingly yielded the highest number of results. Limiters were applied in accordance with inclusion and exclusion criteria (time range, English language, peer reviewed academic journals). The adapted PRISMA flow diagram, (adapted from Page et al., 2021), located in appendix one, details the identification, screening and inclusion process. From the 413 records screened, only seven studies met the inclusion criteria (Arreciado Marañón & Isla Pera, 2015; Goodolf, 2018; Grealish & Trevitt, 2005; Lima et al., 2020; Neishabouri et al., 2017; Traynor & Buus, 2016; Walker et al., 2014). All studies were qualitative in design. See appendix one for description of each study.

Although these shortlisted studies met the review criteria, with a clear sense of insider experience, it was evident that literature that had relevance was not captured through the initial review process and thus would limit the opportunity to gain sufficient understanding of the topic required for this thesis. Using careful logic, the decision was taken to conduct a narrative review to capture a broader range of literature which would enable the review aim to be met. To maintain rigour in the review process, the SPIDER framework was modified to include the research design element. This widened the inclusion criteria to capture relevant research, and a range of grey literature considered relevant to the topic. As an example, reports and professional body literature were included if they were considered to have a role in shaping the professional, educational, and social milieu influential to professional identity construction.

The narrative review took an iterative approach to consider the presumed relationships between the different aspects identified in the literature (Sukhera, 2022), with the seven studies identified through the initial review process providing the starting point. A broad review of the seven studies suggested factors shaping professional identity construction of student nurses could be considered from social, educational and clinical perspectives. These included student nurse preconceptions of nursing shaped by social expectations (Goodolf, 2016; Traynor and Buus, 2016; Lima et al., 2020), factors relating to the academic content and setting (Grealish and Trevitt, 2005; Arreciado Marañón & Isla Pera, 2015; Lima et al., 2020), factors relating to the influence of academic and clinical role models (Goodolf, 2005;

Arreciado Marañón & Isla Pera, 2015, Traynor and Buus, 2016; Walker *et al.*, 2014), and factors relating to clinical practice setting and experiences (Walker *et al.*, 2014; Goodolf, 2016; Neishabouri *et al.*, 2017). From this starting point, further iterations of the review process were undertaken to expand and clarify these factors.

The intention of this narrative review was not to include all literature sources, but to include literature that provided sufficient understanding of the topic (Sukhera, 2022). This aligns with Charmaz's (2014) perspective of literature reviews, in that they should sensitise the researcher to the topic, rather than provide an in depth understanding. In taking this approach, the review identified the broad factors shaping professional identity construction of student nurses and highlighted specific gaps in the literature which enabled demonstration of the ways in which the study addressed these gaps, thereby highlighting its original contribution to knowledge.

## 2.4 Identity and professional identity

To consider the related concepts within the professional identity literature, it is firstly important to clarify the concept of identity. Identity is a manifestation of the individual's conception of self. It is constructed and developed over the life course as a result of the influences, interactions and experiences through which individuals develop their knowledge and understanding about themselves, and the social worlds within which they operate (Hammack, 2015). Burke and Stets (2009) propose that individuals occupy several identities across a lifespan which can be personal, occupational, and social. These identities can be independent or coexist, depending on the situational context. Some identities have strong resonance within the individual, based on commitment or prominence. Burke and Stets (2009) posit that individuals psychologically determine which identity is important to activate within a specific social context. An identity may also influence other identities held by the individual, impacting on the self, and embodying a sense of purpose (Burke and Stets 2009).

In terms of professional identity, Walker *et al.* (2014) suggest that professional identity is established within social-psychological dimensions. This is an enduring theoretical conceptualisation of the construction of an individual's identity within an employment context. Identity theorists such as Carper and Becker (see Becker and Carper, 1956, Carper and Becker, 1957) posited that the identity of an individual within an occupation includes both psychological elements and the social (group) expectations. Although their work

focuses on men in occupational contexts, reflecting the patriarchal and cultural norms of the era, the theoretical stance remains relevant to modern contexts of professional identity construction and may be applicable to nursing. Nonetheless, more contemporary understandings of the motivational forces that drive individuals towards a specific career goal may differ from past assumptions that were based on social expectations of men in occupational roles. It is therefore important to expand understanding of the process of professional identity construction in a female-dominated profession such as nursing.

Professional identity construction involves social, psychological, and experiential elements which align to the requirements of a professional role and includes expectations of behaviour and conduct (Walker *et al.*, 2014). Several authors acknowledge that within nursing, the integration of both psychological and social aspects is essential in the construction of strong and positive professional identities of individuals. This contributes to ensuring high quality and safe nursing care, continued public trust, and nurse retention (Johnson *et al.*, 2012; Crigger and Godfrey, 2014; Joynes, 2018; Rasmussen, 2019).

To construct these strong professional identities, individuals need to understand and practise group norms and behaviours. This may be challenging within an occupation such as nursing that has thousands of members in the UK alone, and who work in differing care settings in the public and private sectors, all with their own organisational and group micro-cultures. Nonetheless, members of the profession understand the expectations as these are defined and regulated by the professional body (Nursing and Midwifery Council, 2018a, Nursing and Midwifery Council, 2023d). Understanding and demonstrating the conduct, rules, and norms are therefore essential to the enactment of the self within the professional role (Crigger and Godfrey, 2014). The psychological expectations can be evidenced through the process of individuals internalising professionally expected values (for example honesty and integrity), and beliefs (for example the provision of safe and effective person-centred care) within their self-concept. While student nurses are not formally members of the profession until they attain registered nurse status (Nursing and Midwifery Council 2023a), they are expected to demonstrate professional values and behaviours throughout their studies. This process formally commences during the pre-registration nursing programme, supported by registered nurses and nurse academics.

Informally, individuals may begin to consider their suitability for the nurse role by comparing their internal value base with those that they believe are present in the profession, driving motivations for their career choice (Öhlén and Segesten, 1998; Alharbi, Kuhn and Morphet, 2020). Consequently, a presumed connection exists between choice of profession and the individual's self-concept. Congruent personal and professional values and beliefs have a moral base, such as honesty, integrity, compassion and caring (van der Cingel and Brouwer, 2021). The internalisation of these values within the personal self-concept are shaped by an individual's life journeys, including familial, cultural, social, and religious beliefs, and these influence the intention to join the profession (Shafakhah *et al.*, 2018).

However, there has been some debate about whether the focus of these researchers has been on professional self-concept rather than on professional identity. While both self-concept and professional identity are psychological constructs, some authors argue that they are quite different in terms of their relationship with the self: self-concept is driven by affective elements that provide individuals with personal understandings of their self; by contrast, professional identity is an element of an individual's overall identity that provides them with a sense of self, shaped by enactment of the professional role (Johnson *et al.*, 2012). As such, it is the processing of interactions, experiences, and the expectations of the self in the professional role, that establish the meanings and actions that are central to the construction of professional identity. The affective elements relate to the way that they feel as a student nurse (and future nurse), and whether they have access to a sense of belonging within the group. Nonetheless, affective elements are important to both the strength of the professional identity and career longevity (Johnson *et al.*, 2012), suggesting the importance of the self-concept in its construction. Finally, both personal self-concept and professional self-concept must be congruent to construct a strong professional identity (Öhlén and Segesten, 1998).

## 2.5 Social forces influencing career choice

While there may be a range of influences that shape the assumptions that individuals make about the nursing role, the literature reviewed in this chapter is predominantly concerned with the influence of social perceptions of nursing. The social perception is that the nurse role has a formal social function in providing healthcare to people within the local community. Professional membership, and by association, professional identity, results in nurses having social, personal and group responsibilities (Simmonds *et al.*, 2020). The term

professional aims to delineate qualified nurses from unqualified roles, embracing a contemporary definition that recognises the existence of an occupation that requires professional regulation, accountability, education, and a code of practice (Willetts and Clarke, 2014; Professional Standards Authority, 2016). However, while nursing meets these criteria to be accepted as a bona fide profession, defining the role in a way that accurately reflects the scope of practice, is challenging.

From the perspective of the profession itself, the expectations and scope of nursing practice are formally defined in the UK by the professional regulator, the Nursing and Midwifery Council (Nursing and Midwifery Council 2023d) and enacted by those within the profession. These include empirical, holistic, and ethical requirements of the role which are clarified throughout the regulatory literature (Nursing and Midwifery Council 2018a, 2018b; Nursing and Midwifery Council, 2023a, 2023b, 2023c). Establishing a clear and consistent definition of the nurse role has importance for student nurses in that this influences their preconceptions, and how they perceive they align to the beliefs and values of the profession. Such preconceptions contribute to their nascent professional identity (Johnson *et al.* 2012).

To illustrate the challenges involved in enacting definitions in practice, one can take the notion of person-centred care. Safe and effective person-centred care is fundamental to nursing practice, with the notion of caring being prominent throughout professional documentation. As examples, the terminology used within the seven platforms of the Future Nurse educational standards (Nursing and Midwifery Council, 2018a) includes emphasis on the caring role: “providing nursing care that is person-centred, safe and compassionate” (p7), and “prioritise the needs of people” (p 13). Similarly, the Code, which guides practitioners in the legal, ethical, and professional requirements of professional conduct (Nursing and Midwifery Council, 2018b:), emphasises caring within its four central themes, which include ‘prioritising people’ (p 6) and ‘promoting professionalism and trust’ (p 21).

Yet some authors criticise the enduring primacy of the caring narrative within professional body literature, claiming that this overshadows the contemporary scope of practice that emphasises the importance of nursing knowledge and skills (Hallam, 1998; Fealy *et al.*, 2018). Fealy *et al.* (2018) argue that continuing to promote nursing as a caring profession also hampers attempts to legitimise the professional credibility of the role. In contrast, Benner (2001) suggests that the emphasis should be on the power in caring, in order to challenge

the dominance of healthcare hierarchy and counter the subservient nursing narrative. Reflecting epistemological perspectives that embrace person-centred care, Benner (2001) proposes that power in caring promotes collaborative caring as inherently person-centred. Rather than devaluing the professional, it exemplifies the nursing knowledge and expertise involved in providing such care. Nonetheless, the profession continues to struggle to clarify the scope of the role. The social image of nursing remains inherently focused on the affective aspects of nursing attributes (kindness, caring, compassion) and fails to assert the science and knowledge that underpin contemporary nursing practice (Goodrick and Reay, 2010; Garcia and Qureshi, 2022).

In terms of student nurses, the enduring societal expectations shape an idealised version of the nurse role which can be both inspirational and limiting (Hallam, 2002). Such perceptions are characterised by the entrenched belief that nurses are primarily female, are responding to a vocation, and are altruistically devoted to providing care to the sick and dying (Crigger and Godfrey, 2014). This view is heavily influenced by nursing's past association with religion, creating a legacy in the way that society believes nurses should behave and provide care. Societal expectations matter as studies indicate that a student nurse's early perceptions of nursing are shaped by external factors, including perceptions on gender, uniform, the clinical role, and core values. The concern is that these are influenced by public stereotypes (Spouse, 2000; Cook, Gilmer and Bess, 2003; Browne, Wall and Batt, 2018) which fail to accurately reflect the complexity of the role, leading to the risk that recruited applicants to nursing programmes will come with an idealised image which is in stark contrast with the reality.

The concerns are that such incongruence can be both stressful for student nurses and problematic to their professional identity construction and self-concept (Spouse, 2000; Clements *et al.*, 2016). In contrast, Browne *et al.* (2018) suggest that while stereotypes exist, a gradual transition of narratives over time has begun to elevate the science and complexity of the nursing role and counter outdated vocational and altruistic narratives. Maintaining the progress made by the profession to articulate a contemporary nursing image should mean that potential recruits have a clearer concept of the role which enables them to judge whether they feel that their own self-beliefs and attributes are compatible with the expectations, beliefs, and attributes inherent to it.

However, maintaining this progress is not without its challenges and has implications for the recruitment of student nurses to nursing programmes. The social perception of the nurse aligns with the social value of nursing, which has been linked to recruitment and retention of student nurses and nurses to the profession (Hallam, 2002; Health Education England, 2018; International Council of Nurses, 2021a). The literature suggests that a lower social value of nursing may impact on an individual's sense of purpose and lessens their ability to establish a strong professional identity, potentially increasing attrition from the nursing profession (Hosseini Shahidi *et al.*, 2014; Lima *et al.*, 2020). By this logic, in countries where nursing has a high social value, this should align with individuals feeling a stronger connection to the role. Therefore, resulting in higher recruitment and retention, strengthening the individual's commitment to the nurse role and their nursing career. However, in the UK, nursing has held a high social value over several years, evidenced by annual public polls rating nursing as the most trusted profession (Ipsos, 2021; Ipsos, 2022). Despite this, there has been a steady decrease in applications to nursing programmes, leading to a shortage of nurses to sustain workforce levels (RCN, 2017; House of Commons Health Committee, 2018). Challenges to recruit and retain student nurses are similar between the UK and international contexts despite the differing social value of nursing in each country (International Council of Nurses, 2021b). This points to the existence of complex personal, social, and cultural factors that influence individuals in their decisions to choose nursing as a career.

There is evidence, for example, that an individual's decisions about career choice are sensitive to political and social forces, promulgated through the influence of mass media. Gillett (2014), Girvin, Jackson and Hutchinson (2016), and Bradshaw (2017), draw attention to the power of mass media in shaping public perceptions of nursing by promoting political agendas. One such example is nurse education's transition to higher education. Despite widespread recognition that well-educated professionals are required to provide optimum safe and effective patient care in the contemporary healthcare setting (Frenk *et al.*, 2010; Aiken *et al.*, 2014), the move to higher education was not universally welcomed. Some nursing authors raised concerns that the educational reforms which heralded graduate level education would promote nursing as a science, to the detriment of the essence of nursing, and lead to the abandonment of core values, beliefs, and attributes (Watson and Shields, 2009; Gillett, 2014). Such perceptions were subsequently used to vilify nursing, following the national inquiry into poor patient care at the Mid Staffordshire NHS Trust (Bradshaw, 2017). The substandard nursing care exhibited by nurses in the Mid Staffordshire NHS Trust was

blamed on changes to nurse education, thereby promoting the notion that there had indeed been a profession-wide abandonment of core nursing values (Girvin, Jackson and Hutchinson, 2016). This is a long-standing argument, with several authors raising concerns that the invocation of historical narratives is a repeating political strategy to retain patriarchal power over the profession (Wuest, 1994; Girvin, Jackson and Hutchinson, 2016; Gill and Baker, 2021).

There appears to be two strands of concern that relate to this politically curated image of nursing. The first concern is that continuing to focus on outdated stereotypes is used by politicians to manipulate social narratives through the mass media, about the role of the nurse, as justification for political policies and agendas (Girvin, Jackson and Hutchinson, 2016). This strategy was evident within the UK media during the COVID-19 pandemic where nursing's public image was predicated on perceived core altruistic attributes, including caring, commitment and sacrifice. This attracted labels such as angel and hero to drive forward political and public health messaging to the general population (Mohammed *et al.*, 2021). Such messaging served to maintain gendered, vocational narratives about the nursing role (Mohammed *et al.*, 2021; Garcia and Qureshi, 2022), rather than providing the catalyst for change that the profession envisaged (Godsey and Hayes, 2023). The second concern is around the social impact of such stereotyping whereby roles may be reduced to a few core concepts, thus limiting awareness of the true function and scope of the role and in turn, reinforcing social perceptions (Perna, Varriale and Ferrara, 2019). Socially reinforcing these stereotypes places a low status value on the nursing role and negatively impacts group and individual self-esteem, thereby limiting group power (Takase, Kershaw and Burt, 2002).

The political manipulation of the nurse image is important as social perceptions may influence individual career choice. The COVID-19 pandemic provided a stark example of how social perceptions may positively or negatively impact the recruitment of student nurses to educational programmes. The visual imagery of nurses during the COVID-19 pandemic focused on the adult field nurse in the acute sector, wearing scrubs and full protective equipment. For those within the profession, such imagery ignored the extensive scope of nursing roles within the health services, increasing the potential of alienating those who did not associate their nursing role with that image (Garcia and Qureshi, 2022). For those outside the profession, the imagery initially had positive effects for the workforce, with an increase in student nurse applications in the immediate pandemic period. However, this was followed

by a significant decrease in the following year (Health Education England, 2021; Council of Deans of Health, 2023). Although the increase may have been as a result of the positively constructed public image of the nurse at the beginning of the COVID-19 pandemic, the decrease may be attributed to the longevity of the pandemic, coupled with the highly publicised NHS pressures that exposed nurses' poor working conditions and pay (Castro-Ayala *et al.*, 2022; Winchester, 2022). Public awareness of these poor working conditions was amplified by the media coverage of the subsequent pay dispute between nurses and the UK Government (Department of Health and Social Care, 2022; Royal College of Nursing, 2023). Such negative publicity may have influenced the decisions of individuals who were previously interested in a nursing career.

The resilience of social narratives in maintaining outdated perceptions of nursing, creates a disconnect between social perceptions of the nurse role and the reality. Such narratives influence applicants to pre-registration nursing programmes as they shape their preconceptions and decision-making processes that include whether the role aligns with their personal beliefs and values and that nursing is a stable career (Browne *et al.*, 2018). Authors suggest that these perceptions can be motivating to student nurses, but they can also be restrictive, by reinforcing a biased concept of the role which has implications for their ability to construct their professional identity (Apesoa-Varano, 2007; Serra, 2008; Stokes-Parish *et al.*, 2020; Garcia and Qureshi, 2023). Therefore, it falls to the educational programme to assist student nurses in reconstructing a professional identity that is based on a true conception of the role.

## 2.6 The role of the nurse education programme

A function of the nursing programme is to develop the knowledge, skills, and behaviours of the student nurse, through a progressive process of practical and theoretical experiences, enabling the student nurse to transition from the novice through to the expert (Benner, 2001). Curricula are designed to scaffold learning, and pedagogies are designed to enable the alignment of professional beliefs, values and attributes within ethical principles and professional standards and codes (Apesoa-Varano, 2007, Nursing and Midwifery Council, 2018a, 2018b). Unlike purely theoretical degrees, nurse education includes an affective element that recognises the art of nursing. This approach integrates the emotional and psychological context of professional practice, enabling nurses to provide holistic person-centred care (Nursing and Midwifery Council, 2018a, Holt and Dixon, 2022). Psychological

development is also important in enabling higher order critical thinking within the nursing role and is essential for professional identity construction (Lima and Gonçalves, 2020). As such, curricula must be effective at nurturing both academic and psychological skills (Apesoa-Varano, 2007; Benner, 2015).

Once individuals have made the commitment to their career choice, the educational programme plays a significant role in the construction of professional identity, enabling student nurses to construct their identity through the acquisition of professional beliefs, values, and knowledge, through educational and practical experiences (Öhlén and Segesten, 1998; Johnson *et al.*, 2012; Crigger and Godfrey, 2014). Programmes are designed to provide education on the theory and practice of nursing to the professional standards set by the Nursing and Midwifery Council (Nursing and Midwifery Council 2023a). The nursing programme is essentially the vehicle through which individuals can achieve their goals and construct a professional identity. This is achieved by internally processing the interactions, experiences and learning activities within the educational journey. The combination of the nursing curricula, pedagogical practices, role models and the educational and clinical settings in which education takes place, supports this process (Professional Standards Authority, 2016).

The admissions process to enter nurse education in the UK provides a gatekeeping function, with stringent professional body requirements governing the admission and education of student nurses (Nursing and Midwifery Council 2023a). Recruitment processes attempt to ensure that applicants to nursing programmes have both an early commitment to their chosen profession and can embrace the necessary positive character attributes (for example, honesty and integrity) required by the professional body (Nursing and Midwifery Council 2018b). Commitment and motivation are also important to sustain student nurses throughout what is known to be a challenging educational programme (Clements *et al.*, 2016). Alignment between an individual's values and beliefs and their preconceptions of the role is believed to be important to sustain self-efficacy beliefs and maintain motivation and progress towards their goal to become a nurse (Bandura, 1989b; Cardoso, Batista and Graça, 2014). Yet, as has been discussed in the previous section, this may be problematic if preconceptions have been derived from an incomplete understanding of the nurse role, based on an inaccurate social image.

To address this issue, varied pedagogical practices are important to actively support the student nurse's transition into the nurse role, creating an environment in which professional identity construction can occur (Simmonds *et al.*, 2020). Professional regulatory requirements (Nursing and Midwifery Council 2023a) impose a linear structure to the advancement of knowledge and progression requirements within the educational journey, over a defined timescale. The Nursing and Midwifery Council refer to these time points as parts of the programme, requiring student nurses to meet certain levels of knowledge and assessment to enable them to progress to the next part. However, professional identity construction is a dynamic process of forming and reforming in response to experiences and interactions throughout the educational course (Serra, 2008; Johnson *et al.*, 2012; Dehghanzadeh, Nayeri and Khajeh, 2016; Lima *et al.*, 2020). As such, linear progression potentially stifles adequate identity formation if pedagogical approaches do not mitigate for this (Mackintosh-Franklin, 2016).

Pedagogical practices are influential in the delivery of the knowledge, skills, and behaviour expectations of nursing as set by the professional body, that are commensurate with the scope of the nursing role (Simmonds *et al.*, 2020). Professional pre-registration educational standards set the context and topics which must be covered within the nursing curriculum, primarily based on theory, knowledge, and skills, but also embedding ethical principles and professional values (Nursing and Midwifery Council, 2018a). These standards alone, however, are insufficient for professional identity construction without a range of pedagogical practices that can support student nurses to make critical connections between the theoretical concepts, professional values and attributes, and practical reality (Simmonds *et al.*, 2020; Horsfall, Cleary and Hunt, 2012). To strengthen the learning process to support professional identity construction, the theoretical content must present clear links to practice exemplars which student nurses can relate to. When this is limited, student nurses can become disengaged, frustrated and struggle to align the learning with their own beliefs and values. Academic settings in which professional identity construction is most effective are those which enable not only theoretical learning to take place but empower student nurses to visualise enactment of themselves as nurses in the real-life context of practice (Simmonds *et al.*, 2020).

However, there is evidence that the unprecedented event of the COVID-19 pandemic, created significant challenges to the delivery of theoretical learning and the academic

experiences of student nurses, requiring emergent pedagogies to cope with the rapid transition to online learning format (Carolan *et al.*, 2020). Emerging literature from the pandemic period suggests that the restrictions imposed during COVID-19 pandemic significantly altered the way that student nurses perceived value in the academic content of their courses. UK publications from this period are currently limited, but international studies found that those student nurses whose clinical placements were paused due to pandemic restrictions and were provided online academic content instead, struggled with extended periods of online learning. They reported experiencing psychological impacts such as isolation and stress, as well as concern for the veracity of the learning experience and its impact on their ability to be a safe and effective nurse (Michel *et al.*, 2021; Oducado and Estoque, 2021; Black Thomas, 2022). Online learning also limited the ways in which student nurses engaged with their peers, lecturers and with the programme content (Dewart *et al.*, 2020; Oducado and Estoque, 2021). Subsequently, there was a concern that these changes had the potential to disrupt the process of professional identity construction, impacting on student nurse motivations and the way that they connected with both their studies and academic role models. The sudden and prolonged change to the structure of their programmes, diminished the effectiveness of the academic learning environment, increasing the disconnect between the academic setting and clinical practice. Concern about the connection between theory and practice is not a new issue within nurse education, although prior to the COVID-19 pandemic, the concern focused on student nurses struggling to appreciate how theoretical learning applied to clinical practice and how this might impact on professional identity construction (Arreciado Marañón and Isla Pera, 2015).

### 2.6.1 Bridging theory and practice

In addition to teaching the knowledge and skills underpinning safe and effective evidence-based practice, nurse education explores and reinforces professional values, beliefs, and attributes. This includes incorporating ethical, moral, and value-based teaching in which academics contextualise related learning to enable student nurses to develop their professional identity (Serra, 2008; Kelly, 2020). The approach to teaching the principles related to ethical, moral, and value-based nursing practice is subtle in terms of how student nurses can be empowered to make meaning of their experiences through strategies such as critical reflection and value-based learning, which have significance for identity construction (Simmonds *et al.*, 2020). However, unlike the concrete nature of learning a clinical skill or a specific theory, the subtlety of some teaching practices may mean that student nurses do

not appreciate the value of psychological approaches to learning, which in turn creates the potential for them to perceive a disconnect between theory and practice (Raso *et al.*, 2019).

Several challenges face academics in addressing this perception. One challenge relates to student nurses placing a higher value on clinical practice learning. This is primarily because clinical settings are where they can visualise themselves in the nursing role, caring for real life patients and where they can engage in authentic experiences with qualified clinical nurses, thereby supporting identity construction (Öhlén and Segesten, 1998; Volpe *et al.*, 2019). The hypothetical nature of enquiry-based learning or simulated activities in the academic setting, lack the authenticity that student nurses desire. In addition, theoretical learning focuses on the optimum way to provide nursing care, which may be at odds with the way that they see nurses practicing in clinical settings (Arreciado Marañón and Isla Pera, 2015). These incongruences create a confusing picture of what nursing is, increasing uncertainty and impacting how they perceive themselves in the role (Grealish and Trevitt, 2005; Johnson *et al.*, 2012, Kelly, 2020). The challenge for professional education programmes is to integrate both the epistemology and ontology of the profession, to enable the student nurse to construct a balanced sense of self within the context of their professional development (Dall'Alba, 2009). Where disparities between knowledge and enactment of the role occur, student nurses struggle with reconciling these (Hosseini Shahidi *et al.*, 2014).

Another challenge relates to organisational forces impacting on the delivery of nurse education. Since the educational reforms of the late 1990's moved nurse education into universities, the physical distance between universities and clinical practice settings may create a lack of cohesiveness between the two learning environments (Arreciado Marañón and Isla Pera, 2015). In addition to this physical separation, academic institutions struggle with professional programmes and the nature of clinical practice because the institutional norms of the university place higher value on theory and research (Arreciado Marañón and Isla Pera, 2015). This is further exacerbated by the contrast between the primacy of knowledge development and attainment within higher education, and the inherently skills-focused nature of previous pre-registration nurse education standards (Andrew *et al.*, 2009). As such, student nurses may perceive the university setting, and by association, the education provided within it, as distinct from the enactment of the nursing role. To address these challenges, the role of educators within the nursing programme has a formal function

in ensuring that student nurses meet the professional standards, but it is the informal role as role models that has significance for student nurses and their professional identity construction (Felstead, 2013).

## 2.6.2 The importance of role models

There are two sources of role models that are influential in professional identity construction: the nurse academic and the clinical nurse. Both have specific roles within the educational programme yet work together to educate and nurture student nurses through their studies (Nursing and Midwifery Council 2023b). Interactions with role models not only impact on knowledge attainment, but the way that they enact the nurse role and behave toward student nurses, influences student nurse's self-confidence and motivations (Donaldson and Carter, 2005).

Nurse academics are a central element in the academic setting, creating, and delivering the theoretical content of curricula to the professional body's standards. Through their constant contact with student nurses throughout pre-registration education, they are also therefore instrumental in early identity development (Baldwin *et al.*, 2014; Jackson *et al.*, 2021). The nurse academic role is dictated by institutional, regional, and national policies. Nonetheless, in the UK they primarily work in higher education, whilst also acting in an Academic Assessor capacity with clinical practice colleagues, as required by the professional body's Standards for Student Supervision and Assessment (Nursing and Midwifery Council 2023b).

Nurse academics support professional identity construction through academic pedagogies and role modelling profession-specific values and behaviours (Felstead, 2013; Kelly, 2020; Simmonds *et al.*, 2020). Optimum nurse education pedagogies are driven by nurse academics who combine highly effective communication strategies with value-driven approaches (Horsfall, Cleary and Hunt, 2012). This is perhaps due to the nurse academic being also a qualified nurse, with an established nursing professional identity and a vested interest in ensuring that professional behaviours and values underpin the contexts in which knowledge transfer takes place (Baldwin *et al.*, 2017).

In the academic setting, effective role modelling exists when student nurses can see a connection between themselves and their lecturers (Felstead, 2013; Baldwin *et al.*, 2014). Given the efforts to increase access to nurse education for a more diverse range of student

nurses, this may be challenging for some if they do not relate to their lecturers due to cultural, ethnic or gender differences (Öhlén and Segesten, 1998). Diversity among nursing faculty members is important but may be difficult to achieve in a profession whose members are predominantly white and female (Apesoa-Varano, 2007; Nursing and Midwifery Council, 2023e). While a university's recruitment strategy may attempt to increase faculty diversity, this may be insufficient to meet the needs of the diverse range of nursing students. Consequently, nurse academics aim to manifest a positive relationship with their students based on trust and credibility, demonstrating their nursing knowledge, skills, and behaviours (Horsfall, Cleary and Hunt, 2012; Baldwin *et al.*, 2017). Such credibility is reinforced when academics share their clinical experiences with student nurses, thereby supporting them to make connections between theory and practice (Attenborough and Abbott, 2018).

However, Felstead (2013) observes that this influence lessens as student nurses progress through their programme: as they gradually become exposed to role models in clinical practice settings, they place greater reliance on clinical nurses to exemplify professional attributes. Nonetheless, during the COVID-19 pandemic, while most nurse academics focused on the implementation of the Nursing and Midwifery Council's Emergency Standards (Nursing and Midwifery Council, 2020a), including rapid reconfiguration of timetables and learning resources, others also returned to clinical practice to support clinical colleagues with the pandemic effort. Research has yet to consider whether those nurse academics who also contributed to the pandemic effort, increased their credibility with student nurses as a result.

Like nurse academics, nurses in the clinical setting also have importance as role models in the demonstration of nursing professionalism, values, and attributes (Felstead, 2013). Yet, clinical nurses hold significantly greater value to student nurses than nurse academics, as student nurses benchmark their identity with nurses in practice who they perceive as doing real nursing roles (Donaldson and Carter, 2005). Clinical nurses also teach and assess student nurses' knowledge and ability in the clinical role (Nursing and Midwifery Council, 2023b); therefore, their judgement is valuable in confirming to student nurses that they have made the right career choice.

In nurse education, the rotational approach to clinical practice placements serves to both enable student nurses to demonstrate the expected range of clinical skills in different clinical settings and to develop and demonstrate professional values (Nursing and Midwifery Council

2018b). Student nurses are also expected to critically reflect on the variance between their placements, including cultures of organisations and teams and how optimum practice is exemplified. Comparisons between care settings and the behaviours of a variety of qualified nurses, provide student nurses with the opportunity to identify positive or negative role models, noting behaviours and attributes and comparing these to their nascent understanding of professional nursing behaviour and practice (Traynor and Buus, 2016; Felstead, 2013).

Nursing students identify positively with qualified nurses who align with their formal understanding of professional values and attributes, and with those values that they personally embrace (Traynor and Buus, 2016; Fitzgerald, 2020). Positive clinical role models have authenticity through delivery of safe and effective evidence-based care, while exhibiting strong professional values and behaviours (Keeling and Templeman, 2013). Conversely, clinical nurse role models who are perceived to be disillusioned, lack caring attributes, treat student nurses poorly, and exhibit practices that are in direct conflict with optimum evidence-based practice, have a negative influence on professional identity (Felstead, 2013; Keeling and Templeman, 2013; Fitzgerald and Clukey, 2021). Furthermore, where clinical nurses support a team hierarchy that excludes or fails to acknowledge the value of student nurses, dissonance can occur between the expected ideal of the nurse role within the nursing team and the reality. This negative practice environment has psychological impacts for student nurses which restricts their attempts to develop a sense of belonging, subsequently impacting on professional identity construction.

Although poor role models are of some benefit to student nurses as they enable identification of traits to be avoided, poor practice creates a psychological challenge for student nurses in that the provision of substandard care or the lack of a caring attitude contradicts their understanding of how a nurse should behave. Internal struggles within an individual's value-base ensue when dissonance exists between observed and expected professional behaviours (Donaldson and Carter, 2005). Student nurses attempt to address these contradictions by evaluating the observed behaviours against their personal and professional beliefs system (Ewertsson *et al.*, 2017). It is the internal reflexive processing of professional relationships and learning transactions, and challenges from these within the various educational contexts, that builds student nurse's moral competency and enables them to embrace professional values. This is therefore fundamental to the construction of a

student nurse's professional identity (Ranjbar *et al.*, 2017; Haghigat, Borhani, and Ranjbar, 2020). Internal reflexive processing is an important process and is perceived to be based on the established internal value base of the student nurse. It supports the development of the moral courage to speak up for patients or indeed for themselves, which has implications for creating an environment where safe and effective nursing care can be provided (Fagan, Lea, and Parker, 2020).

However, the self-confidence of the student nurse can impact on their ability to enact professional values. In Traynor and Buus' (2016) exploration of student nurse perceptions of poor standards of care in nursing after the Mid Staffordshire NHS Trust inquiry (Francis, 2013), internalising moral behaviour is articulated as an essential trait of a nurse. Traynor and Buus (2013) also observe that student nurses acknowledge the power that nurses hold over their progression and completing their assessments, resulting in some focusing on these instead of asserting moral standards. As a consequence, to maintain relationships with the nurse out of concern that they would be perceived as causing trouble or undermining the nurse's authority, the student nurse may not question inconsistent practices (Ewertsson *et al.*, 2017). This suggests that for some student nurses, managing the way that they are perceived by others and the need to fit in with the nursing team is more powerful than asserting moral values to challenge poor practice or behaviour (Walker *et al.*, 2014). Interactions with nurses who fail to exemplify expected nursing values, bully, or ignore student nurses or exhibit unsafe practices, challenge the student nurse's preconceived expectations of how nurses should behave. It also challenges them in terms of how, when, and if they should challenge poor behaviour. Such experiences can be detrimental to the student nurse's motivations and self-belief, particularly in circumstances where they are already afforded low status, inducing a sense of powerlessness which consequently impacts on their ability to exemplify professional values (Ewertsson *et al.*, 2017).

Nonetheless, clinical nurses do not operate in isolation and the environment of practice is an important factor in influencing the way that role models act and has associated impacts on learning transactions and relationships within the clinical setting. This is why a significant focus in past research is the clinical setting as a major influence on professional identity construction.

## 2.7 The role of the clinical practice setting

Clinical practice settings enable nursing students to construct a vision of themselves in the professional role; it is therefore imperative that these settings provide optimum experiences and interactions to nurture their professional identity. The literature points to a range of factors within clinical practice settings that have significant impact. In addition to the importance of clinical nurses as role models, these include the culture and hierarchy of healthcare organisations, the teams that exist within these, and the availability of opportunities where clinical skills and professional values and attributes can be nurtured (Maginnis, 2018; Volpe *et al.*, 2019).

An optimal healthcare culture promotes the effective transference of skills and values that support professional identity construction (Fitzgerald, 2020). However, it is the impact of sub-optimal cultures on these processes that predominately feature in the nursing literature. From the perspective of organisational culture, the UK National Health Service (NHS) is predicated on the provision of safe and effective care, free at the point of delivery to the public. For this to happen, organisational policies and procedures establish the foundation of this provision with the expectation that all employees embrace and maintain such standards. With a range of professional groups, and both registered and unregistered staff working in the NHS, there is the potential for dysfunctional organisational cultures to exist if poor leadership and negative hierarchies are allowed to form. Following the Francis Inquiry (Francis, 2013), which found that substandard organisational and nursing leadership in the Mid Staffordshire NHS Trust had led to system-wide failures and patient maltreatment and deaths, the link between dysfunctional workplace cultures in the NHS and poor patient care was recognised. The Inquiry recommended cultural change, resulting in the implementation of redefined NHS workforce values (Francis, 2013). This prompted the Nursing and Midwifery Council to review the professional education standards and Code of Practice (Bradshaw, 2017). The creation and embedding of the “6 C’s” (care, competency, communication, courage, commitment, compassion) within both nursing and nurse education, aimed to reinforce the culture and values of nursing to prevent professional complacency, thus optimising patient safety (NHS England/Nursing Directorate, 2013:05). It has since become a group norm to embrace and encourage nurses to enact these values. Within nurse education programmes, academics introduce and reinforce these values within theoretical instruction, while the practical application is the responsibility of clinical nurses. Informal and formal assessment of the student nurse’s professional values occur throughout the nurse education

programme, as required by the professional standards (Nursing and Midwifery Council, 2018b, 2023a).

Social identity theorists propose that the central purpose of professional identity construction is for the individual to align to group norms and behaviours, so as to be accepted into the group (Stets and Burke, 2000; Caza and Creary, 2016). For student nurses, the alignment to group norms and the notion of belonging is important, influencing both their developing professional self-concept and professional behaviours.

### 2.7.1 Culture and hierarchy and the sense of belonging

Most of the literature which addresses the concept of belonging, focuses on the clinical setting, reflecting the importance it holds for the student nurse's construction of their professional identity. On clinical placements, student nurses attempt to embody their perceptions of the nurse role to modify their behaviours so that they fit into the clinical team (Walker *et al.*, 2014). Managing their behaviours to demonstrate that they belong is a driving factor in both coping with the new experiences and attempting to behave within perceived professional norms (Teskereci and Boz, 2019).

A sense of belonging benefits members of the team, providing a means of support and, when effective, ensures optimum service delivery (Rasmussen *et al.*, 2021). Clinical settings that promote a sense of belonging, nurture and validate student nurses' choice of profession (Dunbar and Carter, 2017; Maginnis, 2018). Conversely, belonging is nurtured within clinical teams that positively embrace shared ideals (Levett-Jones *et al.*, 2006; Vinales, 2015; Dunbar and Carter, 2017). Principally, gaining the sense of belonging involves the student nurse internally processing interactions with a range of individuals, as they transition through their studies (Felstead, 2013; Walker *et al.*, 2014; Neishabouri, Ahmadi and Kazemnejad, 2017; Maginnis, 2018). The quality of these interactions is influential in determining whether student nurses feel they belong, and so the culture of the healthcare setting is an important element. Moreover, the way that nurses, other nursing and healthcare students, and wider members of the multidisciplinary team behave within these settings, is important to the student nurse's motivation and impacts on how they cope with stressful situations.

Several studies propose that the student nurse's inclusion in clinical teams and being nurtured during their education, enables the progressive development of confidence and

clinical competence, strengthening and reinforcing their motivation and commitment to their career choice (Clements *et al.*, 2016, Neishabouri, Almadi, and Kazemnejad, 2017; Martin-Delgado *et al.*, 2021). In addition, the experiential elements of the educational programme and relationships with clinical nurses, enable student nurses to make meaningful connections between what they are learning in relation to knowledge, skills, attitudes, beliefs, and values, and how these impact on their professional self-concept (Cook, Gilmer and Bess, 2003; Serra, 2008). The supervisory process is also hierarchical, with nurses acting as gatekeepers, judging the skills, behaviours, and suitability of student nurses to progress through their programme and ultimately, to enter the profession (Shakespeare and Webb, 2008; Nursing and Midwifery Council 2023b). Student nurses are therefore conscious of the importance of their relationships with qualified nurses in terms of how they are perceived, and the potential for this perception to impact on their formative and summative assessments.

The supervision of student nurses by registered nurses on clinical placements, is crucial to support them to achieve the requirements of their course within the clinical practice setting and achieve a sense of belonging. Student nurses entering these settings require sufficient supervision from qualified staff to support and navigate these experiences (Traynor and Buus, 2016). In optimum circumstances, nurses nurture effective learning and identity construction through inclusion and through ensuring that student nurses are exposed to varied learning opportunities (Walker *et al.*, 2014). However, many healthcare settings are high pressured, and nurses deal with stressful and traumatic experiences daily. This may impact on the quality of their interactions with student nurses and undermine the consistent demonstration of professional behaviours (Ewertsson *et al.*, 2017).

Power differentials within clinical teams can also negatively impact on a student nurse's construction of professional identity (Ewertsson *et al.*, 2017). Where nursing students are positioned in the nursing hierarchy within the clinical practice setting, will influence the effectiveness and value of the clinical experience (Traynor and Buus, 2016). Positive and supportive inclusion within the team hierarchy enhances the transfer of knowledge and skills; it also provides student nurses with the cognitive space to develop essential critical thinking and leadership skills (Walker *et al.*, 2014). Conversely, clinical settings that serve to maintain nursing students at the lower end of the hierarchy, create barriers to effective development of professional self-concept (Grealish and Trevitt, 2005; Vinales, 2015). Student

nurses who feel unsupported within clinical placements and have limited learning opportunities, may question whether they belong to the social group; this in turn will impact on their commitment to the role and to the profession (Clements *et al.*, 2016).

According to Patel and Chrisman (2020), student nurses who identify poor role models during their clinical placements also have a negative perception and experience of the hierarchy within that setting, leading to negative interactions. This leads to difficulties in developing a sense of belonging. Studies refer to student nurses displaying varied responses to such experiences, ranging from compliance with poor practice, to focusing on tasks rather than developing holistic nursing practice (Grealish and Trevitt, 2005; Walker *et al.*, 2014; Traynor and Buus, 2016; Ewertsson *et al.*, 2017). Some student nurses develop strategies to cope with and manage negative hierarchical environments, especially those environments where qualified nurses bully them and obstruct their learning. Jackson *et al.* (2011) identify that these student nurses engage in small acts of resistance to overcome the barriers to learning, maintaining their agency despite the conflict experienced. These acts include developing alternative relationships with other nurses or peers who do offer allegiance and support, to manage the emotional and practical barriers that negatively impact on their attempts to learn and progress.

Aside from role models, peers are also an important resource in reducing stress and supporting identity development (Houghton, 2014, Vinales, 2015). Alongside their peers, student nurses can share, validate, and contextualise their experiences (Houghton, 2014; Walker *et al.*, 2014; Goodolf, 2018). Through peer support, student nurses are able to tap into vital social and psychological resources to navigate the educational programme, motivating them in the transition towards becoming a nurse. This suggests that student nurses simultaneously embrace the group identity of student nurse, to align with peers for support, and at the same time seek to exemplify the nurse identity so as to be accepted into the professional group. This perhaps reflects Stets and Burke's (2000) assertion that individuals will activate different identities when necessary, acknowledging that some have higher status within the self-construct.

Several studies suggest that clinical settings where teams or individual nurses do not foster inclusion of student nurses into the social group, psychologically challenge students and cause emotional distress that impacts on their professional self-concept (Levett-Jones and

Lathlean, 2008; Walker *et al.*, 2014). Maintaining motivation during their studies can therefore be significantly impacted by experiences that negatively affect self-esteem and self-efficacy, as the student nurse may struggle to visualise themselves as part of the social group to which they aspire (Willetts and Clarke, 2014). Conversely, self-doubt impacts on the development of confidence, regardless of the student nurse's stage of education (Goodolf, 2018). This is attributed to the progressive complexity of the programme requirements and the uncertainties that they emerge with each new experience.

Organisational challenges can impact on the culture and hierarchy of a clinical setting and the ways in which student nurses engage in the educational components of their nursing programmes. Creating an environment for effective professional role development should include an integrated community of practice and academic learning that values nursing students (Andrew, Tolson and Ferguson, 2008; Crigger and Godfrey, 2014; Simmonds *et al.*, 2020). In theory, such social systems can be nurtured and be effective through the setting of clear intentional strategies between members of the community, regardless of their differing organisational commitments (Wenger, McDermott, and Snyder, 2002). Successful communities of practice have common connections that simultaneously elevate knowledge and practice and include active support to nursing students through liaison between professionals from both organisational settings (Andrew *et al.*, 2011; Dehghanzadeh, Nayeri and Khajeh, 2016). Nevertheless, the complexities of the differing organisational structures between healthcare organisations and academia can be a barrier if not actively addressed (Andrew, Tolson and Ferguson, 2008). Evidence suggests that if communities of practice are not visible to student nurses or are dysfunctional, the supervision and support to student nurses will be limited and in turn, create barriers to effective identity construction (Andrew *et al.*, 2009; Arreciado Marañón and Isla Pera, 2015).

This is pertinent to current nurse education, as there is evidence to suggest that UK pandemic restrictions created a barrier between clinical and academic settings, thus disrupting the community of practice. The impact of the national lockdowns, university closures and the move to online learning reshaped the boundaries of the learning environment. This presented challenges to the effectiveness of the learning transactions for both nursing students and nurse academics, widening the gap between the clinical and academic settings (Dewart *et al.*, 2020; Oducado and Estoque, 2021; Snow *et al.*, 2023). This further suggests that the context within which nurse education takes place is influential to professional

identity construction, in that it impacts those working and learning within such structures. In addressing the research questions of this study, it is therefore important to acknowledge the context of education and of practice prior to and during the COVID-19 pandemic. Context is an important factor in understanding the human experience situated in the social worlds in which student nurses operate (Charmaz, 2017b).

## 2.8 The context of nurse education prior to and during the COVID-19 Pandemic

In the UK, nursing programmes are approved and regulated by the Nursing and Midwifery Council. The Council's remit is encapsulated in a range of regulatory, ethical, and legal requirements, under which the Nursing and Midwifery Council operationalises the Code of professional practice, the varied Standards governing nursing and midwifery education (Nursing and Midwifery Council, 2023d). The Standards for Nursing stipulate the requirements for pre-registration nurse education. They include the scope of knowledge and proficiencies required for safe and effective practice, and the clinical and theory hours which must be successfully completed within the programme of study, before being allowed to register as a nurse. All nurses must be registered with the Nursing and Midwifery Council to use the title of Registered Nurse and legally practice as a nurse in the UK (Nursing and Midwifery Council, 2023d).

Nurse education within the UK can only be offered by universities who have been approved by the Nursing and Midwifery Council. The current Nursing and Midwifery Council pre-registration nursing standards were first issued in 2018 and revised in 2023, requiring all higher education institutions to revise curricula and seek Nursing and Midwifery Council approval for their new nursing programmes (Nursing and Midwifery Council, 2023a, 2023b, 2023c). At the time of writing this thesis, the standards of proficiency (Nursing and Midwifery Council 2018a) had yet to be revised. In late 2018, several universities had begun to run new programmes, meaning they were establishing new courses just before the outbreak of the COVID-19 pandemic. With the introduction of the revised standards came new standards that defined the role and scope of both clinical nurses and nurse academics who were responsible for supervising and assessing student nurses (Nursing and Midwifery Council, 2023b). While there were similarities in the scope of the role within the previous iteration of the nurse education standards (Nursing and Midwifery Council, 2010), the professional body

changed the title of the role assigned to clinical nurses from mentor to practice assessor or practice supervisor, depending on the role responsibilities as defined in the standards (Nursing and Midwifery Council 2023b). This change signified that the focus of the role had moved towards a more distinct assessment of student nurse's capabilities and professional values. The change in standards also made more explicit the role of the nurse academic in academically assessing nursing students, in conjunction with clinical nurse assessors.

In the same period as the changes to educational standards were being developed, funding for nurse education also changed. Prior to 2017, places on student nurse programmes were funded by the UK Government. Following UK Government reforms, this scheme was withdrawn from the autumn of 2017. Applicants to student nurse programmes were required to have a student loan to pay for their education, moving the cost of nurse education studies from the state to the individual (House of Commons Health Committee, 2018). Universities saw an immediate drop in applications to nursing programmes. With a deficit in the numbers of qualified nurses, it was imperative that steps were taken to reinvigorate student nurse numbers, so as to address the shortfall of graduates joining the profession (House of Commons Health Committee, 2018). In December 2019 the UK Government announced provisions for eligible healthcare students to receive £5,000 per year from the Training Support Fund to offset some of the costs of studying. The funding became available in September 2020 for current and new students from a range of health professions, including nurses (Snee, White and Cox, 2020; NHS Business Services Authority, 2023).

In March 2020, the World Health Organization declared the Sars-Cov-2 virus outbreak a global pandemic (World Health Organization, 2023). In response to the rising cases of COVID-19 in the UK, the UK Government imposed society-wide restrictions aimed at limiting the spread of the virus and managing the impact on the National Health Service (NHS) (UK Legislation, 2020; Institute for Government, 2022). The NHS experienced rapid increases in admissions of mainly adult patients who had COVID-19. Many patients were critically unwell, requiring urgent intensive care interventions, and a significant number of these patients succumbed to the virus. The high admission rate resulted in many clinical areas being converted to COVID wards and routine surgical and outpatient services suspended. Healthcare staff in acute services were redeployed to areas of high clinical need (The Health Foundation, 2023). The NHS rapidly imposed organisation-wide policies around infection

control measures, including those that restricted certain types of patient admissions, restricted visiting, and paused non-essential services (NHS England, 2023).

There were insufficient numbers of nurses in the acute hospitals to cope with the rapidly increasing numbers of patients acutely unwell with the COVID-19 virus. Initiatives to increase staffing included the 2020 Coronavirus Act which enabled retired nurses and other health professionals to rapidly re-enter their respective professional body registers on a temporary basis, permitting them to begin working in the NHS (UK Legislation, 2020). In addition, healthcare students who were deemed to have sufficient experience, were offered the opportunity to volunteer to contribute to the pandemic effort (Nursing and Midwifery Council, 2020b). Nursing students in the second or final year of study were able to opt into the scheme and rescind supernumerary status which permitted them to be paid for their contribution. Students accepting the paid contracts would be reimbursed at a level commensurate with the NHS Health Care Assistant pay scale. Student nurses in the final year of study were given the opportunity to complete the remaining weeks of their programmes in extended clinical placements (Health Education England, 2020b).

To address the impact of the COVID-19 pandemic on the health and education sectors, in March 2020 the Nursing and Midwifery Council temporarily amended educational standards by issuing Emergency Standards (Nursing and Midwifery Council 2020a). The Emergency Standards accounted for the amendments to supernumerary status for final and second year nursing students, the extension to clinical practice for final year nursing students, and the suspension of practice placements for first year nursing students (Nursing and Midwifery Council, 2020a). Reflecting the extended period of the COVID-19 pandemic, the Nursing and Midwifery Council updated the Emergency standards, moving to Recovery Standards during 2021 and finally reinstating the original standards in the autumn of 2022 (Nursing and Midwifery Council, 2021, 2022).

The education sector was extensively impacted by pandemic restrictions (Department of Health and Social Care, 2023). Reflecting the initial national lockdowns (Institute for Government, 2022), university closures were imposed between March and September 2020, requiring a rapid move to online learning provision of all theoretical content. Nurse academics grappled with learning to use online learning platforms and converting resources and pedagogical approaches accordingly, whilst simultaneously restructuring timetables and

content to manage the implementation of the Nursing and Midwifery Council Emergency standards and ensuring student nurses had sufficient information and support (Carolan *et al.*, 2020). The lifting of lockdown restrictions in September 2020 enabled a phased return to face-to-face learning, but within social distancing rules. Therefore, cohorts beginning their education in September 2020 experienced a blend of face-to-face sessions on campus, and online synchronous and asynchronous learning. A further wave of the virus impacted on progression of phased return to campus over the winter period of 2020/2021, with the UK Universities Minister issuing further restrictions to the sector during this time (Donelan, 2020). Eventually, reflecting the gradual reduction of restrictions imposed by the UK Government, universities returned to mainly face-to-face learning by the autumn of 2021, but retained a blend of online learning (Department of Health and Social Care, 2023).

## 2.9 Conclusion

The review has highlighted that student nurses construct their professional identity through dynamic processes which are particularly active in the formative stages of professional development. As such, the professional pre-registration nursing programme is an important period in the process of professional identity construction. Dynamism exists within the settings where nurse education takes place, with nurses who enact the role, and within the active way that student nurses internally process the myriads of experiences and interactions to make sense of these, retain motivation and achieve goals through determined action. Student nurses are invited to reflexively explore their personal beliefs and values and retain elements that they feel align with the expectations and norms of the professional group. However, in identifying the dynamism of the process, the review has also elucidated that complexity and challenge have a detrimental influence on the construction of professional identity. This is evident in the way that suboptimal environments of practice and education, and the presence of poor role models, impact on the psychological and emotional wellbeing of student nurses. The impact on the self, including lowered self-esteem and self-confidence, has negative implications for attaining and retaining the sense of belonging that is essential for professional identity construction.

## Chapter Three: Methodology

### 3.1 Introduction

The concept of professional identity construction is underpinned by the recognition of the tension between student nurses' real-world experiences, meanings, and behaviours and their internal perception of self in the professional role. Therefore, methodological decisions require an approach that can elicit in-depth understanding about this tension, and that can explore the participant's perspective holistically and inductively (Guba and Lincoln, 1982). This chapter provides both a rationale for the methodology and explains the methods used within this research.

### 3.2 Choosing a methodology

In choosing the methodology of this study, it was necessary to consider the study's purpose and the pragmatic aspects which would influence my decisions as a researcher. As a knowledgeable insider, the methodology would also need to provide ways to account for my insider position as a researcher as this was imperative to strengthen the credibility and trustworthiness of the research (Rieger, 2018).

The purpose of this study was to explore student nurses' perceptions of the factors shaping professional identity construction with the intention to theorise how a world-wide health crisis influenced this process. I recognised that both temporal and contextual elements were potentially significant to participants real-world experiences, following the declaration of the global pandemic and associated impacts of public health restrictions during the study. Qualitative methodologies were suitable in seeking to understand the human experience of professional identity construction and are flexible and pragmatic to cope with dynamic circumstances present in participant's social worlds (Corbin and Strauss, 2015). Furthermore, they provide methods through which credibility and trustworthiness of the research are established and maintained (Merriam, 2016).

A review of qualitative methodologies led me to the potential of Grounded Theory (GT) as this appeared to align with the purpose of my study. GT recognises the diverse realities and socially constructed meanings of the individuals being studied and aims to advance theoretical understanding of a phenomenon (Corbin and Strauss, 2015; Charmaz 2017a).

Furthermore, it was evident that GT methodology would enable me to manage my positionality through the application of GT methods. In particular, the Constructivist Grounded Theory (CGT) approach of Charmaz (2014) embraces researcher reflexivity and subjectivity as integral to the study design which was an essential aspect within this study due to my insider knowledge. Below, I provide the rationale for choosing GT, and specifically CGT, as the methodology for this study.

### 3.2.1 Constructivist Grounded Theory methodology

GT methodology originated with Glaser and Strauss' seminal work on dying in 1967 (Glaser and Strauss, 1999). At the time of its inception, a debate within social science traditions focused on the challenges of elevating qualitative methodology as more than simply description. Proponents of qualitative methodology strove to address the limitations that reductive quantitative research methods offered in describing the social processes of reality (Holton and Walsh, 2017). In response to the debate, Glaser and Strauss proposed a new methodology that employed quantitative data analysis techniques, embedded within qualitative analytical processes. This enabled the development of substantive theories grounded within data.

Over time, the methodology has evolved, resulting in three main versions of GT: the original version continues to be attributed to Barney Glaser; the Straussian version is attributed to Anselm Strauss with Juliet Corbin; and the so-called constructivist version is attributed to Kathy Charmaz (Rieger, 2018). These distinctions reflect the philosophical positions of the key proponents, mapping the paradigmatic shift of Grounded Theorists from positivist (Glaser) to pragmatist (Strauss) and then to constructivist (Charmaz) (Ralph, Birks and Chapman, 2015; Charmaz, 2017b, Rieger, 2018). Interestingly, Glaser (2014) declined to be involved in the debate on his philosophical position. He suggested that this generated unnecessary confusion for novice researchers who were expected to declare the fit between their epistemic positions and the methodology, rather than the methodological and epistemological flexibility that GT afforded. In contrast, Charmaz (2014, 2017a) had no such concerns, articulating the influence of pragmatism, symbolic interactionism, human agency, and constructivism in shaping and refining the tenets of CGT. The resultant methodology embraces humanistic values, which respects participants' socially derived meanings and actions (Charmaz, 2017a). This philosophical position is relevant to this study, given my own positionality (see section 1.6), and the way I embrace disciplinary epistemology of the

nursing profession, which is based on humanistic values and holistic, person-centredness (Ryan, 2018).

In addition to the epistemic fit of the methodology, an important factor in choosing CGT related not only to methods of data collection and analysis which would enable me to construct theory, but also to Charmaz's (2014) stance on review of the literature, and the methods through which to proactively manage the researcher's insider perspective. The latter are important, given my knowledge and experience as a nurse and a nurse academic.

In terms of the literature review, the original GT methodology asserts that researchers should enter a study *tabula rasa* (Glaser and Strauss 1999). However, this is cited as limiting the potential of GT by failing to recognise the value of an early review of the literature in providing focus to the purpose of the study (Bryant, 2021). Glaser's argument was that an early literature review was potentially problematic as it might influence and increase preconceptions, forcing the data and thereby influencing the analysis and limiting the emerging theory (Birks and Mills, 2015; Glaser, 2018). Conversely, in CGT there is a role for prior literature and theory in sensitising to the topic of inquiry (Charmaz 2014, 2017a). Importance is given to engaging in a critical review, to remain skeptical of the literature so as to remain to the possibility of new discoveries (Charmaz 2017a). From this perspective, being cognisant of the wider literature and embedding researcher reflexivity, enables the researcher to be theoretically sensitive, aiding the analytical and interpretative process (McGhee, Marland and Atkinson, 2007; Charmaz 2014, 2017a). Such an approach also enhances the credibility and resonance of a study (Charmaz and Thornberg, 2020). In this thesis, the focus of the literature review was to identify the relationships within the literature that were of relevance to the topic of professional identity. Furthermore, by engaging with the literature throughout the study aimed to strengthen theoretical sensitivity and allow for the exploration of emerging concepts and categories in relation to the knowledge base; thus, increasing the depth of my interpretations.

In terms of managing my researcher role, in naturalistic inquiry it is accepted that the researcher is not independent, by virtue of their insider position (Guba and Lincoln, 1982). Charmaz (2014:13) acknowledged that researchers are influenced by prior knowledge and experiences and construct their own realities in the process of engaging in the study.

“The constructivist approach perspective shreds notions of a neutral observer and value-free expert. Not only does that mean that researchers must examine rather than erase how their privileges and preconceptions may shape the analysis, but it also means that their values shape the very facts they can identify.”

Therefore, the methodology provides the steps that increase researcher sensitivity so as to ensure that existing preconceptions and knowledge are addressed and managed (Watt, 2007). In terms of my role, I have addressed these by ensuring that my researcher positionality is clearly articulated (see section 1.6) and by explicitly articulating the use of reflexivity, memoing and diagramming within the methods. This further increases the rigour of the study by establishing credibility within the research process (Charmaz, 2014).

CGT recognises that the researcher’s position as an insider creates a reciprocal relationship between researcher and participant (Charmaz, 2014). Such reciprocity leads to the co-creation of data through the interaction of the researcher and participants (Breckenridge *et al.*, 2012). Yet, it is necessary to account for the researcher’s privileges and power status through transparent practices (McGhee, Marland and Atkinson 2007). To ensure transparency of the researcher’s role and position, assumptions are critically questionned, to ‘excavate’ any preconceptions (Charmaz, 2017a:6). Therefore, reflexivity is important not only in order to examine a researcher’s prior assumptions, beliefs, values, and positions of power, but to also to privilege the experiences of participants, thereby staying grounded within the data. Methods to support reflexivity are embedded in the CGT research design and include journalling, writing analytical memos, and diagramming (Charmaz, 2014). These methods were central to the interpretive process, supporting my efforts to remain focused on participant experiences, meanings and actions (Charmaz 2017a, 2017b; Zaidi, 2022).

Regarding data collection and analysis methods, I considered that CGT’s concurrent data collection and analysis approach would provide the opportunity to consider the contextual and temporal aspects of professional identity construction within participant accounts (Charmaz, 2014). CGT data collection is typically through interviews or focus groups, using semi or unstructured interview techniques. This approach provides the opportunity for participants to tell their stories with minimal prompting from researchers, thus, capturing that which is meaningful to them (Charmaz, 2014). In GT data analysis, the principles of the

constant comparative method are crucial to the data analysis process, with the continual comparison of data, codes, and concepts, to refine and conceptualise categories (Glaser and Strauss, 1999). In contrast to the original GT methodology, CGT advocates in-vivo coding to retain the participant voice, recognising the importance of an individual's use of language in providing an insight into their thoughts and actions (Charmaz, 2017b). Charmaz (2014) states that taking such an approach increases credibility and resonance of the analysis as it grounds the emerging theory within the data, enabling critical scrutiny of context and meaning. The iterative process also informs theoretical sampling, whereby further rounds of data collection and sampling of participants are guided by the theoretical concepts emerging from initial and subsequent data analyses. This process raises the analytic conceptualisation of emerging categories (Birks and Mills, 2015 , Rieger, 2018).

GT methods are subject to critique, and are cited as generating the most challenge to researchers (Rieger, 2018). This is particularly so for the notion of theoretical saturation. Theoretical saturation is considered a measure of quality, indicating that the theoretical sampling of sufficient numbers of participants in repeated rounds of data collection, has provided 'rich' data to allow categories to be verified and the theory refined (Charmaz, 2014:97). There has been prolonged debate on the challenges researchers face in achieving saturation, resulting in a move to suggest that theoretical sufficiency is a more desirable concept. O'Reilly and Parker (2013) note the challenges include what counts as sufficient sample sizes, and how to respond when changes in social circumstances impede access to participants and recruitment, in extended rounds of data collection. Thus, the onus is firmly placed on the GT researchers to be transparent in their approach and decisions, which in turn increases the credibility of the study (O'Reilly and Parker, 2013; Charmaz, 2014).

### 3.2.2 Quality and Rigour

Transparency and credibility are fundamental to the trustworthiness of good quality research (Guba and Lincoln, 1982). While there are various approaches to assess the quality and rigour of qualitative research, Charmaz has accounted for this within her methodology (Charmaz, 2014; Charmaz and Thornberg, 2020). Charmaz presents four principles to evaluate the quality of CGT research; namely credibility, originality, resonance and usefulness (Charmaz, 2014:337).

Charmaz (2014) proposes that to establish credibility, it is necessary for the researcher to be transparent about the conduct of the study, including the methods used, their reflexive stance, and the analytical process to establish the categories and emergent theory. Originality and resonance may be judged by the way the categories and emergent theory offer conceptually fresh interpretations and advance theoretical understanding of the phenomenon (Charmaz, 2014, 2017b). Finally, usefulness refers to the way the research makes a valuable contribution to knowledge and practice (Charmaz, 2014; Charmaz and Thornberg, 2020).

It is these principles by which the quality and rigour of this study may be judged, I have been transparent in my positionality and in the following sections I have been clear on my methodological decisions. I have consistently applied CGT methods, including memoing, diagramming and maintaining a reflective diary, to ensure I remain focused on the participant experience. The analysis is therefore grounded in the data, providing a fresh interpretation of professional identity construction. The categories and emerging theory provide an interpretation of how student nurses attempt to construct a professional identity when they are exposed to persistent and challenging experiences and interactions in clinical practice settings that impact on their experience of being a student nurse, and of the nurse role. The quality and rigour of the study is explored further in Chapter 7 (section 7.4).

### 3.3 Methods

This section discusses the methods employed in this study, drawing on approaches suggested within the CGT methodology. Ethical approval was gained from the UEA School of Education Ethics Committee on 18th August 2020, reference: 2020\_8\_CR\_ST (see Appendix two). Recruitment to this study did not start until ethical approval had been obtained.

#### 3.3.1 Recruitment and participants

The restrictions imposed during the COVID-19 pandemic and my insider knowledge as a nurse academic were influential to the recruitment strategy. As Newman, Guta, and Black (2021) noted, while there was value in conducting qualitative research during the COVID-19 pandemic, it required researchers to be pragmatic and flexible in the study design, while ensuring the credibility and ethical integrity of their research. All research was subject to both public health pandemic regulations and organisational restrictions in hospitals and

universities. Within the UEA, I was one of the senior academics in the School of Health Sciences who was responsible for nursing curriculum planning and implementing the emergency policies issued by the professional body and the UK government (Institute for Government, 2022; Department for Education, 2021). Therefore, I carefully considered both the COVID-19 pandemic policies surrounding research practice, and the conditions and policies which impacted nurse education to ensure my study my study was feasible. Throughout the study I adhered to both established ethical principles and to the emergent public health requirements pertaining to public safety and disease control. This included access to research subjects, informed consent, privacy, and confidentiality. An overview of the ethical considerations specific to this study are provided in Appendix 6.

Face to face contact with participants was not possible during the study, due to Public Health restrictions and the implementation of remote and then hybrid teaching policies (Institute for Government, 2022; Department for Education, 2021). Recruitment and data collection decisions adhered to national COVID-19 restrictions, and the policies implemented and updated regularly by the UK Government (UK Government, 2021), as well as those internal to UEA (University of East Anglia Safety Services, 2021).

Participants in this study were student nurses enrolled on the undergraduate BSc (Hons) nursing course at UEA. There were three cohorts undertaking their nurse education at the start of this study. Permission to access the nursing students was provided by the Dean of UEA School of Health Sciences.

Setting minimal exclusion criteria and recruiting from within the three BSc Nursing cohorts, provided a potential pool of participants ( $n=728$ ). Student nurses enrolled on the BSc Nursing course represented different demographics, personal characteristics, and influences, thereby increasing the potential for new insights to emerge from the analysis about the construction of professional identity as a student nurse. As the study was designed to include at least two data collection periods, and in keeping with GT theoretical sampling processes (Charmaz, 2014), there was the potential to focus recruitment on specific characteristics within the target population as the study progressed, depending on the emerging themes from the data analysis.

Student nurses who were on a break in studies or not currently attending the programme, were excluded from the study. Many student nurses in this situation have personal reasons for taking a break or for a lack of engagement in their studies. These reasons can range from bereavement to physical and mental health needs of themselves, or caring responsibilities for unwell family members. Therefore, it would have been unethical to approach these students while they were away from their studies.

BSc Nursing cohorts begin their course in the September of each academic year and are the largest cohorts in the UEA School of Health Sciences. Each cohort consisted of student nurses who have chosen to focus on one of four fields of nursing: adult nursing (AN), children and young people's (CYP) nursing, mental health (MH) nursing and learning disability (LD) nursing. The course spans three years and is designed to meet the Nursing and Midwifery Council pre-registration nursing standards (Nursing and Midwifery Council, 2010; Nursing and Midwifery Council, 2018b, 2023a, 2023b, 2023c). Each cohort undertake theory and practice blocks and advance in the academic level of study as the course progresses. Student nurses must successfully achieve all assessed elements and complete 2300 hours of theory and 2300 hours of practice learning by the end of their course.

Three cohorts were on the programme at the beginning of this study. These were the September 2018 cohort (S18), the September 2019 cohort (S19), and the September 2020 cohort (S20). Due to the updating of standards (see Chapter Two), the S18 cohort's curriculum was based on the outgoing standards (Nursing and Midwifery Council 2010) while the S19 and S20 cohorts were on the revised 'future nurse' standards (Nursing and Midwifery Council 2018b:1, 2023a, 2023b, 2023c). Despite the different standards, all cohorts had similarities in the admission standards, and the requirements and content design of their courses.

At the start of this study, the number of student nurses in each cohort were as follows:

September 2018: 214 students (AN=132, CYP=32, MH =38, LD =12)

September 2019: 242 students (AN=143, CYP=41, MH =43, LD =15)

September 2020: 272 students (AN=164, CYP=53, MH =46, LD =9)

*(NB: this differs from the total numbers in the cohort at the start of their courses (Figure 2) due to individuals who were withdrawn, took a break or returned to their course during the study period).*

Unfortunately, UEA demographic data for these cohorts is not very granular and is limited to information that is used in the widening participation agenda. The available information relating to each cohort is reproduced in Figure 2.

Figure 2: UEA student nurse demographic data per nursing cohort at commencement of their studies

|                              | <b>S18 (230)</b> | <b>S19 (250)</b> | <b>S20 (267)</b> |
|------------------------------|------------------|------------------|------------------|
| <b>Under 21 years</b>        | 40.4% (93)       | 31.6% (79)       | 37.5% (100)      |
| <b>Over 21 years</b>         | 59.6% (137)      | 68.4% (171)      | 62.5% (167)      |
| <b>Black or ethnic group</b> | 20.4% (47)       | 18.8% (47)       | 13.5% (36)       |
| <b>Male</b>                  | 3.4% (8)         | 10.4% (26)       | 10.1% (27)       |

In comparison, national data on student nurses reports that 11% of student nurses identify as male (Nursing and Midwifery Council, 2023e), and 25% of student nurses identify as black or from an ethnic minority group (Health Education England, 2021). UEA demographic data bears some similarity to the national data in that these groups are underrepresented within the cohorts, although there are less student nurses in these groups than the national average.

Decisions regarding recruitment and the conduct of the study were sensitive to both strategic policies and to student experiences. Student nurses experienced challenges with the move to online delivery of theory content via the Blackboard™ platform, and the impact of rescheduling their courses due to the issuance of the Nursing and Midwifery Council Emergency and Recovery standards (Nursing and Midwifery Council 2020a, 2021, 2022). Through my professional relationship with student nurses, I was appreciative of the emotional toll of these changes and of the personal impact of the COVID-19 pandemic. Hence, optimum times during theory blocks were identified to advertise the study and schedule data collection events, so as to maximise the potential for engagement. In the recruitment activity for the first round of data collection, the study was advertised via announcements on cohort online Blackboard™ sites which were circulated to all student nurse emails, and within online seminar sessions which were nursing field specific. To engage with all cohorts and all field groups in a similar recruitment timeframe, academic colleagues assisted in advertising the study within the smaller seminar groups. A folder of information about the study was added to the cohort Blackboard™ sites. A live online session led by me

was arranged to answer queries from any interested student nurses. This approach achieved the recruitment of eleven student nurses, four student nurses from each of the S19 and S20 cohorts and three student nurses in the S18 cohort.

In the second round of data collection, I took the same approach to recruitment, accessing all three cohorts. The theoretical sampling requirements of CGT place an emphasis on identifying participants whose perspectives advance the emerging themes, providing clarification and distinguishing their significance (Charmaz, 2014). The analysis of the first data set identified lines of inquiry that focused on the student nurse perspective of the pandemic experience in clinical practice settings, their role, status, relationships with role models, and perception of the nursing image. Thus, the potential pool of participants did not change, and my strategy did not initially target specific student nurses or sub-groups. I recognised the value of the contributions of any returning or new participants, based on their perspectives of their student nurse role and the educational experiences in the intervening period between the first and second data collection activities.

However, despite additional advertising of the study, I received only one new participant via an expression of interest email, and no student nurses attended the online question and answer session. Reflecting on potential reasons led me to acknowledge the challenging circumstances that student nurses were experiencing, due to ongoing public health concerns. Moreover, the specific educational restrictions were likely to be contributing to the difficulty in recruitment (Nursing and Midwifery Council, 2020a; Institute for Government, 2022).

Taking a pragmatic decision, I contacted the participants from the first data collection activity individually by email, to ask if they would be interested in participating again. I made it clear to them that they were under no obligation to do so. Seven of the original eleven student nurses volunteered to participate again. While re-recruiting these participants was not planned, it was beneficial to do so and indeed may have increased the reliability of my findings. By testing out the emerging themes with them, I was able to revisit their prior comments to gain further clarification, thus increasing the depth of analysis. A particular example of this was the contribution of Jade, who in the first focus group shared her views on the pandemic image of the nurse in relation to her role, and her field of nursing. In the second focus group, I was able to check my original interpretations, explore further her

perceptions of the influence of the pandemic imagery of the nurse, and how this impacted on her professional self-concept (See Chapter Six).

Figure 3 provides details of the participants in this study. In total, eleven student nurses participated, with seven student nurses participating in both data collection events and one participant participating in the second data collection event only. The table presents demographic information on gender, ethnicity, age at recruitment, year of study in data collection phases 1 and 2, their field of nursing, the pseudonym allocated to them, and whether they participated in a focus group or individual interview.

At the time of gaining consent, the participants were asked to complete a basic demographic form that collected their initials, age, and self-identified gender and ethnicity. I discussed with each participant the rationale for collecting this information and the intention to anonymise their data as much as possible, but that with small numbers, there may be the potential that they would recognise their data within any published findings. All participants gave written consent.

Each participant was allocated a pseudonym to keep track of individual contributions within the data (See Figure 3). This was important when undertaking constant comparison, analysing within and across the two sets of data collected at different time points.

As noted in the literature review, Johnson *et al.* (2012) proposed that a student nurse's professional identity develops as they progress through their course. Given that most participants returned for the second data collection event, it was important consider how data from the different time points could be differentiated within the analysis. Therefore, the pseudonym also denoted the phase of data collection (phase one - p1, or phase 2 - p2), and the stage of their course at the time of the data collection event (year 1 - y1, year 2 - y2, year 3 - y3).

As the two student nurses from S18 cohort were in the final year of study during both the first and second data collection activities, I denoted the difference by identifying the first set of data as year 3 (y3) and the second set of data as finishing their studies (f). As an example, participant Katie's data from the first phase of data collection is identified as  $p_1\text{Katie}^{y3}$ , while data from the second data collection phase is identified as  $p_2\text{Katie}^f$ .

Figure 3: Specific demographic details of participants

| Gender (M/F) | Ethnicity      | Age at recruitment | Cohort | Year of study in phase 1 | Year of study in phase 2 | Nursing Field       | Phase 1 identifier = phase/ pseudonym / year of study ( $p_nName^y$ ) | Phase 2 identifier (phase/ pseudonym / year of study) | Focus group or interview |
|--------------|----------------|--------------------|--------|--------------------------|--------------------------|---------------------|---|---|--------------------------|
| M            | White British  | 31                 | S20    | 1                        | 2                        | Adult               | $p_1Finn^y1$  | $p_2Finn^y2$  | Focus Group              |
| F            | White British  | 30                 | S20    | 1                        | x                        | Adult               | $p_1Emily^y1$   | x   | Focus Group              |
| F            | White British  | 26                 | S20    | 1                        | x                        | Adult               | $p_1Geri^y1$  | x   | Focus Group              |
| F            | White British  | 25                 | S20    | 1                        | 2                        | Adult               | $p_1Helen^y1$   | $p_2Helen^y2$   | Focus Group              |
| F            | White British  | 40                 | S20    | x                        | 2                        | Mental Health       | x   | $p_2Moira^y2$   | Interview                |
| F            | White British  | 40                 | S19    | 2                        | 3                        | Learning Disability | $p_1Dana^y2$  | $p_2Dana^y3$  | Focus Group              |
| F            | White European | 20                 | S19    | 2                        | 3                        | Children's Nursing  | $p_1Bea^y2$   | $p_2Bea^y3$   | Focus Group              |
| F            | White British  | 23                 | S19    | 2                        | x                        | Adult               | $p_1Alice^y2$   | x   | Focus Group              |
| F            | White European | 30                 | S19    | 2                        | 3                        | Adult               | $p_1Celia^y2$   | $p_2Celia^y3$   | Focus Group              |
| F            | White British  | 20                 | S18    | 3                        | F (finishing )           | Adult               | $p_1Katie^y3$   | $p_2Katie^yF$   | Focus Group              |
| F            | White Irish    | 43                 | S18    | 3                        | F (finishing )           | Mental Health       | $p_1Jade^y3$  | $p_2Jade^yF$  | Focus Group              |
| F            | White British  | 31                 | S18    | 3                        | x                        | Adult               | $p_1Leah^y3$  | x   | Focus Group              |

Despite the intention to encourage participation from a wide range of student nurses from each cohort, there was limited diversity of participants within and between cohort groups. In comparison to the cohort and the national demographic data, the sample is certainly not representative. This may be attributed to several factors, including the challenging period during the prolonged impact of the COVID-19 pandemic, and that student nurses may not have wished to engage in additional activities outside of their studies. It may also be attributed to my status as a senior academic and my role within the school as professional lead for nursing. Some student nurses may not have felt comfortable in sharing their personal views on professional aspects with me, perceiving my seniority as a barrier. My gender, and my own ethnicity as a white British person, may also have been a factor. As

noted in the literature review, student nurses may relate more easily with role models who share similar characteristics.

On the other hand, there is representation from all four fields of nursing, although the sample is dominated by participants from the adult nursing field. All participants defined their ethnicity as white. The ethnicity data was of interest as European students were at that time still eligible to receive UK loans, whereas the student nurse that identified as Irish was not and therefore was self-funded. This may have had an impact on the student nurse's experience.

### 3.4 Data collection

Focus groups are an established method of data collection within qualitative research (Charmaz, 2014; Holton and Walsh, 2017). Although individual interviews are the most common method of data collection in GT research (Urquhart, 2013), the ability to gather data from group discussions has benefits within a GT study (Birks and Mills, 2015). This is because common interests and range of experiences between participants can generate deep conversations, enabling the exploration of topics that are important to the group (Flynn, Albrecht and Scott, 2018). Focus groups were chosen as they provide an environment in which participants can communicate as peers and explore their realities within the context of the topic of inquiry (Carter and Alvarado, 2019). It further enables student nurses to compare the congruence of their perspectives with that of their peers – an important aspect when considering their professional status and identity.

The discursive element of the focus group was also of interest to me as I saw it as encouraging relaxed and free-flowing discussions, using material that would guide the conversations. From my insider perspective, nursing students are familiar with discursive pedagogies within seminar sessions. I was also aware of the power dynamic between myself and the participants. The group discussion format would provide the opportunity for me to carefully manage my presence and allow the participants to be in greater control of the discussion – except where initial starter questions and prompting were necessary. A didactic format in an individual interview had the potential to reinforce the power differential between myself as a senior academic and the participant, despite attempts to mitigate this.

The COVID-19 pandemic required researchers to consider and implement alternative methods of data collection where appropriate to their studies (Lupton, 2020). This necessitated pragmatic decisions in the choice and implementation of a data collection method that enabled continuity in view of the nationally imposed COVID-19 restrictions and institutional safety requirements for fieldwork (University of East Anglia Safety Services, 2021). Literature relating to the use of online focus groups in data collection was consulted when considering the efficacy of this approach for this study (Forrestal, D'Angelo and Vogel, 2015; Daniels *et al.*, 2019; Lupton, 2020).

While online focus groups offered flexible access to participants, amid pandemic restrictions that prevented face-to-face engagement, there were also key considerations related to participant accessibility and ethics. This included the accessibility of IT equipment and stable internet connections, and considerations around consent, recording of interviews, confidentiality when participants were in different locations, and managing for participant behaviour, conduct and wellbeing (Newman, Guta and Black 202; Keemink *et al.*, 2022).

Microsoft Teams™ was the chosen online platform for data collection, as it held significant benefits (Keemink *et al.*, 2022). Firstly, students at UEA were already familiar with this technology and were using the software to access classes and meetings with academics. Microsoft Teams™ is supported by UEA's IT provision as an online meeting space and is therefore freely available to students as part of their access to the Microsoft Office 365™ applications. Therefore, no additional software purchase or download was required by the participant, increasing the ease of accessibility. Finally, the platform had been tried and tested consistently within the UEA School of Health Sciences as a meeting space since COVID-19 restrictions were enforced in March 2020 and had been identified as stable and reliable.

Nevertheless, there were also potential challenges with this method of data collection. Firstly, participants would need to have the hardware and access to a stable internet connection (Newman, Guta and Black, 2021). At the start of the COVID-19 pandemic, the university implemented a scheme to support students to access their studies virtually, including the provision of equipment and software. Therefore, it was reasonable for me to assume that participants had means to access the virtual synchronous focus groups. Measures were implemented, such as checking with participants that they had stable internet connection and ensuring participants had both audio and video functionality when

accessing the virtual meeting space. The pre-participation information (Appendix 4) informed participants that a test-run could be arranged to check their access, and on the day of the focus group, the session was planned to include preparatory time to individually check software functionality with each participant. This approach was consistent with recommendations from the literature (Forrestal, D'Angelo and Vogel, 2015; Newman, Guta and Black, 2021; Keemink *et al.*, 2022).

In terms of ethical considerations, the physical environment from which participants were accessing a platform was potentially open to outside influences (Daniels, *et al.*, 2019). Therefore, participant information (Appendix 4) required participants to have access to a quiet space, free from interruption and away from others who were not part of the study. I revisited this requirement with participants prior to the start of each focus group. As I was also working from home at this time, to manage my own personal space I ensured I was in a closed room, with no distractions.

Confidentiality and security were an essential element of the decision to use the platform. As participants would only access the focus group via calendar invite from me, this would limit the potential for access by individuals not part of the data collection activity. Late attendees were not admitted to the group once the recording had begun, to avoid the potential of affecting the dynamic of the focus group and disrupting proceedings (Daniels *et al.*, 2019).

In total, six focus groups were conducted, two per cohort. Pre-participation information stated the duration of the focus group and the timings. All participants were consulted regarding suitable focus group dates, thus maximising engagement. The first series of three focus groups took place in December 2020; the second series took place between July 2020 and January 2021. July 2021 was chosen for the second S18 focus group as this was just before they completed their studies and left the university. The autumn term 2021 was chosen for the second focus groups for the S19 and S20 cohorts so that I could access participants when they were not in clinical practice. They were scheduled on their pandemic-delayed clinical placements during the summer months and so were less accessible during this period. I also conducted one online individual interview which took place in early February 2022, with a participant who had intended to attend the second series focus group with her peers from the S20 cohort but forgot. As she remained keen to engage in the study,

I took the pragmatic decision to interview her, using the same guided discussion materials used in the focus groups, and including her responses in the data set. She was also interviewed on Teams with the same processes regarding confidentiality, access and stability of the connection followed as for the focus groups.

The chat function within the platform was not used by any of the participants.

### 3.4.1 The use of vignettes, photographs, and published literature sources

While semi or unstructured interviews are usually associated with CGT methods (Charmaz, 2014), my rationale for choosing focus groups, also required consideration of interview techniques that would elicit maximum engagement of participants to collect rich data and minimise my influence as a senior nurse academic. I carefully considered the appropriateness of methods to collect data and elements that may potentially affect the rigour of the study. Being cognisant of my insider position and the potential that my senior academic role may create socially desirable responses, it was imperative that alternative ways to initiate discussion were considered. My focus centred on methods that would promote free-flowing participant discussion with minimal influence from me.

From my exploration of suitable methods, I saw the potential for vignettes and trigger materials to guide discussion and thereby provide rich and contextualised data. Vignettes are not unusual as a method of data collection in qualitative research (Stravakou and Lozgka, 2018). However, they appear to be a novel approach in GT research with few studies yet to be using this method (Tremblay *et al*, 2022). Through careful consideration of data collection methods, I realised that vignettes were a logical decision, and one that would increase the rigour of the study.

The decision to use a vignette was informed by the literature that considers the effectiveness of this method of data collection in social science research (Wilks, 2004; Stravakou and Lozgka, 2018). The aim of this approach is to develop vignettes that are snap shots of fictional people, yet relatable to the participant perspective to stimulate discussion (Kandemir and Budd, 2018). Vignettes are particularly suitable within nursing research when the focus is the exploration of participants' perceptions and beliefs (Hughes and Huby, 2002). Hughes and Huby (2002:384) also note that vignettes are useful in group settings and in 'reducing the

influence of socially desirable responses.' This was a particular consideration, given the potential for my status and role to influence participant responses.

Kandemir and Budd (2018) promote the importance of vignettes being internally valid to elicit responses from participants that address the research questions. As such, vignettes should contain enough material to trigger participants to reflect on their perceptions of the topic(s) under scrutiny. My approach aligned with CGT whereby the literature review sensitises the researcher to the topic (Charmaz, 2017a). My critical consideration of the literature enabled the content of the vignette to be contextually grounded, thus increasing internal validity. The scenario was based on a conversation between two fictional nurses reflecting on their own nursing journeys to a group of nursing students at a teaching event. The scenario provided both a learning transaction that was familiar to participants and allowed for the gradual introduction of topics for discussion (see Appendix 5). The development of the vignette was established with my supervisors.

In the first round of data collection, I chose a vignette of a scenario based on professional identity construction, supported with broad prompt questions (see Appendix 5). The first focus group was used to ascertain the appropriateness of the content and the prompt questions to elicit discussion. The vignette did not refer to the COVID-19 pandemic, to avoid any presumption on my part that this would be a feature of discussions within the focus groups. This was important to allow participants to articulate what was meaningful to their experiences, providing data which was contextualised within their realities (Charmaz, 2014). The fictitious nurse characters were male and female, to increase the potential that participants might relate to either character.

Delivery of the vignette within each focus group was managed in stages to support the flow of the discussion. The scenario was shown to participants in three sections, with prompt questions used as needed (such as 'tell me more'). This approach was important to pace the discussion, providing opportunity for participants to consider the information and construct their responses (Hughes and Huby, 2002). This was important to avoid overwhelming participants with too much information for them to consider. Using my insider knowledge of the literature that suggests professional identity construction is a process, the first section of the scenario aimed to prompt participants to consider why they had entered nurse education. The second section prompted participants to consider elements within their

educational programme which they considered to be influential to their professional identity construction. The final section encouraged participants to consider wider sources of influence which they perceived as impacting on their professional identity construction. This approach was effective in encouraging discussion and allowed participants to follow their train of thought.

The second round of data collection used photo imagery and excerpts of published literature sources (e.g. the Nursing and Midwifery Council's Emergency Standards, 2020a) as trigger material. The use of photographs and published literature sources (such as images of NHS Heroes) were guided by the emerging themes from the analysis of phase one data. CGT approaches embrace a range of techniques to ground a study within the data. As such, using images and text-based sources that were specifically identified by participants in the first data collection activity, ensured that the materials remained relevant to participant experiences (Charmaz, 2014). Participants had articulated that the image, status, and identity of nursing and of student nurses during the COVID-19 pandemic was important to them and their conception of professional identity. Their perceptions were contextually driven by experiences during the COVID-19 pandemic, with S18 and S19 students having had authentic experiences of their student nurse role within practice placements. Although the S20 cohort had not completed clinical placements at the time of their first focus group, they had completed the Becoming a Professional module. Furthermore, political and mass media imagery of the COVID-19 nurse was ever present and a topic of national discussion. Some participants had also taken Health Care Assistant roles during the COVID-19 pandemic, so had first-hand experience of the clinical setting. Therefore, these participants were able to draw on their experiences to articulate their awareness of external influences on their role and identity.

Materials were identified that would resonate with the participants and prompt the in-depth discussion I was looking for. A set of images and clippings of articles or documents within the public and professional domains were chosen. I recognised my role in choosing the materials and the potential for my own biases to emerge in the choices I made. Therefore, to remain grounded within the data, the materials were chosen based on topics articulated by participants within the first round of focus groups (Charmaz, 2014). For example, in the first focus group, concerns about the pandemic image of the nurse dressed in full Personal Protective Equipment (PPE) had been brought into the discussion by Jade, a third-year

mental health student nurse. Therefore, the image I chose was a painting of a nurse in full PPE that had been prominent in both the nursing literature and mass media. Another unprompted topic of discussion was the clap for carers or the hero and angel narratives; therefore, images from the NHS media sources and the Banksy artwork that reflected these narratives and were publicly prominent, were chosen. The full range of data collection materials can be seen in Appendix 5.

I presented the images and excerpts with the two participants in the S18 cohort (the first focus group in round two of data collection) to test appropriacy. This approach enabled me to establish that this material aligned with what they had said previously and for me, to check that my initial interpretations of the significance of these to their perceptions of professional identity, were correct. The participants confirmed that the materials and my interpretation were appropriate, and the materials were therefore used within the remaining two focus groups.

To pace the discussion, the materials were introduced in sections during the focus group. The first section focused on the mass-media narratives around nurses as heroes and angels. The second section focused on clippings from nursing publications regarding the image and role of nursing during the COVID-19 pandemic (for example, wearing PPE and the narratives around commitment). The final section focused on the student nurse experience and potential influences. These included the Nursing and Midwifery Council Emergency Standards, an excerpt of an article written by a student nurse about being on the pandemic front line as a student in the volunteer initiative, and an excerpt of an article exploring comments by a UK Government Minister regarding the role of student nurses.

Broad and brief open questions were used to guide the discussion at the introduction to each section of material. This allowed participants to have time to consider each item and to follow the direction of their thoughts.

### 3.5 Data analysis

Exploration of the data was underpinned by GT methods (Dey, 1999; Charmaz, 2014). The following elements were central to my approach:

- Concurrent data collection and analysis

- Initial coding, an approach that aligns with CGT whereby the literature review sensitises the researcher to the topic (Charmaz, 2017a).
- Focused coding
- Comparison within the data
- Developing concepts, categories and the theory
- Researcher reflexivity, memoing and journaling

The purpose of concurrent data collection and analysis is to enable the researcher to be alert to emerging areas of interest within the data; it sets the foundations for theoretical sampling as a strategy (Dey, 1999; Charmaz, 2014). To take advantage of the accessibility of participants within their respective timetables, focus groups were planned within specific time periods and data analysis began with the first focus group data. Initial memoing both during each focus group and immediately afterwards, enabled me to capture my initial thoughts about participant responses.

Figure 4 shows details relating to the two rounds of data collection. For simplicity I have called these Phases One and Two. Phase One was complete in January 2021 and Phase Two was completed in February 2022. In total, 381 minutes of data was analysed (six focus groups and one individual interview).

To transcribe the data, I utilised the recording and transcription function within Microsoft Teams™. Each focus group recording was saved as an audio file on my personal UEA secure Microsoft® OneDrive account until transcription had been completed, after which they were deleted.

To gain accuracy in the transcribed audio files, I carefully listened to the audio recordings multiple times, amending the transcripts as needed. This approach enabled me to closely connect with the data and each participant, to not only hear what they said but how they said it and in what context within the group discussion. Once each transcript was as accurate as possible, I uploaded the data to a spreadsheet to manage the analysis.

Figure 4: Details of data collection

| Data collection periods   | Number of data collection events                 | Time span of data collection recordings | Phase One: time span of recordings      | Phase Two: time span of recordings  |
|---|--|---|---|---|
| Phase One = Dec 2020 to Jan 2021  | Overall = 6 focus groups, 1 individual interview | Overall = 381 minutes                   | September 2018 focus group = 78 minutes | September 2018 focus group = 54 minutes                                       |
| Phase Two = August 2021 (S18 only as completing course), Dec 2021 to Feb 2022 (S19 & S20) | Focus groups = 3 x phase One, 3 x phase Two      | Phase One total = 227 minutes           | September 2019 focus group = 72 minutes | September 2019 focus group = 40 minutes                                       |
|   | Individual interview – 1 x phase Two             | Phase Two total = 154 minutes           | September 2020 focus group = 77 minutes | September 2020 focus group = 34 minutes S20 individual interview = 26 minutes |

The approach to coding was the foundation of the analysis. Charmaz (2014) recommends reading the data multiple times, coding freely at first and then becoming more focused. This increases the researcher's ability to be theoretically sensitive, developing increasingly abstract and selective codes. This process also enables properties and patterns to emerge, elevating the main concerns of the participants and conceptually categorising these. In focusing the codes, Charmaz further suggests using gerunds, stating,

“...coding with gerunds and studying processes enables you to discern implicit connections – and, simultaneously, give you control over your data and emerging analysis” (Charmaz, 2014:124).

Thus, I coded the data initially freely and then in a progressively more focused manner as I read and reread the transcripts. Reflecting the CGT approach to in vivo coding, some codes were based on participant words and phrases that I felt held particularly resonance (Charmaz, 2014). I was keen to avoid losing the essence of the participant responses; using their own words kept me in touch with the emotional weight of the terminology they used. For example, Finn's reflective consideration of his personal interpretation of the meaning of

being a nurse included his use of words such as 'dedicating' and 'desire' (see section 4.2). These were important to capture and so I chose his phrase 'Driving the desire' as an initial code and concept, as this reflected the active nature of his motivations to become a nurse (see Appendix 7 for example of data analysis).

As more data became available, I refined my analysis, focusing codes and developing concepts. Within the coding strategy, I used the constant comparative method of analysis (Glaser and Holton, 2004). The principle of constant comparison requires the researcher to analyse the data in a systematic and dynamic way, comparing data with data to identify codes, concepts and categories which then can be compared within and across one another, to elevate the conceptualisation of the grounded theory (Dey, 1999). This iterative process provided me with a deeper insight into participant realities. I compared data within and between focus groups at each round of data collection, and individual participant data from each focus group they attended. Visualising the dataset in this way was particularly important to both compare the plausibility of the developing categories (Charmaz, 2014) and to consider how temporal and contextual aspects were influential to the construction of professional identity.

Through this strategy, I considered the emerging tentative concepts from the initial data collection. These identified a relationship between participant experiences during the COVID-19 pandemic and their internal cognitions of role, status, perceived value, and the position of nursing within the social context; all these experiences and cognitions had an influence on their professional identity. As stated in section 3.4.1, data collection materials were identified that aligned with concepts emerging from participant data. In this regard, Charmaz (2014:29) states,

*"People construct data – whether it be researchers generating first hand data through interviews or fieldnotes or gathering documents and information from other sources .... Whatever stands as data flows from some purpose to realize a particular objective. In turn, purposes and objectives arise under particular historical, social, and situational conditions."* (Emphasis from source).

Thus, the data collection materials for the second set of focus groups could be considered as data sources in themselves. They were influenced by participant accounts within the data and became embedded within the phase two data as sources from which participants further considered their meaning in terms of their professional identity. My role in identifying and choosing the trigger material also contributed to the analysis, thereby recognising my role in co-construction (Charmaz, 2014; Breckenridge *et al.*, 2012).

The researcher's approach to the analysis of data aims to establish theoretical plausibility in any emerging conceptualisations (Charmaz, 2014). Plausibility is established further through the positioning of the researcher within the data collection and analysis process. Establishing a systematic approach to memoing, diagramming, and journaling enabled me to maintain a reflexive stance and was therefore, an essential element to the analysis and advanced the coding and categorisation process towards theorising (Charmaz, 2014).

Memoing is essential to maintain objectivity, asking questions of the data, developing the codes and properties around the category, and making abstract conceptualisations (Glaser, 1965; Charmaz, 2014). My approach to memoing was a progressive activity, embedded throughout data collection and analysis. As I undertook various iterations of coding, I wrote memos which became progressively focused and analytical as I gained more confidence in my skills and more familiarity with the data. To illustrate this approach, I return to my previous comments above regarding theoretical sampling and being guided by participant data. Jade's subjective interpretation of the public's image of nursing, particularly resonated with me as my reflexivity enabled me to be open to how nursing fields other than adult nurses, interpreted the mass media image of the nurse on the COVID front-line. I focused on Jade's words and phrases and the emotions being expressed, to privilege her perspective and to avoid arriving at preconceptions based on my insider knowledge.

In addition to memoing, I engaged in diagramming to visually organise the developing boundaries of the concepts and categories to shape the emerging theory. A core category was not identified, instead I focused on the using memoing and diagramming in the emergence of the theory that resonated throughout the categories (Charmaz, 2014). This is in keeping with the position of Charmaz (2014) who articulates that both memoing and diagramming are essential to strengthen the analysis, making connections that bring key themes together and to advance analysis, increasing abstraction towards the development

of the theory. Thus, I used diagrams to both conceptualise the categories, visualise their boundaries, and to explore theoretical connections between them, enabling a visual interpretation of the emerging theory. Diagramming was a messy process, taking multiple attempts to establish the key elements within each iteration of a diagram, revisiting my memos and the data as part of comparative processes to hone in on key aspects.

Another essential aspect was researcher reflexivity, which I managed through reflexive journaling. Charmaz (2014) suggests that in CGT the researcher co-constructs the data. In this sense, I was acutely aware at the beginning of this study that my insider position would have a bearing on the conduct of the study, and the potential that my perspectives of professional identity would impose. To address this issue, my journaling took the direction of a mixture of personal reflections and challenging questions, asking what is happening in the data and why. The aim was to remain focused on the participant voice, while acknowledging that my insider position would support me to be contextually aware. As an example, my detailed understanding of the professional standards provided a position from which to view the impact of the conditions in which nurse education existed. I understood the purpose of such standards from the position of someone whose role it was to ensure that organisationally and academically, the standards were enacted. Yet remaining focused on the participant voice assisted me to see their perceptions of these and how these structures impacted on their experiential journeys.

Reflective practice has been an established element within my nursing roles, and reflection on practice is a requirement of the Code of Practice and continuance of professional registration (Nursing and Midwifery Council, 2018a). My preferred approach is underpinned by the Johns model of reflection which embraces humanism to establish a visceral connection to events and interactions within the process of reflection (Johns, 2009). Yet within the research process, gaining confidence with the ethos of Charmaz's constructivist grounded theory methodology and exploring the theoretical works of Archer and Bandura, have enabled me to further develop my understanding of reflection, reflexivity and the 'inner conversation' (Archer, 2003:21; Charmaz, 2014; Bandura, 2020). Utilising reflexivity as a researcher has been a transitional process, and I gained in confidence as the study progressed. I have embraced reflexivity to gain critical awareness of my own subjectivities, consistently questioning my positioning, understanding and interpretations of participant experiences, in order to derive meaning from these.

Through careful engagement with the CGT methods identified in this chapter, the combination of concurrent data collection and analysis, the coding strategy, constant comparison, and my approach memoing, diagramming and remaining reflexive within the analysis, supported development of three analytical categories, and the emergent grounded theory (Charmaz, 2014). The categories are entitled formulating a path into nursing, making sense of experiences in clinical practice, and establishing a professional self-concept. The emergent grounded theory is entitled reshaping expectations. The categories are presented in the findings chapters (chapters four, five and six), and the emergent grounded theory is articulated in chapter seven (section 7.2). The decision to use gerunds for categories and the grounded theory is consistent with Charmaz' (2014) approach, specifically chosen to demonstrate the active nature of this process within professional identity construction.

### 3.6 Conclusion

In conclusion, the aim was to gain an abstract understanding of the meanings and actions that influence student nurses' construction of a professional identity. This needed to be done within the contextual and temporal elements present during the student nurses' educational journeys (Charmaz, 2017b). CGT provided the methodological framework within which to explore these social realities of participants. I employed GT methods to collect and analyse the data, undertaking concurrent data collection and analysis. A systematic and iterative coding strategy was established that allowed concepts and categories, and the grounded theory to emerge from the data. I engaged in reflexive memoing, journalling and diagramming to remain open and prevent my personal subjectivities from clouding the analysis.

As a result of this iterative process, three categories were established. In the following chapters, each category will be explored: Formulating a Path (Chapter Four), Making Sense of experiences in clinical practice (Chapter Five), and Establishing a professional self-concept (Chapter Six). Finally, the Grounded Theory, will be presented in Chapter 7.

## Chapter Four: Formulating a path into nursing.

### 4.1 Introduction

The three findings chapters provide a conceptualisation of the factors shaping the process of professional identity construction of the student nurses who participated in this study. In this first chapter, the factors that shape a student nurse's early beliefs and motivations that support them in formulating a path into nursing, were explored. Making conscious decisions about choosing a path into nursing based on these beliefs and motivations, is important as they establish a student nurse's early connection to the nurse role and provide the focus required to achieve their goal to become a nurse.

The analysis identified both internal and external motivations. Firstly, participants focused on personal attributes and beliefs about nursing which internally motivated them to become a nurse. Caring for, or helping others, was viewed by participants as a key personal attribute that shaped the way in which they considered their suitability for nursing. The desire to provide care and demonstrate caring attributes was important to how they believed that they aligned with the social expectations of being a nurse. Secondly, practical considerations such as family and personal circumstances, were important in making pragmatic decisions about entering nurse education. These were external sources of motivation which, when combined with internal motivations, became important in guiding their paths into nursing and providing them with a way to connect to the role through the commitments they made in their career choice. These motivations also had an important role in sustaining their focus throughout their studies in order to achieve their career goals.

### 4.2 Internal motivations

This sub-section considers the importance that participants assigned to their personal beliefs, values, and attributes, and how these aligned with their perception of the beliefs, values, and attributes of a nurse.

Central to participants' perceptions of their suitability for nursing was whether they held certain beliefs and values that were commensurate with their understanding of the nurse role. Beliefs and values were felt to be core motivators to their decision to become a nurse. This assumption was demonstrated by Jade, who stated,

*“We come into this work because of our values and our beliefs... Would we be here if we didn't have those values and beliefs? No, we probably wouldn't.”*

<sup>p1</sup>Jade<sup>y3</sup>

Of interest to the analysis was how participants defined the values and beliefs which they felt were important. Resonating throughout participant accounts was the way they consistently linked the identity of a nurse with the concept of caring. For participants it was articulated as the desire to help or care for others, which they believed was consistent with the core attributes of a nurse. This is unsurprising as the notion of helping others is synonymous with the caring attributes and actions that are embedded within nursing practice, as established within professional body expectations and standards (Nursing and Midwifery Council, 2018b, Nursing and Midwifery Council, 2023a). The nursing profession embraces ethical values and in doing so, reinforces the act of caring for others as inherent to the role and attributes of a nurse; this maintains the social expectations of the role and provides motivation to individuals (Rolfe, 2015; Sellman, 2011; Çiftçi, Noyan and Yıldız, 2022; van der Wath and van Wyk, 2020). As discussed in Chapter Two, although nursing has attempted to distance itself from past social expectations of nurses to be altruistically and devotedly caring for others, in the modern context, the social expectation endures of caring as a core personal attribute of the nurse. While it was not unexpected that caring and helping others would feature within participant accounts, there were variations in how participants expressed how they perceived caring as influential to their career choice and motivations.

Initially participants were interested in clarifying what drew them towards nursing as a career. Echoing terminology consistent with past social expectations, third year student nurse Leah contemplated whether nursing was a ‘calling’:

*“People say that becoming a nurse is like a calling, and for such a long time that didn't really resonate with me because I've come into nursing like, you know, ten years later than the normal age you go to university. But actually, the more we're getting through this degree, I am starting to like to resonate with that more and more. You know, I think that I've come into this because I just had a really (pause) deep desire to help people.”* <sup>p1</sup>Leah<sup>y3</sup>

For Leah, the personal 'desire' to help people was of fundamental importance to her internal motivations. Her consideration of whether she had the 'calling' and how this related to her experiences, provides an insight into how individuals may assess their connection to the nurse role, based on their perception of social expectations. In not meeting these social expectations by coming to nursing later in her working life, Leah believed her connection derived from the desire to help people, rather than the desire to be a nurse:

*"...nursing came second to my desire to just want to make a difference and help people really."* p<sub>1</sub>Leah<sup>y3</sup>

This is a subtle but important distinction: Leah places her personal attributes at the centre of her motivation; nursing was one career that enabled her to fulfil her desire to 'make a difference'.

In recognising caring as an important personal attribute, participants also focused on how nursing would enable them to fulfil their aspirations about caring. While Leah acknowledged that nursing would enable her to achieve her desire to 'help people', second year student nurse, Alice, was more specific about her perception of nursing and how she associated this with her vision of becoming a nurse:

*"...I think for me I chose, [nursing] 'cause you know you can help people in many different ways. You can help people, just you know, by being kind to people. But I wanted that kind of skill set where I could actually, as well, help people."* p<sub>1</sub>Alice<sup>y2</sup>

Although both Leah and Alice chose nursing to fulfil the need to help people, Alice's interpretation of the act of caring appears to be more grounded in the skills and knowledge she wanted to gain. As a second-year student nurse, her view may have been influenced by the experiences she had gained on the nursing course. At the same time, her comments indicate that she had considered and defined caring and what it meant to her. In doing so, Alice expressed her beliefs about the scope of nursing practice and how nursing would enable her to fulfil her aspirations to become skilled in her role.

The perception of caring as a central motivational force was articulated with a different emphasis by Finn, a student nurse who was first interviewed in the early weeks of his education. The desire to care resonated with him in a spiritual sense:

*"What is this? What is driving this desire to want to do that? And I can't pinpoint it, if I am honest 'cause there's so many things wrapped up involved with in it, um, I'm a Christian and you know part of my faith is wanting to, you know, love and care for people. So, I kinda hold that the highest regard in terms of dedicating my life to the profession in that sense."* p<sub>1</sub>Finn<sup>y1</sup>

Like Leah, Finn chose to articulate his motivation as a 'desire'. Finn's desire to care for others was influential in his career decisions, demonstrating how this was a central aspect of his self-concept. In contrast to other participants, Finn's comments presented an insight into how he had critically explored and acknowledged his early motivations in choosing nursing as a career. He alluded to the multiple influences on his decision-making, with his spiritual beliefs providing both meaning and motivation. This spirituality combined caring with dedication to the profession and was central to Finn's self-concept. An interesting aspect of Finn's statement was that it was reminiscent of historical social expectations of the nurse role that is associated with the notion of vocation, and assumptions of dedication and sacrifice. This is perhaps because of the influence of his spirituality which also involves devotion and dedication. As will be explored in Chapter Six (section 2), the notion of dedication had relevance to Finn's interpretations of experiences within clinical practice during the COVID-19 pandemic.

In their explorations of caring as a core nursing attribute, participants turned their attention to the meaning of nursing care to their internal sense of self. This was important for self-efficacy beliefs about their intentions and motivations to become a nurse and the way that they would enact care. There were two interconnected elements that emerged from the analysis. The first was related to a consideration of what it meant to be a good nurse and how they defined the standard for high quality nursing care. This was aligned with the second aspect, which was that the aspiration to become a nurse could not be separated from the social importance of the role and the value of this to their self-concept.

In terms of what it meant to be a good nurse, Dana focused on her future vision of herself in the nurse role:

*“You want to be able to identify something that you would be willing to accept as care for yourself, so you want to be that type of nurse that you'd be happy to receive care from. For me, part of the professional identity is always at being the best person and student nurse that I can be.”* <sub>P1Dana<sup>y2</sup></sub>

It is interesting that the standard by which Dana set her expectations of being a nurse was based on how she imagined herself as a recipient of care. Holding this in high regard enabled her to have a clear visualisation of the type of nurse she wanted to become. Embodying this ideal nurse required Dana to consider her capabilities, recognising the commitment that would be necessary to set and maintain high standards and values. This is not only important to her self-esteem and self-worth but provided the basis for her motivation.

In a similar way, Alice also considered the type of nurse she wanted to be. In recognition of the social construct of professional identity, Alice acknowledged how her self-image as a nurse included how others saw her in the role:

*“My identity would be what kind of nurse I would want to be. So how I'd want to be portrayed as a nurse. How people would think of me as a nurse. Which I would like to think is similar to how I am.”* <sub>P1Alice<sup>y2</sup></sub>

It was important to Alice that there were discernible similarities between her personal self and her professional self. Core values and beliefs within the personal self-concept are of value to individuals in terms of their external image. Consistency of values between personal and professional identities establishes personal integrity which is important for credibility and self-esteem.

While Finn also embraced the value of his social status of the nurse to his self-concept, this was also a source of concern.

*“I think on some sort of level is the perception of others to me. Is that something that I'm drawn to? To be seen as something as in society. I think it*

*has to be in there if I'm honest. I'm realising that as a nurse it sort of that is what's going to enable me to actually be seen as someone who can actually be classed as worthy" p<sub>1</sub>Finn<sup>y1</sup>*

Earlier in our conversation, Finn had struggled with what he called the label of nurse. He explored how he felt uncomfortable that he valued the perceptions of others as a motivation for his wanting to become a nurse:

*"Now I think that probably hear myself say that goes back to what I said at the beginning about don't like. the idea of 'I'm a nurse' [the label] 'cause I think that fits in with what I've just said about doing it for the perception of others, so I think that's my sort of defence mechanism towards that part of me that wants, you know, 'cause I think that part is there. I wanna own it. You know, a nurse. But really when I actually analyse that that just comes from you know low self-esteem." p<sub>1</sub>Finn<sup>y1</sup>*

It is interesting that Finn linked the discomfort he felt with the idea that he was motivated by the perception of others, with having low self-esteem. This self-esteem was aligned with whether he was 'worthy' of the title of nurse, demonstrating the high regard he held for the role. As identified in an earlier quote, he clearly believed that he had the personal caring attributes to be a nurse and that these were central to choosing nursing as a career. Yet, although he accepted that the social image of being a nurse was highly valued, he also believed it to be a label that he had to earn. He therefore felt uncomfortable about being motivated by social status, as this directly competed with his spiritual beliefs about dedication and care for others.

It was clear that participants had internally evaluated their suitability for nursing based on an understanding of nursing attributes, and principally that of caring. Involved with this evaluative process were the meanings that they applied not only to the core attributes of a nurse, but also to the importance of being a nurse. These beliefs influenced their self-esteem and self-worth, forming a basis for their motivations.

### 4.3 External motivations

While personal beliefs about possessing caring attributes may be a central motivator, participants identified other external factors that had influence on their motivations. These practical considerations informed the pragmatic decisions that led them to enter nurse education and provided external motivation for their goal of becoming a nurse.

As noted earlier in section 4.2, the issue of the 'calling' was a feature of participant considerations. Yet, Jade, unlike Leah, strongly rejected the idea of her career choice as a 'calling':

*“...this this isn't a calling if you wanna put it that way, I spent 22 years in the army and that wasn't a calling either. I was supporting soldiers and their families through all manner of difficult times and dealing on a therapeutic level with low level kind of mental illness. And you know, but well not even mental illness, just kind of, you know, low level anxiety, low level depression, that kind of stuff and seeing kinda the next step to being able to help people in a more professional capacity. My choices were either therapy or nursing. And seeing how the multidisciplinary teamwork [in a specialist hospital], seeing how the physical health work with the mental health and I know it just seemed to make sense to go to nursing rather than therapies. I think helping people and supporting people is my calling in whatever way that it but nursing itself, just a logical next step.”* <sub>P1Jade<sup>y3</sup></sub>

Jade acknowledged that helping people was central to her career decisions, but that choosing nursing was an objective decision based on her previous career experiences and on the desire to help people in a professional capacity. For some participants, pragmatic decisions underpinned their actions in choosing nursing as a career option. Indeed, other participants felt that job satisfaction and job stability were important factors, acknowledging that the role would both meet a desire to 'help' people, and enable them to develop a professional career. Alice appreciated the value of the nursing role within both the employment sector and the intrinsic value that she placed on gaining a degree:

*“I think it's also quite a stable job. They (are) never not going to need nurses, even if it's in a different kind of way, you know reassurance that you're never*

*going to be out of a job, and they are needed as well. It's nice to know you're going to get a degree that's going to give you a job at the end of it." p<sub>1</sub>Alice<sup>y2</sup>*

This was echoed by Dana who articulated that becoming a nurse held importance in terms of a stable income:

*"... people are looking for more income, especially in these times. These days you know you can work 40 hours a week [as students] and you just don't get enough income. So, I think that influences a lot of people as well to go through with the degree ... So now you've got a really, really, be sure you wanna do this." p<sub>1</sub>Dana<sup>y2</sup>*

Dana's account showed an understanding of the level of commitment required for a pre-registration nursing student to gain a degree in the UK, and how this would restrict her earning ability whilst studying. This underlines that there is a challenging duality to financial factors. Not being able to earn a wage but having the future earning potential and job stability, is simultaneously a significant concern and a motivator. As such it illustrates some of the practical considerations that participants faced which then became important factors in formulating their path into nursing. In deciding to enter nurse education, participants gave significance to personal finances both whilst on the programme and in terms of future earning potential. Once the decision was made, there was a commitment to see the programme through so as to realise the financial rewards a stable job would bring.

Job stability and flexibility were factors for Celia:

*"I think um amazingly though I think I was quite shocked how flexible the nursing industry is. If you need to work around your family time and it's not convenient, you can go on to bank and things like that always the option."*  
p<sub>1</sub>Celia<sup>y2</sup>

For Celia, pragmatic considerations included the importance of work-life balance. She worked as a Health Care Assistant in her spare time, taking agency shifts where necessary. Balancing her work with her family commitments was important; therefore, the flexibility that nursing shifts would provide were factored into her choices:

*"I quite like actually how I live now that I have time to take my kids to school to walk to school walk back. I like my family time. I love working bank [agency work] that I can pick my shifts. So, I think I just want a good job that will be flexible and that I will have time for my kids really and something I enjoy."*

*P1Celia<sup>y2</sup>*

An alternative view was offered by Bea, who focused on the value of her education for her future employment options.

*"As long as you get your degree recognised or like get your Nursing qualification recognised, you can even go to other countries. You are never going to ever be tied down to one place and I think you have that adaptability and that ability to be able to do what you want to do with it... But the thing is though, having a degree level allows you to move and be and see a lot of different wards and being different areas and specialties because not one hospital may have one speciality and another one. It may have a different speciality which you may see you enjoy more."* *P1Bea<sup>y2</sup>*

It is noteworthy that Bea was a European student who had chosen to study for a nursing degree in the UK. This therefore contributed to her perceptions of the value of her degree, in enabling her to both gain experiences within different nursing specialisms, and to travel with her qualification. Therefore, participants also saw the nursing degree as an opportunity for personal and professional growth.

For Alice, the opportunity to do the nursing degree was motivational in terms of keeping her focused not only on her end goal, but also on her career aspirations:

*"...sometimes I get into my head about it, so I really want to do the masters. But then just those little things that we spoke about, like seeing the professionals and how they work, being inspired by how they do things. I want that better qualification. I want that step up. I want to do it, so I think those things we spoke about really have motivated me to keep doing it even when*

*you know I still have those moments when you had a bad day or when you just don't want to write another assignment." p<sub>1</sub>Alice<sup>y2</sup>*

Alice was motivated by the potential to better herself, recognising that further study would enhance her capabilities as a professional nurse.

In considering what may be influencing participant explorations of practical factors, an important observation is that most participants were mature students with previous careers. Practical considerations in relation to the decision to change careers, including financial, and familial concerns, therefore have importance. Changing career is not without cost and individuals need to have self-confidence and a belief that they can succeed. This commitment also aligned with self-belief about their ability to succeed and was a driving force that motivated the participants:

*"I didn't always want to be a nurse and worked in hospitality before wanted to be a chef. [then I wanted] to be a front house manager and then I was in mental health. Being in health care [assistant role] for I think over five years, learning things, watching nurses lead. Then I thought I don't wanna just stop there. So, the next step will taking the degree to be able to become, you know that nurse to have you know the skills that they you know they acquired 'cause I didn't want to just settle" p<sub>1</sub>Emily<sup>y1</sup>*

It is clear from Emily's account that her journey to become a nurse was far from linear, with previous employment in the hospitality sector providing her early employment experience. Emily had said that her reason for the choices of job roles had been because she wanted to "talk to people". Unlike other participants, her motivation to become a nurse came from the desire to improve herself, inspired by watching nurses in her healthcare role. She was clear that she would not have been satisfied staying at the Health Care Assistant level, suggesting a level of ambition. Her statement demonstrates the planning involved in her career decisions, and the steps she took towards a career in which she could achieve new skills and abilities. She was ambitious yet measured in the steps she took and the reasoning behind them, even though these spanned several years.

However, even when making planned decisions, the factors involved in career decisions need to align to enable individuals to make the decision to begin their nurse education journey. Whilst Moira had a strong desire to become a nurse, her personal situation, and the need to make pragmatic decisions that were of immediate benefit to her family, prevented her from beginning nurse education. Moira shared that her journey to begin nurse education spanned 20 years:

*“...by the time I got my A level results, I was eight months pregnant with my first child. So that just didn't happen. And then I applied and was accepted to (university) in 2010, but we couldn't afford childcare or another car...”*

<sub>P2</sub>Moira<sup>y2</sup>

This suggests that with regards to the decision to enter nurse education, pragmatic decisions potentially have a greater impact than personal desires. However, even though family circumstances and her financial situation prevented her from realising her goal for two decades, Moira maintained her desire to become a nurse. Eventually, her personal circumstances changed, and she was able to realise her goal.

*“I'm a bit obviously I'm a bit more like to think a bit more mature and at certain things and.... and obviously I cannot afford to fail this. I can't, you know. So, I'm really sort of dedicated to it.”* <sub>P2</sub>Moira<sup>y2</sup>

Being a mature student is significance to both her motivation to learn and the way she approached her learning. Moira showed a strong commitment and dedication to becoming a nurse. Once on the course, this commitment became the central motivation to achieving her goal. The possibility that people aspiring to be nurses may factor employment and financial stability above personal desires, is an important consideration for recruitment onto nursing courses. An individual's desire to care may still be a motivator, but the findings suggest that pragmatic concerns may have equal, if not greater importance in taking action to enter nurse education.

There is little in the student nurse professional identity literature that recognises the combination of personal attributes, commitments, the importance of job stability and income considerations, as motivating factors shaping decisions to choose nursing as a career.

This suggests a continuing bias towards exemplifying historical social expectations of nurses that hold personal financial gain as incongruent with the ideal of devotion to the occupation. Crucially, this creates a challenge for student nurses who may struggle with balancing the desire to espouse nursing values and the pragmatic decisions required to enter nurse education.

#### 4.4 Conclusion

The desire to become a nurse has both contextual and social meanings for participants. There is a distinct shift within the data from the historical assumptions of what influences the motivations of student nurses entering the profession. Having a 'calling' is contested as an outdated trope and appears to have limited influence for the participants in this study. An enduring factor is the desire to care, to fulfil an internal need that is linked to their self-concept and perceived suitability to be a nurse. While pragmatic decisions may dominate early decisions, they also provide a motivational force. This is important in terms of professional identity construction, as the notion of commitment to the nurse role is reframed towards factors that have both personal and practical salience for individuals.

The desire to care and the values that are consistent with it, remain an influential factor for participants and can be seen as a thread that weaves through their experiential journey, as explored in the next two chapters.

The next chapter will explore how participants articulated the factors that were involved in Making sense of experiences in clinical practice. This category considers the influence of the COVID-19 pandemic, bringing into sharp focus the process of professional identity construction, through the interpretations participants offered of their experiences, interactions, and events during clinical placements.

## Chapter Five: Making sense of experiences in clinical practice

### 5.1 Introduction

In Chapter Four, participants considered the personal and practical factors that were important to their decision to choose nursing as a career and that then motivated them throughout their studies. These early motivating factors were valued by participants as they began to shape their beliefs about the personal attributes and commitments that were important to their professional identity.

In this chapter, the focus turns to considering the factors present during the nurse education programme that were influential to participants. Of significance were the clinical practice experiences that introduced participants to the realities of the nurse role during the COVID-19 pandemic. Over the period of this study (September 2020 through to February 2022), all participants experienced at least three clinical placements that were impacted by pandemic conditions. As a result, they were exposed to rapidly changing clinical care environments, fluctuating numbers of patients with high acuity health needs, evolving infection control requirements, the impacts of staffing shortages, and concerns for their own health and wellbeing (May *et al.*, 2020; NHS England, 2023; The Health Foundation, 2023). It is perhaps unsurprising that because of such exposure, participant accounts primarily focused on their experiences and interactions within clinical practice.

Participant's key concerns focused on the lack of clarity of their status and role as student nurses, and how the conditions in the clinical practice setting reshaped their interactions and subsequent perceptions of their relationships with nurse role models. This led them to consider their role and value as student nurses and as future nurses. In addition, they were concerned about how they could maintain progression of their clinical learning requirements in chaotic clinical practice settings, while retaining a sense of agency in circumstances where their agency was limited.

### 5.2 Perceptions of status and role

Concerns were articulated in terms of the transient nature of role and status, including how student nurses were used to fill vital care gaps. This resulted in a perceived loss of value and worth as future nurses. This in turn had a knock-on effect on their status and role as student

nurses in terms of achieving a sense of belonging, both within teams that participants directly worked with in their various clinical placements, and in relation to their perceived place within the profession.

Participants viewed their status and role within clinical practice as subject to two primary forces: individuals who were perceived as having greater power in the relationship dynamics within practice teams on the one hand, and the imposition of political, organisational, and professional policies during the COVID-19 pandemic, on the other. The factors that challenge or undermine the student nurse status and role are important as they have a direct impact on self-esteem, self-worth, and the value that students felt they had as student nurses, thus shaping professional identity.

Those participants who began their studies prior to the COVID-19 pandemic discerned a palpable change to their status and it was evident that they had considered what this meant for their emerging professional self-concept. Dana compared experiences within the same clinical team before and during the COVID-19 pandemic. She noted that, prior to the pandemic,

*“They let me really feel like I was a nurse. They got me involved. They had me doing care plans, creating social stories really getting to know the patient and really doing like what I should be doing as a learning disability (nurse).”*

P2Dana<sup>y3</sup>

It is evident from this statement that Dana felt valued, with an associated positive impact on her self-confidence. Activities within practice held value as she could visualise herself in her future role as a nurse. This was her first experience of clinical practice, so it was integral in bridging her prior conceptions of the nurse role with real-life nursing practice. However, this placement was suddenly curtailed by the restrictions imposed by the professional body at the start of the COVID-19 pandemic in March 2020 (see section 2.4). When Dana returned to the clinical area several months later, her experiences were significantly different which had a negative impact on her self-confidence and self-esteem:

*“I felt like I was being held back ... whenever I said can I do this, they said ‘no you’re not ready’...it really knocked my confidence. I don’t blame them because obviously they were under stress.” p<sub>2</sub>Dana<sup>y3</sup>*

There is a strong sense that Dana felt disempowered by the actions of the supervising nurses. It is unclear why the nursing staff took a rigid stance to the supervision of this student nurse, despite having been previously supportive and encouraging. Dana explained that the context of the placement had significantly changed, from face to face to remote online service delivery due to the vulnerability of the people who used the clinical services. Nursing teams were under pressure to ensure the effective delivery of services within the revised boundaries of clinical practice, because of service-level policies. Perhaps one of the ways in which the nurses approached these radical changes was to implement strict boundaries to meet service demands and to retain their group agency. As such, this approach may have been extended to the strict management of a student nurse’s placement to maintain control.

In the process of reflecting on her experiences, Dana shared an emerging awareness of the power nurses had over her role and status and in turn, the impact of external forces on their behaviour and actions. As a student nurse, Dana perceived a loss of status and identity, and the nurses’ approach resulted in a loss of power within their relationship. It is interesting that Dana made allowances for this, noting the stressful environment as a mitigating factor in their behaviour towards her. The reshaping of relationships between student nurses and nurses will be considered further in section 5.3.

Perhaps a significant influence on the role of student nurses during this period was the early implementation of the Emergency Nurse Educational Standards, issued by the professional body, and the volunteer opt-in placements that were offered in the summer of 2020 to nursing students in cohorts that started their education in 2017 and 2018 (Health Education England, 2020; Nursing and Midwifery Council, 2020a). Third year student nurse Katie had the opportunity to volunteer to support the pandemic effort in her second-year placement:

*“I think the opt in [volunteer] placement for me was a real time in point in [my] professional identity - up until then I hadn’t really experienced or maybe it was unaware the kind of struggles of that hospitals have. I’d go in and there’d be 3 of us and [there were] no people to special [1:1 care of a patient]. So, what*

*they're going to do about it, nothing. I do remember feeling a bit like how can you allow this to happen? But the truth is, it's not that they're allowing it to happen. They can't do anything about it. And I just got to the end of the day, and I thought, how do people who come into work and do this on a daily basis, 'cause I just felt like I'd been worked to my bone. it just made me realise the reality of it all..." p1Katie<sup>y3</sup>*

Katie's account provides an insight into how the staff shortages and increasing workloads within clinical settings, affected student nurses during the early pandemic. The opt in placement meant that Katie did not have supernumerary status and was included in the team numbers for staffing allocation purposes. The lack of a distinct boundary around her student nurse role meant that she was integrated within the ward team, thereby introducing Katie to the full reality of working in the healthcare setting.

The terminology Katie used, such as 'realising the reality', highlights how the changing conditions and challenges in clinical practice had a direct impact on her, both in terms of triggering an emotional response to the experiences and in shaping the way that she critically interpreted them. In voicing her frustration about the lack of staffing, Katie demonstrated her internal motivations that centred on her beliefs about the provision of patient care. Furthermore, in expressing these experiences as the 'reality', shows that she gained sufficient insight to consider how organisational decisions around such staffing shortages impacted on the ability of student nurses and nurses to enact their roles.

Katie's realisation that wider influences impact on how nursing is enacted in the clinical setting, enabled her to acknowledge other external influences that were relevant to her experiences. She referred to a comment made by UK Government Care Minister in June 2020 which had stated that student nurses did not provide a service (Ford, 2020) and the negative influence it had on her perceived value as a student nurse:

*"...you kinda don't feel like a person. It makes me feel like you know you are a student nurse. You need to get this this, this, this, this done and then, when that thing came out [statement by the UK Care Minister saying], student nurses not providing a service. It was hurtful like that's how it felt like. I thought God - All however many 200 of us - I don't know how many there are now - but*

*we worked so hard and like it's not that we want recognition. We provide service emotionally to patients and like you know, we still make up the team."*

<sub>P2</sub>Katie<sup>yF</sup> [original emphasis]

Katie's comments exposed the powerlessness she experienced and gave an insight into the personal and emotional impact of such political narratives, including frustration, disappointment, and disillusionment:

*“..for these things to happen with the emergency standards and like not providing a service, being moved around and all of that, kind of took a lot of love away from it and it took away your kind of sight. It kind of almost blinkered me. Made you feel like a little government project. You know, like a little robot.”* <sub>P2</sub>Katie<sup>yF</sup>

The experience led Katie to consider her role in terms of her present reality as a student nurse within an environment that was managed by the organisational structures and political policies that impinged on the delivery of care. Such an experience impacted on her professional self-concept, challenging her beliefs about her motivations, and her perceptions of her role.

Yet the data shows that Katie's experiences were not unique to her and those of her peers who participated in the volunteer initiative. Helen, who began her education in 2020 and was not included in the volunteer initiative, also felt undervalued as a student nurse due to the systems and policies:

*“There have been times in the last year what I have felt for want of a better word, a little bit shafted... by the whole system. There is no other job in the world where you work for three years and you're paying to work for free. I don't feel like there's enough awareness or what student nurses actually do.”*

<sub>P2</sub>Helen<sup>y2</sup>

One reason for these similar perceptions may have been because of their shared exposure to working conditions in pandemic-impacted clinical settings. Repeated waves of the virus meant that COVID-19 pandemic policies were still in place well into 2021. Thus, student

nurses who were initially protected by the Nursing and Midwifery Council's policy to withdraw or delay junior nursing students from entering clinical practice in the early months of the COVID-19 pandemic, ended up being exposed to the ongoing clinical and workforce pressures due to its longevity.

Entering clinical settings that had been managing under extreme pressures for an extended period, presented unique challenges to student nurses. Speaking about her extended first year placement in the summer of 2021, Helen observed,

*"There was I think it was like three days on my sixteen-week placement. Where I was supernumerary something like that."* <sup>p2</sup>Helen<sup>y2</sup>

Her comment is interesting in that student nurses are required to have supernumerary status in practice. The only time when supernumerary status had been officially rescinded was during the early pandemic, and only for those nursing students participating in the volunteer initiative (Nursing and Midwifery Council 2020a). Supernumerary status is provided to give student nurses protected space to learn and progress in their knowledge and skills in a nurturing environment (Nursing and Midwifery Council, 2023a). Erosion of supernumerary status gives student nurses the perception that they are valued neither by the nurses nor the system within which they are learning.

This is a significant issue for a nursing student, as loss of the supernumerary status results in an indistinct boundary between the student nurse role and that of acting in an assistant or helping capacity. Although, as explored in section 4.1, helping remained a core motivation:

*"I was always happy to help. I never was forced to help."* <sup>p2</sup>Celia<sup>y3</sup>

Celia accepted that helping was fundamental to working within the team, as part of the pandemic effort. However, the extent of the expectation on student nurses to help was a focus of participant concerns. They were acutely aware that their purpose was to learn and develop as future nurses; therefore, being seen as a helper was not a status that they wished to cultivate:

*“It’s difficult because all I want to do is help and get really like get stuck in, but you have to remember that you are a student.”* <sub>P1</sub>Katie<sup>y3</sup>

Katie’s comments suggests that it was important to her to protect her role and status and the purpose of her learning journey. However, despite this being important, retaining agency as a student nurse was challenging, particularly without the support of nurses. Bea noted,

*“I think how student nurses are viewed - sometimes people think that we’re a hindrance, but then I was on placement and they were like ‘oh I need to student nurse today because I need someone to help me ‘cause I’ve got so many patients so I need someone to do obs [patient observations] for me, I need someone to go do the odd jobs running to the pharmacy, getting me stuff’ I think we are sometimes seen as like an extra support.”* <sub>P2</sub>Bea<sup>y3</sup>

Bea articulated how she felt about being seen as a hindrance and being used as a commodity, rather than being valued for her role and status as a student nurse. As Bea observed, nurses were allocating student nurses tasks, underlining the continuance of utilising nursing students to fill staffing gaps in the provision of fundamental care delivery. She perceived that student nurses were being afforded a lower status and were of value only in a functional role, thereby undermining the value of their future nurse status. Echoing Bea’s observations, Celia felt that essentially student nurses were “*doing an HCA role for free*” (<sub>P2</sub>Celia<sup>y3</sup>).

Through making sense of these experiences, most participants recognised that they were not alone in experiencing difficulties. The conditions caused by the COVID-19 pandemic also impacted on everyone else in the healthcare team. Nurses were balancing the responsibilities for providing safe patient care with minimal resources, in addition to the expectations of managing student nurse learning, supervision, and assessment. Staff shortages impinged on the time to supervise, assess, and nurture student nurses through the placement. From a student nurse perspective, this was a significant concern. Finn contemplated the meaning of sub-standard student nurse supervision and support to the quality of education:

*“The thing that does impact my sense of professionalism in nursing is the hit and miss nature of your mentor and what you’re learning. I just think it’s quite*

*sad two people [students] with the same ability, same skills, same level of focus and attention, can go through their whole 3-year degree and come out [with] different levels of ability [and] skills just due and nature of the staff members they've been paired up with that's funny, hits my sense of self." p2Finn<sup>y2</sup>*

Expectations of the nurse in a 'mentor' role (officially termed as practice supervisor or practice assessor) is a significant aspect of the nurse-student nurse dyad. It is an essential element in student nurse socialisation, their journey in gaining knowledge and skills, and reinforcing values and attributes (Felstead, 2013). The reduction in or even absence of the capacity of nurses to undertake this role has a deleterious influence on student nurses, not only in gaining these necessary qualities and skills, but also in the way they perceive their value as future nurses. Such perceptions of the quality of supervision can be linked to the time and effort nurses need to support nursing students. Participants were aware that nurses were under extreme pressure, which resulted in the perception that as student nurses, they became a hindrance.

These perceptions are reflected in participant accounts of how they were treated by nurses. For example, Helen undertook her first placement in the summer of 2021. Her experience shows the impact of power dynamics within clinical practice and where nursing students may be situated within it:

*"...my first placement we had to go after like everyone (to do) my documentation. Having done 'cause there's no staff and stuff like that and I turned to my mentor like my second to last day. It was like can we do this documentation. As she was so stressed, she just turned to me and shouted, 'when do you think I'm going to have the time to do that?' And like I nearly cried because I hate being shouted at." p2Helen<sup>y2</sup>*

Helen's account demonstrates the emotional impact of such an encounter, both in the moment, and in how the experience influenced her self-esteem and self-confidence. Prior research indicates that student nurses experiencing situations such as this is not unusual. Studies have highlighted how the hierarchy within clinical practice impacts on status and identity, with detrimental impact on self-confidence (Levett-Jones and Lathlean, 2008; Walker *et al.*, 2014). However, it is perhaps indicative of the stress that nursing staff

experienced throughout the COVID-19 pandemic that increased the potential for negative interactions between student nurses and nurses. As a response, student nurses modified how they related to nurses. Moira reflects,

*“...my assessor on the ward [was] a bit scary anyway. He was lovely but it was just a bit of a bit grumpy. So, I picked my moments.”* <sup>P2</sup>Moira<sup>y2</sup>

This comment illustrates how Moira accepted her position within the clinical hierarchy, developing strategies to manage her interactions with her assessor. However, in using the term ‘picking’ her ‘moments’, Moira’s account indicates that navigating the clinical practice setting and relationships with nurses was a significant challenge. This is echoed in Finn’s, Bea’s, and Helen’s earlier accounts, showing that student nurses were simultaneously mindful of their low status, and the imperative to engage with nurses to ensure that they achieved the skills and progressed through the necessary elements of the placement.

### 5.3 Redefining relationships with role models

Participant interactions with nurses shaped how they perceived their status and role in the clinical setting. However, it was evident that through interpreting the meaning of these experiences, participants reshaped how they saw the nurse-student nurse relationship.

Relationships are fundamental to the care environment, whether interactions with patients and their families/carers, members of the multidisciplinary team, or the nursing team itself. The quality and depth of relationships that student nurses have with nurses are particularly significant in shaping identity (Vinales, 2015). Student nurses view nurses as role models, with the expectation that they will embody the values, beliefs, knowledge, and skills that are bounded within the professional role (Donaldson and Carter 2005, Baldwin *et al.*, 2014). As such, student nurses are sensitive to the quality of these relationships so that incidences that challenge these expectations have a negative emotional impact.

One element that is influential to this relationship is the hierarchy within a clinical setting. The evidence base shows that nurses who have supervisory and assessing responsibilities exert significant power within the nurse-student nurse relationship. These relationships are influential to a student nurse’s self-concept, confidence, efficacy beliefs, and how they perceive they belong (Levett-Jones and Lathlean, 2008; Vinales, 2015). Indeed, there continues to be evidence of a functioning hierarchy within the social construct of nursing

practice as exemplified by in Dana and Helen' accounts, discussed in section 5.2. However, this hierarchy was perhaps heightened by the pressures within the clinical setting during the COVID-19 pandemic.

An assumption is made by student nurses that nurses will be caring towards them, as they perceive caring as a core attribute of a nurse, aligning with their personal beliefs (as explored in section 4.1). Within the dataset, there are several incidences of interactions where nurses did not show care towards participants, and which had an impact on their self-esteem:

*“I found that like both placements I had been on, everyone made such effort with me, and you know, I like to think that I can be quite like friendly and approachable and join the team quite quickly. But it's crazy how quickly someone will turn if something is not in their favour, and I think that happens because of stress and COVID and staffing, and it's very easy. It kind of erodes that trust. It marks you out as, another. It reminds you you're different. Reminds you that you're just a student.” p2Helen<sup>y2</sup>*

Helen's comments highlight the vulnerability of the student nurse within the clinical practice setting. Despite the generally positive placement experiences, for Helen, any negative interactions had a lasting impact on her emotional wellbeing. Helen associated the nurse's behaviour with the notion of trust, suggesting that this is an important value that is internally held, and viewed as commensurate with the nurse role. Furthermore, the erosion of trust placed limitations on her sense of belonging within the clinical team and impacted on her perceived value as a student nurse and future nurse. This further reinforced a perception of the low status of her student nurse role and highlights the tenuous nature of the nurse-student nurse relationship.

Identifying good and bad role models through reflexively analysing experiences is not a novel element within the literature (Fitzgerald, 2020; Fitzgerald and Clukey, 2021). However, there is evidence in the findings of this study that participants *redefined* their expectations of the nurse as a role model. Through being actively engaged in clinical practice settings impacted by the COVID-19 pandemic, they were able to reflect on how the influence of the pandemic affected their professional relationships. Importantly, participants modified their perceptions of the nurse-student nurse relationship and made allowances that accounted

for the stresses and limitations on the capacity of nurses to support them. They were able to recognise how the pressures within clinical practice on staffing, the changing parameters of care provision, and the high acuity of patients, impacted nurses' capacity to do so.

It was clear that participants held value-driven expectations as to how they should be treated as future nurses. Jade shared her views of her negative interactions with nurses from a pre-pandemic first year placement experience:

*"I look at some of the people I've met, and you know, not calling me by my name, not even acknowledging that I'm in the room, not acknowledging what I brought with me as an individual. And I'm straight away, gone. That's not how I do it and definitely not how I would do it as a nurse either, you know, kindness compassion, caring, that is what nurses I believe are supposed to be."*

P1Jade<sup>y3</sup>

Jade's statement exemplifies the impact that perceived incivility by role models can have on student nurse identity, and the dissonance experienced between internally held beliefs and expectations, and their reality. As identified in Chapter Four (section 4.3), Jade was a mature student who had had a prior career in the military. Jade had developed strong beliefs about her work relationships which influenced her expectations of the nurse-student nurse relationship. Caring attributes were fundamental to Jade's beliefs about the role, and these aligned with her internal beliefs and values. Interactions with nurses who did not exemplify this value, created a challenge to her beliefs, reinforcing her perception of the power imbalance within the workplace hierarchy (Vuolo, 2017). Jade's account provides an example of how established internal belief systems can be influential in a student nurse's internal explorations and interpretations of interactions within the clinical practice setting. Such beliefs provide the foundation for how student nurses want to be treated, and how they treat others.

Although Jade had firm boundaries when it came to such expectations, there is evidence that she critically interpreted how the COVID-19 pandemic impacted on professional relationships and how she then modified her expectations. Archer (2003) proposes that individuals are reflexive beings who will engage in internal conversation to weigh up

situations, taking into consideration the impact of structural forces to make sense of their worlds and influencing their decisions to act. Jade's comment shows this reflexivity in action:

*“.... you start looking at some of the nursing staff. They’re dead on their feet and so their levels of compassion and whatever towards students is starting to go, even when they have been great with students, ‘cause you know with some of us we’re just another responsibility that they really haven’t got the energy for... even some of the nicer ones they’re just broken because of [the pandemic].”* p<sub>1</sub>Jade<sup>y3</sup>

While continuity of her established internal value base was evident, Jade made sense of her experiences, showing an understanding of the structural forces which resulted in the changing quality of interactions. Jade's account emphasises that student nurses, as reflexive beings, have the capacity to discern the various influential forces impacting on their interactions. Due to their own experiences within practice, participants were acutely aware of the influence that such stressors exerted on the behaviour of role models. A further example of this was seen earlier in this chapter (section 5.2). Despite the emotional impact of her experiences on placement, Dana used the phrase *“I don’t blame them because obviously they were under stress.”*

There is evidence that their acknowledgement of clinical pressures led participants to modify their expectations of the nurses that they interacted with in their various placements. Celia, stated,

*“...on my second placement I really struggled because my assessor was quite a young nurse and she was very, very stressed and I don’t blame her at all. It’s just how it happens that she prioritised her work over my paperwork, and I appreciate that it was just hard.”* p<sub>2</sub>Celia<sup>y3</sup>

Student nurses made allowances for the behaviour of nurses working with them, demonstrating a compassionate understanding of the extreme pressure nurses were under, and an appreciation of how this impacted on the relationship. This compassionate approach is further evidence of the importance of the stability of an individual's internal value base in maintaining their motivation and self-efficacy beliefs. In this case, specifically in the face of

the potentially emotionally damaging impacts of negative interactions with nurses. Values and beliefs are fundamental to an individual's self-concept and a way for student nurses to retain agency through focusing on their internal value system when they may be feeling disempowered by such circumstances. Retaining alignment with personal values and beliefs by articulating compassionate understanding, maintains connection with the beliefs and values they hold about being a nurse.

#### 5.4 Maintaining learning and progression

While student nurses accepted that nurses were under extreme pressure, they still had a role to play in their education. As this sub-section will show, a consequence of the loss of status and the challenging relationships with role models, was that maintaining learning and progression became more difficult. This resulted in participants working out ways to retain their agency as student nurses, to ensure that they achieved their learning goals.

Learning and progression are requirements of educational standards and are fundamental to the achievement of student nurse goals. The educational standards mandate the required skills, assessments and clinical hours and expected progression of student nurses, as validated in the university's professional programme (Nursing and Midwifery Council, 2018a, 2023a, 2023b, 2023c). As explored in sections 5.2 and 5.3, the COVID-19 pandemic impacted on student nurse status and power, and on the student nurse relationships with nurse assessors. It also impacted on the scheduling of nurse education programmes. The emergency educational standards restructured the provision of theory and practice within programmes (Nursing and Midwifery Council, 2020a). At the same time, there was a commitment by the university and within the local healthcare provision to ensure that all student nurses maintained their trajectories to complete their education as scheduled.

Nonetheless, the restructuring modified the timings of theory and practice blocks for each cohort. From the spring of 2020 to the summer of 2021, changes included: extended opt in placements for the September 2018 cohort which impacted on their supernumerary status; Practice placements for year 1 of the September 2019 cohort were moved to year 2, resulting in complex scheduling of both year 1 and 2 placement hours in this period; and for the September 2020 cohort, their two placement blocks in year 1 were rescheduled to run concurrently over a 17-week block. As such, practice learning, attainment and progression became focal points for nursing students. These provided a way for student nurses to retain

agency in the clinical setting, in circumstances where they were experiencing constraints on their status and power. However, this was not without an impact on their self-belief and self-confidence.

Participant attempts to demonstrate group values by working hard as part of the team during the COVID-19 pandemic, also led to a degree of invisibility as a student nurse, resulting in missed opportunities to gain essential learning that would assist them to meet the learning requirements. Bea articulated the challenge between 'learning' and 'helping':

*"I think we are sometimes seen as like an extra support. But then we're also there to learn, and then it's like trying to balance that helping, but then also getting your own learning opportunities in as well."* <sup>p2</sup>Bea<sup>y3</sup>

Bea's account demonstrates the imperative to achieve requisite learning experiences and her recognition of student nurses' low status in the clinical hierarchy. This was echoed by Helen, who recollected an interaction with her nurse assessor when attempting to get her practice assessment paperwork completed to ensure that she progressed:

*"...I nearly cried because I hate being shouted at. But from her point of view, she's incredibly stressed she's got twenty patients when she should have ten and her little student is asking her about paperwork. But from my point of view, I could fail that placement if she doesn't do that paperwork."* <sup>p2</sup>Helen<sup>y2</sup>

This interaction highlights the combination of Helen's recognition of both her low status within the clinical hierarchy, and her acknowledgement of the pressures in the pandemic-affected clinical setting that impacted on the nurse-student nurse interaction. Although uncertainty existed in the encounter, Helen was driven by the need to ensure that educational requirements were met, despite the negative emotional impact of doing so. Helen expected a level of support in this context that did not appear to be shared by the nurse. Indeed, this expectation is not unrealistic, as the Nursing and Midwifery Council standards clearly define the remit of the nurse assessor role which includes requirements to complete a student nurse's practice assessment documentation (Nursing and Midwifery Council, 2023b). There is a sense of frustration within this experience that forms part of her internal processing of the interaction.

Helen also acknowledged that the incident provided her with the opportunity to consider the role and function of the nurse in supporting student nurses and was important in shaping how she visualised her future self in the nurse assessor role:

*"You have to become quite resilient to it, but I think as well, I've learned so much about how I hope I'll treat students in the future from being a student myself."* p<sub>2</sub>Helen<sup>y2</sup>

The term 'resilient' is interesting in this context, as it is used to suggest development of a certain internal toughness and resolve that is shaped by the negative aspects of the encounter. From an agentic perspective, resilience can also be considered to signify the individual's ability to engage and nurture internal attributes, building on (and perhaps rebuilding) self-confidence, due to internally processing the meaning of such encounters.

Self-confidence is an element that featured in participant accounts in the way that they articulated their approach to gaining learning opportunities.

*"You know the other day I reflected on my day on placement and, I need to be more mindful of when I'm helping out the HCA's and I'm missing out on my learning like nursing opportunities. So, there was a syringe driver I could have watched. Instead, I helped someone double and it just happened a few hours in the afternoon, and I said to them, what would you do if I wasn't here? I know obviously, I'm here to care for patients, but I'm here to learn. You know you do want to help out for like the personal care, but then also we're here for a purpose."* p<sub>1</sub>Leah<sup>y3</sup>

Leah considered the circumstances that placed constraints on her educational experiences, acknowledging the pandemic-related stresses in the clinical practice setting as a significant factor. An important aspect of Archer's Human Agency Theory is the ability of individuals to identify constraints and enablers, to identify their capacity and opportunity to affect any action (Archer, 2003). While participants acknowledged the limitations of their status, and the challenges within relationships, they attempted to retain agency by focusing on formal educational requirements. Knowledge of these requirements and having a level of self-

confidence, is an integral factor in exercising agency in these circumstances. As a third-year mature student, Leah gained self-confidence during her educational journey. This enabled her to assert her belief that as a student nurse, there was a 'purpose' to her presence in the clinical practice setting. However, despite having this confidence and the sense of purpose, maintaining learning and progression remained a challenge.

From a similar perspective, Katie articulated an awareness of developing the self-confidence that was necessary to enable her to assert her purpose as a student nurse. She showed insight into how her learning within her degree had value in terms of attaining her set goals.

*"I think as the years have gone on, I've learnt to stick up for myself as a student. I think you know I was very nervous I was like in first and second year, but now it's like actually no - like I'm here for my learning. This is my degree."* <sub>P1</sub>Katie<sup>y3</sup>

Archer (1996, 2003) proposes the concept of morphogenesis to refer to the importance of individuals processing experiences and how these affect the incremental transition of self through time. Katie's reflection above exemplifies this process, showing her awareness of an incremental progression of her self-confidence and belief in the purpose of her education. Nonetheless, Katie acknowledged that this self-confidence was difficult to sustain, especially during the COVID-19 pandemic. This also illustrates the transient nature of agency, dependent on time, place, and constraining factors:

*"[At] that time [the final placement] was really difficult because it was just so physically exhausting and mentally exhausting and also very close to the end of your course. You just have to go like I've got to do it. A lot of the time you feel quite small because like your identity is literally then put down to these standards and the tick boxes"* <sub>P2</sub>Katie<sup>yF</sup>

At the end of her course, Katie acknowledged that the sustained pressure and stress of undertaking clinical placements during the COVID-19 pandemic taken an emotional and physical toll, as had the long placement blocks.

It is noteworthy that the first quote from Katie was at the beginning of year 3 and the second came at the end of her course, eight months later. These show the change in her motivations,

from those where she strongly values her learning and degree, to those activities that she had to do to simply get to the end of the course. Katie's later comments did not suggest personal fulfilment, either in the way she experienced the educational journey, or her perception of the value afforded to her role as a future nurse. It is of concern that Katie's vision of her professional self was negatively influenced by the disparity between earlier confidence and expectations, and of her lived reality as a student nurse during the COVID-19 pandemic.

## 5.5 Conclusion

This chapter has identified that being a student nurse in the clinical healthcare setting during the COVID-19 pandemic created significant challenges for a student nurse's emergent professional identity. Student nurses experienced a loss of role and status, primarily due to the influence of pandemic policies and how these were interpreted by clinical nurses who were struggling with staffing shortages, and high patient workloads. Participants wanted to help with the pandemic effort as a display of group identity; however, expectations on nursing students to help also meant that they were frequently reduced to the role of helper rather than student. Thus, they struggled to maintain visibility as student nurses, making it harder to achieve learning and progression requirements. These circumstances also altered their relationships with nurse role models, who were considered important to participants in their capacity to assess and supervise them. Maintaining a clear professional self-concept in these circumstances was difficult for participants. Nonetheless, despite significant challenges, they retained their motivation and a sense of purpose, which provided the self-confidence to ensure that their placements met assessment and progression requirements.

The next chapter explores the factors that are influential in the process of Establishing a professional self-concept. This chapter considers the way in which participants actively and internally process the cumulative influence of the myriads of experiences during their clinical placements, and the interactions and events that were particularly influential in constructing their professional self-identity.

# Chapter Six: Establishing a professional self-concept.

## 6.1 Introduction

Chapter Six explores how the experiences which were discussed in chapters four and five influenced participants' attempts to establish a professional self-concept during this challenging period. I start by discussing the challenges participants faced in gaining a sense of belonging while simultaneously experiencing a loss of status and value in the clinical setting. I move on to highlight how belonging links to the way participants felt they could demonstrate commitment to their future nurse role and to the group identity of nursing. Participants explored the external influences that impacted their beliefs and motivations, with some considering ways in which they might be the change in nursing. The chapter highlights the influence of beliefs and values which, as I discussed in Chapter Four have importance for the construction of a professional identity.

## 6.2 Belonging

*“...I think [in] nursing you don't just become a nursing student or a nurse. You become. It's not just your job, it becomes you.”* <sup>P2</sup>Helen<sup>Y2</sup>

This quote highlights the importance that student nurses afforded to the professional self as an extension of the personal self-concept. However, as discussed in the previous two chapters, despite early motivations shaping the overall career goal to become a nurse, for participants, the journey to reach that goal was extremely challenging. As a result, participants had to work hard to establish their professional self-concept and retain their motivation to become a nurse.

In becoming a nurse, student nurses need to feel that they belong, by connecting with the role of the nurse to feel safe and secure in their career choice (Dunbar and Carter, 2017; Keshmiri and Bahramnezhad, 2021). Yet, as explored in Chapter Five, participant accounts suggested that establishing a sense of belonging was difficult during the COVID-19 pandemic. The lack of stable foundations made it difficult for student nurses to form the necessary connections to both the student nurse and the nurse roles. This section considers the factors that shaped participants' attempts to make sense of experiences that would enable them to

establish a sense of belonging. A sense of belonging is indicative of the affective aspect of the process of professional identity construction. As such, the ways in which participants expressed their emotional connection to their experiences was important in considering how these contributed to shaping professional identity.

While participants had already formed preconceptions of the nurse role prior to their studies, some of these were revised following their experiences and interactions during their course. For example, they gained a more nuanced understanding of caring as a core nursing attribute, and how this was shaped by both individual interpretations (section 4.2) and pressures within the clinical setting (section 5.3). Normally, this is a natural part of identity construction, with individuals incrementally establishing a professional self through the process of interpreting and making sense of these events (Archer, 2003; Johnson et al., 2012). However, participant accounts give insight into the scale of the challenges and the individual and collective trauma and stresses of working and learning, during the COVID-19 pandemic. It was necessary for participants to review their early ideas about nurses and nursing, consequently developing new interpretations and meanings relating to their image, status, and perceptions of the value of nursing. These new interpretations are important as they impact on the way in which a sense of belonging is established.

During the educational journey, student nurses develop expectations of their value and status within academic and clinical settings. These are informed by the pre-registration nursing educational standards that promote them as future nurses (Nursing and Midwifery Council 2018a). Yet participant accounts show how the COVID-19 pandemic reshaped these expectations, creating a weak base from which to establish a sense of belonging. For example, some participants discussed their feelings about the diminished visibility and value of student nurses during the COVID-19 pandemic.

*“I also felt like when we went out on placement there wasn't any clap for carer anymore. So, when we went out basically, you're still [in the] pandemic and we were still working through the lockdowns as students but like there was no sort of recognition 'cause it was like oh, you're a student nurse. But not really a student because you are online but you're working as a student nurse, but you're not registered so you're just sort of like there. So, it's a bit sort of in between as well.”* <sub>P2Bea<sup>y3</sup></sub>

This statement encapsulates the complexity of the student nurse experience, and the difficulty Bea had to define the meaning and value of her student nurse role. Her comments suggest that she perceived her student nurse role to be 'in between', fragmented and ill-defined. Poor role clarity left student nurses feeling vulnerable and undervalued, which was exacerbated by the loss of connection with the university and peers, due to pandemic restrictions:

*"I just feel that I've missed a lot of opportunity [for] face-to-face teaching with our peers, where we usually brush off each other and get ideas. We've missed all that...."* P2Dana<sup>y3</sup>

Dana expressed the sense of loss underlining her experiences. She emphasised the importance and value of physical human contact and interactions within the academic setting, that supported her and her peers in gaining a wider understanding of the scope of nursing practise and of the nurse role. The lack of this contact due to pandemic restrictions affecting academic settings, is perhaps one reason why being in clinical practice was valued by participants, and why there was little mention of the academic aspect of their course during the focus groups.

Nonetheless, despite the potential value that clinical practice had in supporting nursing students to establish a sense of belonging, it was clear that participant experiences and interactions were less than optimal. As shown in Chapter Five, participants perceived a loss of value and status through their clinical practice experiences and tenuous relationships with nurse role models. As a result of these experiences, participants perhaps explored their circumstances in more depth than they would have otherwise, in an attempt to understand the various elements that had impacted them. They drew parallels between their own experiences of status and value in their role as student nurses, the status and value of current nurses, and their future potential value as a qualified nurse. This led them to consider the structures and conditions within which nursing is enacted and whether they belonged in this environment – as expressed by Katie:

*"I think the opt in [volunteer] placement for me was a real time in point in like professional kind of identity, like up until then I hadn't really experienced or maybe I was unaware the kind of struggles that hospitals have. And you know*

*that was the placement where I was like I'd go in and we meant to have four HCA's plus specials, and I'd go in and there'd be three of us and no specials and like no people to special [provide 1:1 care]. So, what they're going to do about it, nothing. And I just got to the end of the day, and I thought, how do people do this? How do people who come into work and do this on a daily basis, 'cause I just felt like I'd been worked to my bone. It just really made me realise the kind of reality of it all" p<sub>1</sub>Katie<sup>y3</sup>*

Katie's account provides an insight into how student nurses may have previously been focused on their education, not realising how wider structural forces impacted on them. However, with the impact of the COVID-19 pandemic on all aspects of healthcare provision and nurse education, Katie was forced to confront the 'reality' of organisational challenges and their impact on patient care and staffing in clinical settings during her placements. Her experiences caused her to reflect on her preconceptions of how the nurse role is enacted in clinical settings, and these reflections challenged how she saw herself working as a nurse in this reality. Indeed, Katie was left questioning whether she belonged in this environment.

In addition to organisational challenges, nurse attrition undermined student nurses' sense of belonging. For many nurses working at this time, the pressures became too much, leading to high numbers of nurse resignations. Finn and Helen commented how this impacted on their sense of identity. At the end of one focus group, I asked Finn and Helen whether they had anything further to add. Finn responded,

*"I would say no [pause]. Actually, staff negativities like about nursing. It's awful. Oh my God, it's like I just think like, quit, go, what you are doing if you hate it so much." p<sub>2</sub>Finn<sup>y2</sup>*

Finn was struggling with constantly being told by nurses how bad things were. As discussed in Chapter Four (section 4.2), Finn had strong beliefs about becoming a nurse. However, surrounded by nurses' disillusionment had a detrimental impact on his central beliefs.

*"It does impact on what I think I'll be. Then you have to sort of validate your own decisions for your experiences that you have, you know, but it's hard to not let other people have an impact on the way that you see things, especially*

*when it's in such vast numbers and coming at you left, right and centre."*

*p<sub>2</sub>Finn<sup>y2</sup>*

Finn's account also highlights the influence of role models on identity construction, and the impact of interactions with those role models, on the way that nursing students perceive the role. Importantly, his account draws attention to how unsettling it was for him to hear the disillusionment expressed by these potential role models.

For Helen, witnessing multiple nurses leaving the profession also impacted on how she felt:

*"It is demoralising. I think it's the normalising [of] seeing people leave as well.*

*Like, I think I can name ten nurses that have left at the hospital I work at. You're training towards a profession, and everyone is leaving and it's like - What am I doing? You have to have your reason. I don't think anyone is naive to the challenges facing nursing. So, if you then choose to continue with your training, well, I'm doing that with open eyes, I like to think so."* *p<sub>2</sub>Helen<sup>y2</sup>*

Helen's use of the term 'demoralising' indicates the emotional impact of witnessing potential role models leaving the profession and how hard it was to establish a sense of belonging as student nurses. Historically, nursing has been considered a long-term career, partly due to the persistence of vocational narratives that suggested individual's commitment to the profession was life-long (Goodrick and Reay, 2010). Meeting nurses who had lost their passion for nursing and had decided to leave, led participants to question the validity of the role as a stable career choice. This may also have impacted on their motivations, particularly if their early decisions were based on future job stability, as some participants had identified (see section 4.3). Both participants struggled with this aspect of their experiences. At the same time, their comments suggest that they had internally processed these to explore what this meant to their own sense of self, and their motivations to become a nurse.

Exposure to the reality of nursing practice during the COVID-19 pandemic also led participants to consider how wider influences impacted on their sense of belonging to the nurse role. A main concern centred on the pandemic image of the nurse. This is an important factor, as social narratives surrounding the public image of the nurse (as explored in Chapter Two) has been shown to shape student nurses' early conceptions of nursing and their

motivation to enter the profession. During the educational programme, nursing students' exposure to the professional requirements, clinical settings, and the knowledge and expertise of academics and clinical nurses, enables them to gain a shared understanding of the role. Nonetheless, it was the intense social and political focus on the nurse image during the COVID-19 pandemic that was impactful for participants.

Throughout 2020 and into 2021, nurses became the central image of the COVID-19 pandemic response within the mass media. Images of nurses in full personal protective equipment (PPE) became synonymous with the front-line nurse who, along with other NHS workers were fighting COVID-19. Public and political narratives stereotyped nurses as caring, devoted to duty, and selfless (Mohammed *et al.*, 2021). Nurses were labelled as heroes and angels and these notions saturated related artwork and public imagery (see Appendix 5). The public showed appreciation by engaging in weekly claps for carers. Participants explored the symbolism and meanings associated with these images and labels, and in doing so, gained awareness of socio-political influences on the nursing role. This had importance to their sense of belonging, as they considered whether these narratives and the images of the pandemic nurse, aligned with their own perceptions of the nurse identity, and what the implications were for nurses and nursing.

Participants found the public image of the pandemic nurse difficult to accept. In both phases of focus groups, Jade consistently articulated her discomfort with these socio-political narratives. The persistent image of nurses in uniform, wearing protective equipment, excluded her chosen field of mental health nursing, leading her to feel "disenfranchised". While Jade had developed a sense of belonging as a mental health nursing student, and a belief in the value of the field of practice, her sense of identity was challenged by external pandemic narratives.

Jade articulated how these external narratives made her feel invisible as a student mental health nurse:

*"I think about as a mental health student nurse we don't wear uniform quite a lot. But when you look at all of how nursing is promoted and if you look especially over the COVID stuff it's all nurses in scrubs. I think there's been a*

*difficulty when you're not in uniform to then have that external professional identity.”* <sup>P1</sup>Jade<sup>y3</sup>

Eight months later Jade reiterated this perspective. She articulated her frustration about the “forgotten” mental health patients and the efforts of mental health nurses:

*“.. it negates all of the care that's been going on out there, unless you were wearing that gear and unless you were in the front line it didn't matter.”*  
<sup>P2</sup>Jade<sup>yF</sup>

This frustration and the sense of invisibility of mental health nursing was a source of disillusionment for Jade. She was also concerned about what these labels implied:

*“...I hate the whole rhetoric around the whole kind of battle and heroes. You know, nurses don't sign an oath of allegiance like the military do. No one signed on a piece of paper to give their lives up for their country and there's this expectation that that's what nurses do.”* <sup>P2</sup>Jade<sup>yF</sup>

Maintaining personal integrity in upholding her morals and values, was important to Jade's sense of self and gave her purpose. Her comments also reflected her lived experience of being in the armed forces, and her understanding of what it means to take the oath of allegiance (see section 4.3). As a result, she purposefully distanced herself from the narratives that promoted outdated vocational ideals of commitment, sacrifice, and duty, preferring to embrace what she saw as a realistic and contemporary view of nursing practice.

It was interesting to see that other participants expressed similar frustrations about the pandemic image of the nurse, even though they were studying adult field nursing, which aligned more closely to the public narratives. Helen was also concerned that the image of the pandemic nurse was preventing the public from understanding the scope of nursing practice:

*“So, I think, I don't want to be called a hero, I would rather be deemed a professional is my take on it. It came from a good place of you know you're making a difference etc, but now I think it just brushes a lot of stuff under the*

*carpet and takes away the opportunity of a serious conversation about what nurses do. It's you go back to that Florence Nightingale idea of you know, the devoted nurse and it's like, well, we've got lives, and it shouldn't be like that."*

p2Helen<sup>y2</sup>

This quote highlights that Helen had considered the impact of socio-political narratives of nursing on both her identity and that of the profession. In using the collective pronoun 'we' she signifies her connection to the group identity. Yet she also expressed a sense of frustration that the use of the hero label evoked outdated tropes, rekindling historical references that did not reflect modern perspectives of living and working as a nurse.

While Finn also rejected the 'hero' label, he partially embraced the external imagery of the pandemic nurse:

*"I don't see myself in that category. Yeah, not the hero thing. It's a job at the end of the day. But when I see these images, it actually brings home to me that there's a war you are on the front line, it's a career that you have to accept and acknowledge the fact that you know you're there to serve your country, and in times of disaster you know a nurse will step up to the plate. [it] created a stronger bond with my relationship between nursing. I feel honoured to be in that position where it does happen that I will be one of the people that will step up and, you know, try to offer up my services."* p2Finn<sup>y2</sup>

While Finn verbally distanced himself from the labels, he nonetheless felt a deep connection between the pandemic narratives surrounding nurses and nursing, and his personal vision of becoming a nurse. His beliefs about 'service' align with his previous comments (section 4.2) where he expressed his dedication to the profession. However, the context to Finn's statement above is highly relevant to understanding how he established this perspective. Finn's clinical practice placements were within acute in-patient services, which included a respiratory ward where he wore personal protective equipment and cared for acutely unwell adult patients. Therefore, his experiences aligned with the public image of the pandemic nurse (see Appendix 6). For Finn, his sense of belonging was gained through being able to enact this image of the nurse, strengthening his connection to the role.

The interpretations that individuals make based on their experiences, internal self-concept, and strong beliefs about the nature of the role, are important to gaining a sense of belonging. This sense of belonging is linked closely to student nurses retaining their motivation. However, as the findings show, participants encountered significant challenges to maintaining their focus on their career goals.

### 6.3 Being the change

It is evident that despite the range of challenges participants experienced, their beliefs about their connection to the role remained, enabling them to maintain the motivation to continue their studies. However, what emerged during the data analysis is how, in the process of establishing a professional self-concept, participants considered their status and power in terms of their ability to affect change. The challenges that they experienced during the COVID-19 pandemic were considered in terms of how these impacted on their beliefs about the power that they held as student nurses and future nurses. They listened to the narratives expressed in political contexts and through the mass media. They observed and listened to nurses while on clinical placements. They also engaged in group discussions with peers both locally and nationally. Through these avenues, they engaged in reflecting on the importance of the individual and group voice. In considering the factors that influenced their role and status, some participants saw potential for actions that they might take to regain a sense of power, while others felt their power was diminished because of these factors.

As highlighted in Chapter Five, participants were aware of their low status and value in the clinical setting and acknowledged the influence of external forces impacting both the student nurse journey and nursing. These forces included the organisation of the NHS and the political influence on their role as student nurses and on health provision.

*“The staffing shortages that affects the whole hospital impacts us as student nurses. But you know we are paying the tuition fees, and we are working free, so unfortunately, you know we’re probably at the bottom [of] the pecking order really. Yeah, I feel really impacted by political and organisational constraints [on] nursing.” p1Leah<sup>y3</sup>*

For Leah, clinical hierarchy was an issue. In this context, it was expressed in relation to political and organisational constraints on the enactment of both the nursing role and the

student nurse role on understaffed wards. Leah's comments related to her opinion of the value afforded to her role as a student nurse, which impacted on her perception of the status of student nurses within the clinical hierarchy. In a different focus group, Dana identified similar political narratives, drawing parallels between the value of nurses and the financial constraints on student nurse education:

*"With the political side of things, there is on the news now isn't it that everyone's arguing that nurses shouldn't be getting a pay rise. And they are all arguing, but a few months ago, they're all saying that the NHS should be paid more because they were on the front line and you sort of think, where is that come in? Is the media causing the political views on this? Because I had so many people saying the NHS, they definitely should be paid more. Definitely should be valued more. For the nurses, so in that sense, yeah, I do think they should get paid more. I think we should get paid more. I think we should be paid as students actually because we don't even get paid, and we pay for that privilege to not get paid because we pay back the student loan [pause] we are basically paying to not get paid" p1Dana<sup>y2</sup>*

Dana's comments demonstrate that financial aspects of nurse education and future pay and conditions were important to student nurses. As identified in section 4.3, pragmatic decisions to begin nurse education included financial impacts on the family unit, with the underlying perception that becoming a nurse would improve their financial position. However, student nurses became aware of the gap between the high societal value of nurses (due to their contribution during the COVID-19 pandemic), the associated belief that they should be paid accordingly, and the reality. This subsequently influenced Dana's interpretation of the value of nursing in terms of the socio-political context.

An interesting finding was that, through becoming more aware of social and political narratives, and the impact of these on the roles of the student nurse and the nurse, participants considered the political power of nursing. As a direct consequence of her clinical practice experiences, Helen established a belief about the importance of being 'political':

*"I did everything I could today, and I still don't feel like it was enough, and that's because of like low staffing or just lack of resources and it's really*

*frustrating when you just have no staff and you're trying to look after patients and actually you're running around to do the bare minimum. You promise you'll give [a patient] a shave and you just don't have time because you literally don't have time. So that's made me really political." P1Helen<sup>y1</sup>*

Helen's comments demonstrate her internal beliefs about the act of caring, and how the conditions within clinical practice negatively impacted on her abilities to provide care to patients. Helen clearly voiced her frustration with this situation and expressed her opinion that being 'political' was a consequence of these experiences. Helen perceived that being political was a valid choice given the circumstances.

For Jade, her connection to nursing and the group identity was enhanced by her engagement with social media as a way to interact with peers, in circumstances where contact with peers on her nursing course was limited. Social media engagement became an important way to express personal and group concerns, and an avenue through which participants felt that they could begin to influence change:

*"...I think as COVID has come in there are a lot of student nurses that are having a voice especially on like Nurse Twitter - it's quite inspirational. But also, what they're talking about is damn right. The funding for students, the funding for nurse, full stop, the lack of PPE [personal protective equipment]. The lack of support. I think for many, many years, it seems that nurses have just got on with it because that's a vocation, and we're here to care. That starts to get a bit more political, and I've started to get a bit more interested in it and kind of putting stuff out there and sharing things on my social media." P1Jade<sup>y3</sup>*

Alharbi, Kuhn and Morphet's (2020) pre-pandemic study refers to the function of social media for student nurses. Student nurses used it to establish an external image that served to affirm professional values and contribute to social awareness of the key concerns and developments within nursing practice. During the COVID-19 pandemic, the role of social media was even greater, given its potential to enable connection within the wider professional group. Through contributions to group conversations, the profession developed a strong collective voice through which to counter the political narratives around the pandemic nurse and to publicly highlight the reality of nursing during this period. Such action

strengthened a sense of belonging to the profession through shared experience. Jade articulates that this mode of communication allowed her and other student nurses to increase their collective ability to raise their profile, express views that challenged social perceptions and become 'a bit more political'.

Awareness of the power of the group voice may lead to collective action to bring about change. Collective action is an interesting element as it reflects group efficacy beliefs about the power within the group to affect change (Bandura, 2000). There is evidence within the findings that the sense of commitment that individuals felt towards the group influenced their engagement with group action.

*"That's the kind of change that I'm seeing, and even if it's little things like petitions like signing petition is changing, hopefully changing the future for the like years [of students] below us and just little things like that, like your experience and your anger, frustration can be put forward in something productive like a petition, you know even tiny things that's not ground-breaking. You know, you're not changing the world, but it's just a little something."* <sub>p1Katie<sup>y3</sup></sub>

Katie's comments exemplify the commitment among student nurses to voice their concerns about their experiences on their course, with the aim of taking action to improve experiences for future nursing students. At the same time, she contextualised this kind of action as a trend among nursing students and nurses, one that began with connection and led to attempts to enact change.

While the potential for change through group action was viewed as an important aspect of their professional self-concept, participants also articulated their perceptions of their power as individuals to initiate change.

*"I'm going to be a nurse, it's not just like a label, it's a responsibility, you know, and it's a position of power where you can actually make big change."* <sub>p1Finn<sup>y1</sup></sub>

Finn made this comment in the first focus group which was in the first 12 weeks of his studies. He had yet to undertake a clinical placement; therefore, his understanding was based on his

preconceptions, awareness of external narratives, and the topics explored in early academic sessions. Nonetheless, it was clear that he had established an early belief that nursing would provide him with the power to be an agent of change. Although his experiences during the COVID-19 pandemic challenged this perception, Finn was able to widen his knowledge and understanding, leading to the identification of potential areas where change was needed. In the second focus group, in year 2 of his studies and after three practice placements, Finn stated:

*“There are lots of instances like it feels like trying to smash down the identity of nursing as a good thing from all sorts of angles, whether that be staff, quality of teaching, you know, even maybe the war like rhetoric, you know”*

P2Finn<sup>y2</sup>

Finn articulated his belief that perceptions the nursing identity needed to change. As illustrated in section 6.2, Finn gained a strong sense of connection to nursing throughout the COVID-19 pandemic, strengthening his “bond” with the role. However, it was interesting to hear Finn articulate his perception of the need to “smash down” the identity of nursing at various levels. This suggests that over time, his interpretations of his experiences enabled him to develop an awareness of the influence of socio-political narratives, the challenges facing nursing during the COVID-19 pandemic, and the need for change. For Finn, this new awareness contributed to the shaping of his emergent professional identity, reinforcing his earlier beliefs that he had a responsibility to *be the change* and not simply voice an opinion without acting. As a result, he shared with the group that he had volunteered to be a student ambassador with the regional Health Education England department to explore how to retain students in the nursing profession. Thus, his commitment to nursing motivated his actions.

Not all participants felt able to be so proactive during their studies. Commitment and motivation were important aspects in ‘being the change’ while for some participants, beliefs about their ability to act were constrained by their perception of their limited power as student nurses. These were based on their interpretations of experiences during the COVID-19 pandemic:

*“...in in the future, once I've qualified, maybe I will feel like more of a part of the change but right now, I don't know. Maybe I still feel like I'm a bit powerless as a student. So maybe in the future I'll feel more a part of the change of nursing if nothing but right now, I feel like I'm not in a position to be.”* p<sub>1</sub>Leah<sup>y3</sup>

Leah felt that her power was constrained by her role as a student nurse, preventing her from taking any action. Similarly, Dana viewed her ability bring about change as a future potential rather than during her educational programme:

*“[Nurses] tell me what the issues are with nursing, and they do it in a way that I'm thinking. 'Oh well, how can I change that when I'm a qualified nurse?'.”*  
p<sub>1</sub>Dana<sup>y2</sup>

While Dana did not elaborate on the issues that nurses were identifying to her, her comment suggests that she believed that becoming a qualified nurse would enable her to influence change. Of interest is the way in which Dana's positivity contrasts with Leah's. It is indicative of how each student nurse might process the meaning of status and power is shaped by their clinical practice experiences. While they perceive themselves as student nurses to lack power, they project the hope that as nurses, they will have more agency to change things. Both participants' perceptions may be attributed to the hierarchical nature of the healthcare culture that maintains student nurses' junior status, cultivating the notion that gaining power is the rite of passage of the qualified nurse (Vinales, 2015; Keshmiri and Bahramnezhad, 2021). Therefore, acting is delayed until they have earned that right.

Even if participants felt they had some level of power within their roles, the motivation to take action to affect change was not without a cost to the self. Indeed, for some, the psychological investment was deemed too great to consider in the context of their current circumstances, resulting in a delay to action, or even inaction (Archer, 2003; Booker, 2021). For Katie, experiences in the COVID-19 pandemic had taken an emotional and physical toll, leaving her feeling exhausted:

*“...[placements in the pandemic] it was so exhausting. And what makes me scared now knowing the kind of in this third wave is when I start my [newly*

*qualified] job in October, am I going to be in the midst of it again and then I literally no choice. We have to suck it up and get on with it”* <sub>P2</sub>Katie<sup>yF</sup>

Katie perceived the longevity of the COVID-19 pandemic as a constraining factor: when she would have been looking forward to establishing a future role, Katie foresaw more of the same, as the COVID-19 pandemic entered a third wave.

Although constraining factors initially caused conflict and perhaps represented a barrier to action, some individuals nonetheless found a way to act. As described in section 5.3, Jade’s internal belief system was firmly centred on a culture of caring and respect. An incidence of workplace bullying by nurses on a placement initially disempowered her. However, through internal reflection on the incident, which included exploration of her beliefs and values, she resolved to ensure that other student nurses would not have the same experience:

*“...on the really bad placement that I had we had a first year (student) come in and I was like that determined that she wasn’t going to be treated the same way, so I literally took over [her] induction, showed her hints, tips and stuff.”*

<sub>P1</sub>Jade<sup>y3</sup>

Connecting to her personal ideal of kindness, caring and compassion, which she saw as inherent to the nurse role (see section 5.3), Jade remained aligned with a strong internal value base that exemplified fairness, respect, and support. This foundation provided her with sufficient self-confidence to enable her to act and simultaneously challenge the workplace culture. This also had a bearing on her future nurse role, as after completing the programme, Jade planned to take a non-clinical role supporting student nurses:

*“I think the one place where I want to bring change once I qualify is to the experience of students. I want to make sure the students don’t go through what I’ve observed students go through in the time that I’ve been doing this [I], know I can be part of the change there.”* <sub>P1</sub>Jade<sup>y3</sup>

Comparing Jade’s comments throughout the study, one can see the enduring nature of her core personal beliefs, progressively shaped by interactions and experiences during her course, motivating her actions and driving her considerations of future actions.

In fact, both Finn and Jade's reflections show the importance of the connection between experiences, personal values, and action. Values that are both internally held and align with perceived values of the professional role, are significant in that they strengthen self-efficacy beliefs that are in turn central to self-esteem, self-confidence, and commitment to action. Importantly, by reflexively processing their circumstances, both participants were able to weigh up their power to effect change. Jade's reflection involved considering whether this would be possible in the immediate clinical practice environment. Finn's reflective process led to him identifying the possibility of contributing to a wider cause by becoming a representative for the group (Bandura, 1989a; Archer, 2000).

#### 6.4 Conclusion

This chapter explored how experiences and interactions during a student nurse's educational journey, shape their professional self-concept. Despite the challenges that they encountered in many aspects of their educational journeys, participants continued to actively explore the meanings of their experiences and interactions in a way that contributed to their knowledge and understanding. The way these experiences were internally processed and understood by participants was impactful to their self-esteem and self-confidence. This shaped the way that they established a sense of belonging and was influential in forming a connection with their role and with nursing. Their internal explorations of interactions and experiences assisted them in making sense of the challenges, shaping the intentions and actions that participants believed would demonstrate their commitment to their chosen career. Their development of a professional self-concept is linked to a perceived power and responsibility to act to affect change. Commitments are expressed by participants who may be motivated to seek ways to effect change, either for themselves, for future student nurses, or for the nursing profession.

The three findings chapters have identified the factors shaping professional identity construction of student nurses who were studying during the COVID-19 pandemic, and have highlighted how these factors influenced participants' attempts to construct a professional identity. Of importance to participants was their perception of their role and status which impacted on their professional self-concept and how they connected to the nurse role. In Chapter Seven, I will critically discuss the findings, interpreting the importance of role and

status, and the connection between belonging, nursing values and attributes and the pandemic image of nursing.

## Chapter Seven: Critical discussion

### 7.1 Introduction

The study has provided a unique insight into the student nurse experience and the factors that shaped professional identity construction during the COVID-19 pandemic. Applying Archer's Human Agency Theory (Archer, 1996, 2003, 2000) and Bandura's Social Cognitive Theory (Bandura 1989a, 1989b) enabled individual agency and structural forces to be explored and enabled the analysis of the ways in which they impacted on participant motivations and processes of professional identity construction during the COVID-19 pandemic. Participant experiences of the intense and stressful healthcare environment, resulted in a heightened awareness of multiple influences on their role, status, and identity as student nurses and future nurses. A significant challenge for student nurses was the perceived vulnerability of their role and status in the clinical setting, and their subsequent interpretations of how being treated as health care assistants devalued their role as both student nurses and future nurses. Their internal exploration of experiences and interactions resulted in participants reshaping what they expected from role models. They also developed opinions regarding the public narratives, as well as the political, organisational, and professional policies and agendas and their impact on both student nurse and nurse roles. These factors shaped their conception of their professional self-concept, and their professional identity.

This chapter will begin by proposing the Grounded Theory that emerged from the analysis. It will then briefly consider how this study is situated among the emerging research from the early COVID-19 pandemic before moving on to critically considering the findings of this study within both the pandemic and wider literature. To conclude, the quality and rigour of the study will be explored, using Charmaz's (2014) criteria for GT studies.

### 7.2 The emerging Grounded Theory: Reshaping expectations

Charmaz (2014) explicates that constructing grounded theory follows a dynamic process of analysis, through which the researcher, as co-constructive, offers an abstract interpretation of the phenomenon through the process of analysis. As such, the theory emerging from the process of analysis stands as my interpretation of how student nurses construct professional identity in circumstances which challenge their expectations.

My interpretation of the findings is that student nurses enter nurse education with preconceived expectations of their educational course, of being a nurse, and of nursing. These expectations enable student nurses to visualise themselves in the nurse role and provide the basis of early goals and motivations. However, where challenging and chaotic conditions exist, such as those during the COVID-19 pandemic, student nurses' educational experiences are disrupted, thus creating conflict with their prior expectations.

Visualising professional identity construction as a transformative process, reveals the tensions that can exist between student nurses' expectations and reality. Firstly, the undergraduate nursing educational programme is designed so that there is linear progression of student nurses through their studies in accordance with the professional body standards. Student nurses expect to be learning and engaging with peers in taught sessions, and a progressive transition between theory and practice to gain the necessary knowledge, skills and behaviours of a nurse. In a widespread healthcare crisis, the reality is quite different. Emergency policies not only impact on social life and the delivery of health services, but those implemented by official sources such as the professional regulatory body may also impact on the structure of the delivery of theory and practice elements of the course, and the way student nurses receive their education. In clinical settings, student nurses expect to have supernumerary status, to learn and receive the support and guidance from nurse role models, and to be valued as future nurses. Student nurses consider clinical practice as important in enabling them to enact the nurse role, be part of the nursing team and to provide care to patients. However, in times of workforce pressures and high patient need, the reality is that continuing nursing workforce shortages may lead to student nurses experiencing the devaluing of their role in clinical practice settings through the erosion of their supernumerary status and delegation of tasks more akin to a health care assistant role. The consequence is that ongoing shortages of nurses makes it challenging to receive adequate supervision and support to enable student nurses to achieve the required skills and proficiencies to meet the educational assessment requirements. As such, student nurses perceive they are visible, but as a commodity to fill staffing gaps, which results in invisibility as future nurses. Such unmet expectations have the potential to impact on professional identity construction by creating a sense of frustration and disillusionment which affects the student nurse's ability to gain a sense of belonging within clinical teams they work with and to the profession as a whole.

These aspects contribute to an emerging theory which proposes that where there are persistent and widespread challenges in healthcare settings which negatively impact on the student nurse experience, student nurses will engage in an active and necessary process of reshaping their expectations. This is central to the student nurse's ability to rationalise experiences and retain motivation towards their goal to become a nurse.

To manage the conflict between expectations and reality, the student nurse engages in active and intensive reflexive exploration of their experiences and interactions and the contexts in which the student nurse and nurse roles are enacted. The student nurse deals with complex and competing demands on their self-concept by turning to their internal values such as caring and compassion, and beliefs about their contributions to the nursing team. Reshaping expectations of nurse role models leads to a compassionate understanding of the pressures being experienced, giving them the opportunity to take action to influence those aspects which place limitations on their nurse assessor's ability to offer supervision and support. This further motivates the student nurse to act to ensure required skills and proficiencies are met, and documentation is completed. Similarly, reshaping expectations of the nursing profession is necessary to cope with the reality of the role in clinical practice, and to begin to gain critical awareness of the influence of social and political forces on the role and the profession. For some student nurses, this provides motivation to envision their future role in influencing change through gaining a critical understanding of nursing and the nurse role in the context of clinical practice, and the wider political, professional and social milieu. In reshaping expectations, the student nurse gains a sense of clarity of their role and the profession in challenging circumstances, enabling them to maintain motivation and focus on career goals.

### 7.3 Critical analysis.

I begin this critical analysis by briefly considering how this study is situated within the national and international literature. At the time of writing this thesis, there were few published studies that considered student nurses' perceptions of the factors shaping professional identity construction during the COVID-19 pandemic. It was necessary to look to national and international studies that had some relevance to the main findings of this thesis for consideration and comparison. The studies that were identified were from a range of locations, for example Belgium (Ulenaers *et al.*, 2021), China (Tang *et al.*, 2022; Lin *et al.*,

2024), Iran (Jafarianamiri, Qalehsari and Zabihi, 2022), Israel (Savitsky *et al.*, 2020), Italy (Barisone *et al.*, 2022), Spain (Collado-Boira *et al.*, 2021; Martin-Delgado *et al.*, 2021; Roca *et al.*, 2021; Velarde-García *et al.*, 2021), USA (Crismon *et al.*, 2021; Diaz, Staffileno and Hamilton, 2021; Michel *et al.*, 2021; Black Thomas, 2022), and the UK (Godbold *et al.*, 2021; McSherry *et al.*, 2021; Griffin and Riley, 2022). The proliferation of research during the period of the COVID-19 pandemic demonstrated the extensive international interest in the experiences of student nurses at this time.

It is important to note that while the student nurse experience during the COVID-19 pandemic was a common thread within the body of research, the diverse range of locations meant there were differences in the way the nursing response to the pandemic was enacted and the contribution of student nurses was established within local and national policies. This shaped the way student nurses in each location perceived their educational journeys and their contribution to the pandemic response. Furthermore, expectations of student nurses had some initial similarities in terms of the immediate pandemic response through volunteer initiatives targeted at final year student nurses; however, understanding how these and subsequent policies influenced experiences of more junior student nurses who continued their education throughout the duration of the COVID-19 pandemic is limited.

In terms of situating my research within the body of literature, through my explorations it was evident that a large proportion of the research published during the COVID-19 pandemic was focused on exploring the experiences student nurses who were in the final year of study at the start of the COVID-19 pandemic, and who had engaged in volunteer initiatives to increase the healthcare workforce (see for example McSherry *et al.*, 2021; Martin-Delgado *et al.*, 2021). One Chinese study by Lin *et al.* (2024) held potential for direct comparison with my study as their longitudinal qualitative study considered the barriers and facilitators to professional identity construction of student nurses. However, Lin *et al.* (2024) followed the educational journey of just one cohort of student nurses (n=93) from 2019 to 2022, rather than three cohorts at various stages of education as in my study. Also, there were notable differences in the way nurse education was structured as in the Chinese study, theoretical instruction formed the first three years of the nursing course and clinical practice placements were undertaken the final year, meaning that the student nurses' perceptions of the impacts of the pandemic were primarily focused on theoretical learning experiences and their observations of nursing practice from media reports, rather than direct exposure in clinical

practice placements. While other studies include consideration of both the theory and clinical practice experiences of more junior nursing students in earlier stages of their education at the start of the COVID-19 pandemic (for instance, Ulenaers *et al.*, 2021; Barisone *et al.*, 2022) understanding the factors shaping professional identity construction was not the primary aim. This is a gap that my research addressed, thus providing a novel contribution to the body of knowledge.

In the next two sections, I will critically consider the findings of this study in the context of body of knowledge, including the wider literature and research published during the COVID-19 pandemic.

### 7.3.1 Student nurse role and status.

A significant finding of this study is that perceptions of the nurse role and status in clinical practice during the COVID-19 pandemic crisis, affected the way that student nurses experienced their educational programme and in turn, impacted on their professional self-concept. The challenge to establish their role and status within clinical practice became a pervading concern for participants, contributing to their perceptions of feeling devalued as future nurses.

Akin to the role of the nurse, the term student nurse indicates a socially constructed role, imbued with formal expectations, sensitive to the influences of the environments of practice and the interactions with those within it. In a formal context, professional body standards establish clear expectations of the student nurse role in attaining knowledge, behaviours, and clinical proficiencies, in order to progress towards becoming a future nurse (Nursing and Midwifery Council, 2018a, 2023a, 2023b, 2023c). Student nurses are aware of the formal requirements of their role and gain a personal conception of what it is to be a student nurse; through the experiences they encounter on their educational journey. As they progress, they attempt to make sense of their experiences in clinical practice, and through their interactions with role models.

Perceptions of role and status are important factors in professional identity construction and shape self-worth and self-esteem. As explored in Chapter Two, the student nurse identity is enacted within the clinical practice setting and is interdependently entwined with nursing culture, hierarchy, and interpersonal relationships. As such, it is vulnerable to the

interpersonal and situational aspects of the enactment of the role, within the structures of clinical practice (Walker *et al.*, 2014). Furthermore, several pre-pandemic studies note that the emotional and psychological impact of role and identity elements within the clinical practice setting have the potential to be interpreted by student nurses either positively or negatively (Levett-Jones *et al.*, 2006; Jackson *et al.*, 2011; Houghton, 2014; Walker *et al.*, 2014).

As an accepted main source of identity-orientation, the importance of the clinical practice environment to student nurses cannot be underestimated. Yet, for student nurses in education during the COVID-19 pandemic, many factors that influenced their enculturation were negatively impacted, thereby reshaping their perceptions of role, status, and identity. For context, within the COVID-19 pandemic, the rapid rise in patients with COVID-19 and subsequent waves of cases, transformed all health services. Changes were made to infection control policies and staff were redeployed (NHS England, 2023). Extreme pressures in acute settings and pandemic restrictions also resulted in changes to the way community and primary care services operated (International Council of Nurses, 2021b; NHS England, 2023). Acute in-patient provision was under increasing pressure, with clinical areas changed to COVID wards and elective surgery and routine outpatient services paused. In acute care settings, most student nurses were exposed to high numbers of acutely unwell and dying patients, and the rapidly developing knowledge of the virus influenced the way that care, and treatment of patients was enacted (Nursing and Midwifery Council, 2020b, NHS England, 2023).

This could be viewed as a positive influence for student nurses who had the opportunity to hone their nursing skills in caring for acutely unwell patients and through being afforded a unique insight into operational management and the provision of nursing care and role of nurses in times of crisis (Velarde-García *et al.*, 2021). Conversely, the rapidly changing conditions within clinical practice had far-reaching implications in terms of how staffing shortages deleteriously impacted on the provision of safe and effective care. Commensurate with the findings of this study, research suggests that the role of student nurses altered and their relationships with role models and achievement of learning objectives, became more difficult (Diaz, Staffileno and Hamilton, 2021; Shun, 2021; Jafarianamiri, Qalehsari and Zabihi, 2022; Tang *et al.*, 2022). The reduced availability of clinical nurses, impacted on the supervision, education and nurturing of student nurses, leading to limitations on the range

of practical experiences student nurses engaged in (Castro-Ayala *et al.*, 2022). This was an issue of concern for student nurses working on clinical wards during this period: nursing staff were under immense pressure and limited in their availability to supervise nursing students, thus changing the dynamic of the student-nurse relationship (Godbolt *et al.*, 2021; Velarde-García *et al.*, 2021).

In addition, COVID-19 pandemic restrictions interrupted the links between the university and clinical practice, reducing the available support from academics to nursing students and clinical nurses, because of the national and local restrictions that prevented access to health premises (Crismon *et al.*, 2021). Highlighting the vulnerabilities of nursing students during this period suggests a weakness in educational and clinical systems to be able provide adequate support to assist student nurses to process and make sense of their experiences and address their emotional needs.

It is therefore unsurprising that for the participants in this study, the clinical practice setting was the main source of their identity construction. As a result of the physical restrictions imposed by the UK Government during the COVID-19 pandemic, their experiences of nurse education were very different to that of previous student nurses. These restrictions impacted on their engagement with academics and university life (Institute for Government 2021). Moreover, the intensity and longevity of the COVID-19 pandemic exposed them to very particular stresses and pressures in the clinical setting. In Chapter Five, participant accounts illustrated their attempts to find meaning in the ongoing chaos and intensity of clinical practice, with the loss of value and status of the student nurse being the primary focus. For participants, the environment of practice and the way that student nurses were deployed during the COVID-19 pandemic became a constraining factor to the establishment of professional identity. The primary source of their concern centred on how nurses interpreted the role of student nurses during the pandemic effort, which subsequently influenced their own interpretations of their role and status. The tendency to allocate to student nurse tasks deemed more akin to those associated with the healthcare assistant role, were particularly important to perceptions of the status and value of their role within pandemic-impacted clinical settings.

Several of the studies published during the pandemic highlight contrasting views of the change in the status and identity of senior nursing students. This included experiencing a

reduction in status, through senior student nurses being deployed into the equivalent of healthcare assistant roles (McSherry *et al.*, 2021; Godbold *et al.*, 2021), or an increase in status due to being given greater responsibility and independence under minimal or no supervision (Velarde-García *et al.*, 2021; Martin-Delgado *et al.*, 2021; Roca *et al.*, 2021; Ulenaers *et al.*, 2021). The literature rationalises the lack of supervision of nursing students by acknowledging both workforce shortages and that nurses were under significant stress, challenging their ability to supervise student nurses and to be effective role models (Ulenaers *et al.*, 2021; Castro-Ayala *et al.*, 2022). While there appears to be contrasting expectations of student nurses' role in clinical practice depending on the policies enacted within the respective countries, the common theme that way the student nurse role was perceived by nurses caused uncertainty and confusion.

Professional and political policies about the role that healthcare students had within the deployment of staff to the COVID-19 front line, were both an opportunity and a threat to the status of the individual student nurse, and of student nurses as a group. From an organisational and public health perspective, the promotion of second and final year nursing students in early 2020 to the volunteer scheme, could be seen as a necessary action to manage staffing early in the emerging health crisis (Health Education England, 2020b). Staffing shortages in the UK NHS have been a concern for several years, and so at the start of the COVID-19 pandemic, the student volunteer initiative contributed to strategies to increase staffing and offset some of the immediate challenges to health service provision (NHS England, 2019; Health Education England, 2020b). Promoting the initiative to student nurses appealed to their willingness to be seen as contributing to the nurse response within the pandemic effort and reinforcing the social value of their engagement, thus providing an opportunity for them to overtly demonstrate their alignment with the group identity.

The engagement of these student nurses is understandable as at this time, professional pride in the nursing profession was high (Swift *et al.*, 2020). The COVID-19 pandemic also coincided with celebrations marking 200 years since Florence Nightingale's birth (2020 - the International Year of the Nurse and Midwife), and therefore, the focus was on exemplifying nursing's contribution to the pandemic response through caring for unwell and dying patients (World Health Organization, 2020b; 2023). In this context, the COVID-19 pandemic was seen by professional groups as a potential opportunity to advance the image of nursing, seen as a perennial challenge for the profession (International Council of Nurses 2020a).

Thus, joining the healthcare response provided student nurses with an opportunity to demonstrate their pride in the profession and alignment with nursing values and attributes (Swift *et al.*, 2020; Booker, 2021).

However, there was concern in the profession that pandemic narratives focused on certain values and attributes. In relation to student nurses, Swift *et al.* (2020:3111) gave an insight into student nurse perceptions of engagement in the COVID-19 pandemic effort as enabling demonstration of a ‘calling’ and ‘vocation’. This is echoed in studies where volunteering students articulated duty and pride as a motivator to contribute to the pandemic effort (McSherry *et al.*, 2021; Martin-Delgado *et al.*, 2021; Crismon *et al.*, 2021). The challenge of such perceptions is that rather than representing the opportunity to promote the skill and knowledge underpinning modern nursing practice, nursing’s contribution – and by association, student nurse’s contributions – are reduced to outdated tropes. The reality was that mass media, fed by political agendas to deliver public health messages, focused on the perceived social responsibility of nurses in caring for those who were in need of healthcare (Mohammed *et al.*, 2021). I suggest that within these narratives, student nurses were vulnerable to the attempts by those in positions of power to rekindle the expectations of duty and commitment, to encourage their engagement with the volunteer initiatives. As the findings of my study have revealed, participants were not convinced by these narratives. They observed how this view of nursing gave a false image of the role, neglecting the scope of nursing practice in providing holistic person-centred care in various health settings. This created a challenge for student nurses in their attempts to reconcile the disconnect between the public and political narratives of the social value of nursing on the one hand, and their personal experiences and beliefs of the value of their role on the other.

It is concerning that few nursing authors writing in the early pandemic period, critically considered the ethics of deploying student nurses within the national emergency response, nor the potential implications for their education, psychological wellbeing, professional development, and identity construction (Hayter and Jackson, 2020). Furthermore, there was little consideration of the impact for student nurses who were only permitted to contribute for a short period or who were not considered eligible to contribute at all. While Swift *et al.* (2020) had briefly acknowledged the negative impact to self-esteem for those final year nursing students who were unable to contribute due to their high-risk status, there was

limited literature that had the foresight to consider the potential impact for junior student nurses who were in education during this period.

One concern for volunteering student nurses raised by the emerging research from the COVID-19 pandemic period suggest that there were diverse psychological impacts. These ranged from feelings of pride in supporting the pandemic response (Griffin and Riley, 2022), to expressions of moral and emotional distress due to the exposure to challenging and distressing experiences in the provision of patient care to the sick and dying (Roca *et al.*, 2021; Collado-Boira *et al.*, 2021; Martin-Delgado *et al.*, 2021; Barisone *et al.*, 2022; Griffin and Riley, 2022). Final year nursing students who volunteered to contribute to the pandemic response, reported significant concerns, reflecting their rapid transition to clinical practice and their changing responsibilities (Collado-Boira *et al.*, 2021; Martin-Delgado *et al.*, 2021; Barisone *et al.*, 2022; Griffin and Riley, 2022). In contrast, studies that considered the experiences of a range of nursing students at various stages of study in the early COVID-19 pandemic, highlighted concerns in how the disruption to learning would impact on their ability to provide safe and effective nursing care. As an example, in several American States, the nursing boards removed all student nurses from clinical practice and nurse education was moved online. The delivery of clinical content was achieved via simulation of clinical skills and practice (Michel *et al.*, 2021; Black Thomas, 2022). The studies by Michel *et al.* (2021) and Black Thomas (2022) found that student nurses were concerned about the lack of authentic clinical practice experiences, and perceptions that the loss of vital experience with real patients would place them at a disadvantage when returning to the clinical practice setting. Black Thomas (2022) also highlighted the emotional toll on these student nurses when they were permitted to return to clinical practice in the winter of 2020. These findings were consistent with studies based in other countries, where student nurses expressed concerns about the risks to their health and wellbeing (Martin-Delgado *et al.*, 2021; Yin *et al.*, 2024). Additionally, other studies identified that student nurses' exposure to highly stressful clinical environments with significant staffing shortages, added to existing anxieties, thereby increasing the potential for psychological distress (Savitsky *et al.*, 2020; Jafarianamiri, Qalehsari and Zabihi, 2022; Diaz, Staffileno and Hamilton, 2021).

Because participants in this study were at differing stages of their education, I was able to analyse the impact of the volunteer initiative for those student nurses who briefly contributed and those who were ineligible. The comments of participants who did briefly

participate in the volunteer initiative in their second year (Katie, Leah, and Jade) suggest that while they felt a sense of pride in being able to contribute to the pandemic effort, their clinical practice experiences after the volunteer initiative revealed a loss of value and status as student nurses. This challenged their preconceptions of their value as future nurses. Their main concerns derived from the experience of being deployed to fill gaps in staffing and the way in which clinical nurses reinforced their lower status in the clinical hierarchy by allocating them to complete fundamental care tasks rather than prioritising their nurse education needs.

Their self-worth was further impacted by the short-lived recognition by local healthcare leaders of the contribution of volunteering nursing students (see section 5.2). In the very early stages of the COVID-19 pandemic, student nurses gained visibility – and thus, value – when brought in by professional and political leaders to address the urgent need for health workers (Swift *et al.*, 2020). However, this was to be temporary and brief, all the more evident when, after the end of the volunteer initiative in the summer of 2020, the UK Minister of State of Social Care identified that student nurses were not deemed to provide a service due to their supernumerary status (Ford, 2020). The failure to recognise the ongoing role and contribution of student nurses within clinical settings, was a significant missed opportunity. Importantly, the findings suggest that the loss of status and value were not isolated to the cohorts of student nurses who volunteered: participants in this study who were from later cohorts and were not included in the volunteer initiative, also articulated a loss of status and experienced limitations to the scope of their role (see sections 5.2 and 5.3). Subsequently, the prevailing legacy of the volunteer initiative has been the perception of the student nurse as simply a commodity within clinical settings

This legacy may be attributed to the influence of policies that in real terms, created long-term consequences to perceptions of the student nurse role and status within clinical settings. Of significance were the reimbursement structure for those student nurses in the volunteer scheme (Health Education England 2020b), and the temporary removal of supernumerary status for participating nursing students. In terms of the reimbursement structure, in accordance with UK legislation, student nurses cannot be paid on a nurse pay scale as they are not legally able to complete their programmes and register as nurses until all the programme standards have been met, including completing hours and proficiencies (Nursing and Midwifery Council, 2018a, 2023a). Therefore, the reimbursement grade offered

to participating nursing students was commensurate with the terms of a healthcare assistant salary, as this is an unqualified role. I suggest that this approach reshaped the boundaries within which the student nurse role operated in clinical practice settings. Despite assertions by the professional body of the continuing status of student nurses within the emergency standards (Nursing and Midwifery Council 2020a), the ways in which they were deployed aligned them to the task-orientated role of the healthcare assistant. Operational managers and clinical nurses viewed student nurses as functioning in a helping capacity and thus, valued as supplementary personnel to be allocated where there was a need.

The other consequence of the volunteer initiative related to the intermittent supernumerary status of nursing students. Student nurse supernumerary status is an established element of educational standards in the UK, affording student nurses with time and space to learn (Nursing and Midwifery Council, 2023a). Within the volunteer initiative in the UK, the standards were changed to rescind the supernumerary status of participating student nurses so that they could be deployed to areas in need and be financially reimbursed for their contributions (Health Education England 2020, Nursing and Midwifery Council 2020a). However, the findings suggest that overriding this requirement, even for a short period and for a defined group of nursing students, had consequences for all student nurses. When the volunteer initiative ended, clinical managers continued to manage staffing pressures by using student nurses to fill gaps in the provision of care. This made it difficult for student nurses to maintain their supernumerary status. According to Castro-Ayala *et al.* (2022), in 47% of the shifts where staffing shortfalls existed, UK nurses reported that student nurse supernumerary status was not protected. The findings of Castro-Ayala *et al.*, (2022), and the accounts of participants in this study, provide insights into the challenges facing student nurses during the COVID-19 pandemic. Depending on clinical needs, they could be deemed as another pair of hands, functioning in an assistant capacity or be moved to fill gaps when short of nursing staff. For student nurses, there is undoubtedly a personal value to be gained from contributing to the team, supporting the national response to the COVID-19 pandemic, and providing fundamental care to the sick and dying. However, deploying student nurses in a helping capacity, at the same time also devalued the student nurse role and increased the risk of exploitation.

These experiences in clinical practice represent a challenging dichotomy which impacts on the self-concept of student nurses. As identified in Chapter Four, the ability to provide care

is a strong motivator to join the profession and an accepted part of the nurse role. In this sense, helping fulfils this need, and in terms of self-efficacy should result in satisfaction (Bandura, 2018). Nonetheless, the frustrations articulated by participants in this study demonstrate their acknowledgement of the disparity between their expectations of the role and the reality. Helping does not satisfy the student nurse's desire to care, as it fails to encompass the skills and knowledge of the nurse role that they have come to understand through their engagement with their studies. Additionally, the issuance of professional and organisational policies and the way in which they were implemented by healthcare managers and nurses, devalued the student nurse role. This contributed to a perceived demotion from their future nurse status to one of an unskilled helper. Such devaluing of the student nurse role negatively impacts on the individual's attempts to develop a sense of belonging to the profession, as they question their value as student nurses and future nurses.

As the Covid-19 pandemic literature suggests, being valued as a student nurse is a benefit when it is present and a concern when it is absent (Ulenaers *et al.*, 2021). It has associated impacts on a student nurse's emotional wellbeing and subsequent professional development (Clements *et al.*, 2016). Student nurse expectations of their role in the clinical learning environment, are based on preconceptions about the education that they believe they will receive and their value as student nurses (Ewertsson *et al.*, 2017). In the UK the professional standards terminology is clear that student nurses are future nurses, and this carries expectations that they will be valued for their future role by those responsible for their learning and progression (Nursing and Midwifery Council, 2018a). Importantly, protecting the value of the student nurse role should not be for the student to maintain, but falls within the remit of the nurses and the system that supports learning to take place. Indeed, professional body standards clearly stipulate the role of nurses, clinical practice providers and academic institutions in ensuring that this happens (Nursing and Midwifery Council, 2023a, 2023b, 2023c). However, as evident from participant accounts, during the COVID-19 pandemic, there was a stark disparity between student nurse expectations and reality. Once again, I would contend that the changes to professional body standards were a contributory factor.

As I have discussed, the initial purpose of the initial Emergency and then subsequent Recovery Educational Standards (Nursing and Midwifery Council, 2020a, 2021, 2022) was on the one hand, to enable experienced nursing students to volunteer to support the national

pandemic response, and on the other, to protect inexperienced first year nursing students from the reality of the conditions in clinical practice. In addition, to mitigate the pressure on the clinical nursing workforce, the professional body waived the requirement for student nurses to have a separate practice assessor and practice supervisor (Nursing and Midwifery Council, 2020a, 2021). The combined role required less staff to support a student nurse throughout their clinical placement, thus freeing nurses to be redeployed to meet care needs. However, practice supervisors and practice assessors require specific preparation for these roles, with assessors being the more experienced nurses who undertake enhanced preparation to be authorised to assess nursing students (Nursing and Midwifery Council, 2023b). This policy change placed greater responsibility on those nurses who had completed practice assessor preparation prior to the COVID-19 pandemic. Practice assessors were also more likely to be the more experienced nurses, and already under significant pressure to lead and manage teams to provide safe patient care with minimal staffing resources. As such, the findings suggest that in real terms, this policy had a detrimental impact, resulting in diminished supervision and support for some student nurses.

This situation is problematic on several levels. Firstly, the literature recognises nurse assessors as role models who have an influential role, aiding the reinforcement of student nurse's pre-existing values and beliefs with the established values, beliefs, skills, and knowledge of the profession, through focused support and demonstration of good practice (Mackintosh, 2006; Arreciado Marañón and Isla Pera, 2015). Any alteration to this valued relationship has implications for student nurse learning, and the development of their professional self-concept.

Second, the clinical setting is naturally hierarchical, founded on a gradient of importance afforded to workforce roles and reflecting patriarchal structures established over decades (Brennan and Timmins, 2012). Previous literature acknowledges that these clinical hierarchies can be reinforced by nurses as a way of maintaining seniority, with the expectation that nursing students must earn their status. This has the propensity to impact on the student nurse's self-esteem and self-confidence (Grealish and Trevitt, 2005). I argue that even in settings where these hierarchies were less evident due to the leadership approach with the clinical team, the combination of the complex and chaotic working environment caused by the COVID-19 pandemic, and senior nurses who were juggling leadership duties, managing staff shortages, and overwhelming numbers of sick patients,

exacerbated the hierarchy. This resulted in student nurses with limited power over their learning, who struggled to be seen as more than a helper or who had little control over creating opportunities that would enable them to gain vital learning experiences.

While staffing shortages are not a new issue within healthcare, a range of publications indicate that the COVID-19 pandemic exacerbated student nurse concerns in this regard (Ulenaers *et al.*, 2021; Castro-Ayala *et al.*, 2022). The nursing literature acknowledges the stressful environments that qualified nurses were working in during the COVID-19 pandemic (International Council of Nurses, 2021a; Velarde-García *et al.*, 2021). In turn, with learning activities reactive to changing infection control protocols and COVID-19 related patient care needs, and with many routine services, including medical and surgical interventions suspended, the opportunities for student nurse's wider learning were limited (Hayter and Jackson, 2020; Ulenaers *et al.*, 2021; Velarde-García *et al.*, 2021). Some community services, such as learning disability services, developed remote access service provision, reflecting the high level of vulnerabilities within the patient group, thus changing the way that care was enacted (Middleton *et al.*, 2021). Given such changes in conditions in the healthcare environment, it is unsurprising that there were changes within team dynamics, expectations of student nurse's role, and associated impacts on learning opportunities. Higher expectations placed on the student nurse's contribution to the team to muck in and provide fundamental patient care alongside the healthcare assistants, affected role status and visibility. The impact of this on student nurses may be seen as a form of group-enforced expectation that created conflict for student nurses, with them wanting to - yet also being expected to - conform to group values, while at the same time attempting to protect their learning. As a result, individual needs made way for those of the group.

### 7.3.2 The connection between belonging, nursing values and attributes, and the pandemic image of nursing.

A loss of status, perceived or real, has the potential to negatively impact on the ability of individuals to enact their agency and contributes to a loss of self-confidence and self-esteem. Power differentials between qualified nurses and nursing students are felt negatively, leading to a potentially adverse influence on an individual's sense of belonging (Walker *et al.*, 2014). For participants, the challenge was that they understood the formal version of

their role as constructed within the professional regulatory literature (Nursing and Midwifery Council, 2018a). Yet at the same time, they experienced loss in the real-world, as the value of that role was diminished by policies that were interpreted and enacted variously by role models within practice settings.

Participant accounts also demonstrate that in constructing meaning from their experiences, they gained a critical understanding of the impact of the COVID-19 pandemic on nurse role models (see section 5.3). Such awareness is indicative of their lived experiences of the stressful and exhausting clinical practice settings. Interpreting the tenuous relationships with nurses, participants recognised the stressful conditions as influential to the nurses' behaviours. Rather than broadly labelling them as poor role models, they made allowances for their behaviour. Such responses demonstrate emotional intelligence and the ability to process their experiences and interactions to discriminate the forces that were impinging on their actions and that of nurses (Por *et al.*, 2011). The expression of emotional intelligence and the value-driven, empathic actions of student nurses towards nurse role models, suggests a constructive response to the demands on the self (McCloughen and Foster, 2018).

Expressing compassion for others and showing empathy, demonstrates the individual's alignment with the fundamental values of nursing (Curtis, 2014; van der Wath and van Wyk, 2020). Demonstrating professional values in this way, shows a connection with a professional identity that has its foundations within the individual's internal value base (Cardoso, Batista and Graça, 2014). This alignment with perceived nursing values and attributes is central to how individuals conceptualise their future selves in the nursing role (Eley *et al.*, 2012; Carter, 2014; Browne *et al.*, 2018). Importantly, there is a difference between understanding and enacting nursing values and attributes, with the latter being fundamental to professional identity (Thompson, 2023). Caring and commitment are just two attributes that are culturally accepted as commensurate with the nursing profession (NHS England/Nursing Directorate, 2013). However, of concern to student nurses in this study was the way that caring and commitment were important to their role and the role of the nurse, and how these were manipulated to serve political and professional agendas.

On an individual level, consideration of the student nurse's preconceptions of nursing prior to their studies, indicate why this may be an issue. As explored in Chapter Four, articulating a desire to provide care was presented by participants as a fundamental early motivator to

their career decisions and aligned with their perceptions of nursing attributes. Such alignment serves several functions. Firstly, articulating concepts that are perceived as profession-appropriate to role models and peers, signals to others that they understand the professional expectations exemplified within the Professional Code of Practice (Nursing and Midwifery Council 2018b). It further provides confirmation to others of their character, and their alignment with core nursing values shows that they belong within the social group (Levett-Jones *et al.*, 2006). Additionally, caring articulated as a personal need or desire to fulfil, reflects the internal appraisal of beliefs, attributes and values that could be exercised by becoming a nurse. Indeed, several studies from the COVID-19 pandemic highlighted being caring and enacting nursing care as important to student nurses (Martin-Delgado *et al.*, 2021; Barisone *et al.*, 2022; Russo *et al.*, 2023).

Exploring caring as a concept provides clarification of its value to student nurses and nurses to their professional identity. Chadha-Sridhar (2023) proposes that care is an ethical concept that has sociological, gendered, and philosophical boundaries, providing diverse perceptions of the notion and enactment of care. Care and caring may be articulated both as an act and as a moral value that is perceived of others or embraced within the self, and thus has descriptive, evaluative, and affective meanings. As such, the personal and cultural understanding of the concept is important to the way that student nurses construct their professional identity. During the COVID-19 pandemic, student nurses were forced to scrutinise and perhaps redefine, their early conceptions of care and caring due to the acute care needs of COVID-19 patients, many of whom required end of life care (Barisone *et al.*, 2021). While it could be argued that this is a natural process because of progression through their learning journey (Kantek, Kaya and Gezer, 2017), the intensity of experiences during the COVID-19 pandemic deserves acknowledgement. Firstly, as I have argued, nursing students' interpretations of nursing role, values and attributes were shaped by their observations of the significant challenges to providing safe and effective care within clinical practice. Secondly, the political and mass media narratives on nurses and nursing during the COVID-19 pandemic, had far reaching consequences on their professional identity construction.

Caring for others has remained synonymous with nursing: over decades, it has sustained the expectations of the profession, the workforce, and the public (Cao *et al.*, 2023; Nursing and Midwifery Council 2018b). Specifically, the professional attribute of caring is imbued with

perceptions of the moral intentions, duty, commitment, and character of nurses. These ideals pervade all aspects of the nursing literature and remain a focus of recruitment and education of nursing students (Mazhindu *et al.*, 2016; Kantek, Kaya and Gezer, 2017; Ranjbar *et al.*, 2017; Haugland, Lassen and Giske, 2018; Nursing and Midwifery Council, 2018a; Haghigat, Borhani and Ranjbar, 2020). Yet, historically, the image of the nurse in a caring capacity, is also aligned with altruism and has a significant negative connection with gendered and religious links to vocation, devotion, and the promotion of others before oneself (Johnson *et al.*, 2007; van der Wath and van Wyk, 2020). Such outdated tropes are inconsistent with modern professional perspectives of nursing and yet they persist in media narratives and were prominent within political and public discourse throughout the COVID-19 pandemic (Perna, Varriale and Ferrara, 2019; Mohammed *et al.*, 2021).

The significance of such narratives to nursing is firmly centred on the position of political power and control during the COVID-19 pandemic. Throughout the political pandemic messaging, the alignment of the nurse with the war-like rhetoric (being front-line workers, fighting the battle) and the association with the hero and angel labels, signified selfless commitment (Bennett, James, and Kelly, 2020). Such narratives engaged the public with the pandemic response and encouraged alignment with restrictions to enact public health controls. But, as Jade noted in section 6.2, this connection implied that nurses were willing to sacrifice all for their country, despite no such expectations within their professional roles. Such manipulation of the narratives by the political establishment was "*not a neutral expression of appreciation and sentimentality*" (Mohammed *et al.*, 2021:1). Promoting this terminology served to evoke historical imagery, aligning nurses to Florence Nightingale-like attributes, being moral subjects who demonstrated strong social commitment to the wellbeing of others. This created a perception that nurses accepted the inherent risks and thus amplified the misleading image of the selfless nurse, wholly and unquestionably committed to the cause.

Evidence suggests that the continued alignment of nursing to altruistic intentions, damages the progression of nursing as a profession and impacts on the wellbeing of individual nurses (van der Wath and van Wyk, 2020; Gill and Baker, 2021). The persistent exemplification of these traits stereotypes nursing and fosters unrealistic social expectations of the nurse role. This shores up historical and gendered narratives rather than articulating the advances in evidence-based knowledge, education, and skilled practice (van der Wath and van Wyk,

2020; van der Cingel and Brouwer, 2021). Such stereotypes had implications for participants' conception of their professional identity. Challenges existed when they embraced the nursing values and attributes as fundamental to their self-concept. At the same time, their awareness of the negative connotations meant that they felt compelled to distance themselves from outdated stereotypes. Reconciling the disparity between the politically curated public image of nursing, first-hand authentic experience, and personal beliefs, became a significant stressor. The resulting uncertainty was something that student nurses sought to actively resolve. Student nurses naturally looked to nurse role models to assist in reconciling these disparities. Yet the findings highlight that this proved particularly challenging. The conversation between Finn and Helen (see section 6.2) provides a stark example of how the inability to reconcile these elements has consequences for qualified nurses, leading to disillusionment and resignations. This was a challenge for student nurses. Witnessing these consequences for their role models, led them to engage in intense introspection, revisiting their motivations and beliefs, and ultimately reshaping their expectations in an attempt, I argue, to reaffirm their connection with the role and their career goals.

In seeking meaning in such challenging circumstances, student nurses engaged in an exploration that ultimately increased their awareness of the influence of political agendas in healthcare and their power over public narratives. I argue that the COVID-19 pandemic enabled nursing students to see and experience the influence and power of political agendas on nursing perhaps more than ever before. Notably, student nurses on educational programmes post-2017 have already had to navigate the changes to educational funding reforms to access funding for their education, and as such, may have formed opinions on the impact of such political influences (House of Commons Health Committee, 2018; NHS Business Services Authority, 2023). However, the political and professional decisions throughout the COVID-19 pandemic, were instrumental in integrating the student nurse role within healthcare policies and agendas. Subsequently, political, and organisational decisions impacting on health service provision, affected the student nurse role and their experience of clinical practice, including their perceptions of status and identity.

It is noted within the literature that historically, nurses had limited knowledge of and engagement with political affairs (Çatiker, 2022; Thomas, Martsolf and Puskar, 2020). This may be because nursing has had limited lobbying power, and that traditionally professional

educational standards focused on the art and science of nursing, rather than including political activism as an aspect of the role. Furthermore, I argue that when nursing students are in clinical practice, their supernumerary status potentially shields them from the influence of organisational policies and agendas that impact on roles and the provision of healthcare. However, during the COVID-19 pandemic, the shield of supernumerary status was removed and therefore student nurses were exposed to the stark realities of healthcare provision and workforce challenges. As previously noted, the brief rescinding of supernumerary status for the volunteer group, had far reaching implications for the role and status of all student nurses. Furthermore, their immersion within crisis-hit clinical settings resulted in some nursing students taking a vested interest in the implications of political narratives on nursing (Diaz, Staffileno and Hamilton, 2021). In articulating their critical reflections on the key social and political narratives that impinged on the nursing profession during the COVID-19 pandemic, these participants made the connection between the external forces that had power over their roles and of nursing as a profession (Çatiker, 2022).

As discussed in section 6.2, these elements have a bearing on how participants in this study perceived their role and the culture of nursing during the COVID-19 pandemic. Jade observed that the public perception of the COVID nurse left her feeling frustrated at the invisibility of mental health nursing. Finn acknowledged the pride that he felt about his contributions. On the other hand, he also articulated how he found nurses leaving the profession, and the “hit and miss” nature of student nurse supervision, challenging to his sense of self. Katie articulated how the intensity of experiences during her studies had left her feeling exhausted. As a result, she was anxious about the transition from student nurse to nurse role while at the peak of the COVID-19 pandemic. At the core of their concerns lies the importance of adequate staffing and safe practice in retaining value in the role and progressing the legitimacy of the profession.

Yet the need for safer staffing levels continues to be constrained by the fluctuating nursing workforce numbers. Nurse attrition during the COVID-19 pandemic is associated with the political exploitation of the gendered nursing stereotype and its impact on the professional identity of practicing nurses, leading to disengagement and resignations (Garcia and Qureshi, 2022). Months of political rhetoric and public adulation failed to deliver resources and safer working conditions, resulting in nurses feeling disillusioned and burnt out (Castro-Ayala *et al.*, 2022). Interestingly, while the COVID-19 pandemic had an initial positive

influence on applications for nurse education (Health Education England, 2021), the attrition of registered nurses rose (Holmes, 2022). Worryingly, two thirds of the 34,000 nurses leaving the profession between 2021 and 2022 were those under 45 years old, and not retirees, signifying that nursing was no longer considered a life-long career. Stress and burn-out were cited as the catalyst for the majority of resignations (Holmes 2022, Ge *et al.*, 2023). Such decisions and the reasons behind them, are impactful to the nascent professional identity of student nurses in that it impacts preconceptions of the stability of the role and the culture of nursing. Student nurses become unsettled by those nurses who decide to leave the profession, being cognisant of the relentless pressure of the clinical environment, and the lack of staffing and resources. Envisioning their future selves in such an environment challenges their motivations and reshapes their sense of belonging.

The literature points to the forces impacting on the culture of the profession as having influencing power in the way that student nurses gain a sense of belonging to the group identity (Biesta and Tedder, 2007). Part of early motivations to becoming a nurse is through the student nurse's attempts to align with perceived group ideals, and by association, the profession's identity. Being part of a defined group has rewards in terms of shared beliefs and values, reinforcing a sense of belonging and providing direction within career trajectories (Caza and Creary, 2016). Subsequently, individual beliefs about the group identity are important to the robustness of professional self-concept. Conversely, challenges to the group identity will impact on a student nurse's professional and personal self- concept.

Social processes within the student nurse's educational journey serve to raise and reinforce socially mediated elements that shape the values and beliefs of the profession (Öhlén and Segesten, 1998; ten Hoeve, Jansen and Roodbol, 2013). Nursing students are cognisant of the essence of nursing through the preconceptions they develop prior to their studies. These can be seen as primarily shaped by public imagery, becoming more defined through theoretical instruction and exposure to the role within clinical practice (Spouse, 2000; Johnson *et al.*, 2012; Kelly *et al.*, 2017). The group norms of the profession include the values, beliefs, attitudes, attributes, knowledge, and skills which have been established and evolved over decades. These are reinforced by professional codes and standards. Contemporary nursing group norms are shaped by the professional body within professional regulatory literature (standards, codes of practice). The nurses themselves are shaped through the generation of profession-specific knowledge and practice and are susceptible to the external

political and public discourses on the function and image of the nurse (Goodrick and Reay, 2010; ten Hoeve, Jansen and Roodbol, 2013; Willetts and Clarke, 2014; Fealy *et al.*, 2018; Nursing and Midwifery Council 2018a, 2018b, 2023d). Through engagement with clinical practice and theoretical learning, peers, academics and qualified nurses, social media and their own perceptions on the focus and role of nurses, nursing students develop an understanding of nursing which in turn establishes a sense of belonging. As such, they will align to professional ideals and values in order to maintain core attributes and acceptance within the social group (Levett-Jones *et al.*, 2006).

The role and image of the nurse then comes under the scrutiny of student nurses. This is done not only to ensure alignment with their self-concept, but also because they are invested in the way that the nurse role and the profession are established, valued, and perceived. Despite the status, role and identity of student nurses presenting a significant challenge for participants, an interesting finding in this study was the intention of participants to be the change in nursing. I suggest that this was an expression of their identity, and their sense of belonging gained through a belief in their ability to influence change within their practice. It is reflective of their awareness of the cultural shift in nursing that emerged as a response to the way that nurses felt devalued during the COVID-19 pandemic by those in power.

Although many nurses decided to leave the profession, for those that remained there was a growing sense of collective efficacy beliefs in the ability to change the political and public narratives surrounding nursing's profession identity. Alignment with the fundamental intentions of the profession, centred on the provision of safe, effective, and knowledgeable care, is a motivational force both for individuals and the group. This may be a reason why nurses in the UK took strike action in 2023 (Royal College of Nursing, 2023).

As Bandura (2000) notes, the power and agency of the group and the members within it, will be affected by the combined beliefs of the members of the group in their collective goals and aspirations. Most of the literature on the group aspect of professional identity construction, considers an individual's attempts to align with group identity as motivated by the need to feel a sense of belonging and to reflect the prevailing beliefs and values of the profession, within the parameters of the standards and code of practice (Levett-Jones *et al.*, 2006; ten Hoeve, Jansen and Roodbol, 2013; Fitzgerald, 2020). However, throughout the COVID-19 pandemic, contemporary analysts addressed group identity in relation to the changing mood

of professional nursing discourse which observed nurses taking steps as a collective to reassert a valid image of nursing, and advocate for patients and nurses in the provision of resources to provide safe and effective care (Morin and Baptiste, 2020; van der Cingel and Brouwer, 2021; Garcia and Qureshi, 2022). Morin and Baptiste (2020) noted a surge in nurses' political activism that began to reshape the external image, and importantly, had impacts for staffing, safer work conditions and ultimately, for patient care. For student nurses, the concept of political awareness as a facet of their professional identity, may become increasingly important in reframing the nursing role for the modern era.

#### 7.4 Credibility, resonance, originality and usefulness of the study

The quality and rigour of this study can be demonstrated through the consideration of Charmaz's (2014) principles for evaluating GT studies. These criteria are credibility, originality, resonance, and usefulness (Charmaz, 2014:337).

Credibility of a CGT study is evidenced in a number of ways, including the quality and depth of the data, the comparative process throughout the analysis, and the way the researcher manages their insider perspective to limit the potential for bias (Charmaz and Thornberg, 2021). The credibility of this study was achieved through the attention given to exploring the real-world experiences of the participants to address the research aims. The careful consideration and application of CGT methods in each stage of the study increased credibility and reliability of the findings. As examples, the decision to undertake focus groups with participants from three cohorts of student nurses, and at two time points over a 14 month period, provided data that was sufficient in quantity and quality. The mode of data collection through focus groups allowed for in-depth discussion. Using vignettes and mass media images as trigger material enabled participants to discuss and explore various topics which were important to them. In addition, my conscious approach to carefully managing my presence within the focus groups, created a relaxed atmosphere through which socially desirable responses were minimised, and free-flowing discussion was encouraged. These approaches provided data which was rich and contextualised in participant's experiences as student nurses and their attempts to construct a professional identity during the challenging period of the COVID-19 pandemic. The quality of the data was central to the depth of the analysis, as I was able to analyse data from within each focus group, between focus groups in the same phase of data collection, and between data collected from focus groups in phase

one and phase two of the data collection periods. In addition, as most participants engaged in both phases of data collection, I was able to analyse individual's data as they progressed through their education.

The small sample size and diversity of the sample was a limitation, yet the inclusion of participants in different cohorts and at different stages of education enabled me to capture a range of voices, experiences and perceptions of the educational journey. My approach to data analysis attempted to reduce error and bias, being guided by GT methods to gain sufficient familiarity with the data to increase interpretive depth to the analysis (Charmaz, 2014). Significant time was given to transcribing focus group recordings verbatim and undertaking a systematic and immersive interpretive process through repeatedly revisiting and comparing data, making progressively focused memos and codes. This increased my familiarity and understanding of their experiences, enhancing the interpretative depth of the analysis.

Furthermore, I have been transparent throughout this thesis about my positionality as a nurse, nurse academic and researcher. This was essential to the rigour of the study, ensuring that I clarified and addressed any prior assumptions (Charmaz and Thornberg, 2020). My insider views enhanced credibility through a familiarity with nurse education, the contexts of nurse education and practice, and my professional identity as a nurse. This enabled me to embrace my role in co-creation rather than any lack of objectivity. I remained focused on their experiences in my interpretation of these, by keeping a reflexive diary, choosing trigger material in the second phase of data collection that was guided by participant accounts in the first phase, and ensuring I used participant words and phrases in my coding and development of categories. I ensured the findings remained faithful to both meaning and context, throughout the development of the analytical categories and the judicious use of participant quotes within the categories. In addition, my approach to the review of the literature and use of a theoretical framework enhanced theoretical sensitivity, provided rigour to my interpretations, rather than structuring or shaping the analysis.

The originality of qualitative research is judged in terms of its usefulness in offering fresh understanding of the phenomenon (Charmaz and Thornberg, 2020). In addition to the credibility elements identified above, the originality of this study is evidenced in the way a gap in the literature has been addressed through the exploration of the range of factors

shaping professional identity construction of student nurses during the COVID-19 pandemic. By analysing the data to understand the perspectives of student nurses from various cohorts who continued their undergraduate education during the COVID-19 pandemic, a fresh insight is provided.

Charmaz and Thornberg (2020) suggest that the concept of resonance relates to the way a study provides an interpretation of the phenomenon that has meaning to those who are experiencing it (Charmaz, 2014). In this study the interpretation of the factors shaping the process of professional identity construction have been articulated within the categories in a way that will resonate with student nurses, and nurse professionals who have a vested interest in this topic. The categories focus on the aspects of professional identity construction that were important to student nurses, from their early perceptions of the role, through their experiences in clinical practice settings, and the ways their interpretation of these influenced their developing professional self-concept. The emerging Grounded Theory provides a tangible interpretation of how student nurses construct professional identity when they are exposed to sustained and challenging conditions in clinical practice settings which impact on their experiences and interactions during their nurse education.

In addition, the study has resonance in terms of the way the findings may be applied to individuals in similar contexts. By illuminating the challenges experienced during the COVID-19 pandemic, the study draws attention to the ways that conditions in clinical practice impact on student nurses' perception of their status and role, and the impact on the student/nurse relationship. Furthermore, it considers the importance of the internal reflexive processes which results in student nurses needing to reshape their expectations of role models, of being a student nurse and of nursing. This is necessary in order to manage the conflict between expectations and reality, to maintain progression in their studies, and to construct a professional identity. These findings are not limited to the COVID-19 pandemic and have resonance with current conditions in the clinical practice setting. In the face of ongoing challenges in healthcare provision in the UK and worldwide (House of Commons Committee of Public Accounts, 2025; ICN, 2025) the study provides an opportunity for the research community to consider how student nurses may respond to the sustained challenges in clinical practice settings and how these may impact the process of professional identity construction.

Finally, Charmaz (2014) suggests that the usefulness CGT studies can be demonstrated through the recommendations for practice resulting from the research, and how the interpretations being offered can be used by others. The study has practical significance for student nurses, and the nurse education community in that it illuminates key areas where students may face challenge, and which impact the construction of professional identity. These are in relation to the perception of their role and status, the way student nurses are used to fill staffing gaps when workforce pressures exist, and how these challenges impact student nurse and nurse assessor relationships. Practical recommendations are offered in Chapter 8 (section 8.5) in terms of revising systems of education and support. These include the potential to consider of ways to strengthen the visibility and value of the student nurse role, and to strengthen the relationship between student nurses and nurse assessors. These have implications for successful construction of professional identity of student nurses, and the recruitment and retention policies aimed at achieving sustainable staffing levels, thus impacting on the safe delivery of nursing care.

## Chapter Eight: Conclusion

### 8.1 Introduction

This final chapter concludes this thesis. I revisit the aims of the research and consider whether these have been fulfilled. I discuss the key findings of the study and identify their unique contribution to the body of knowledge this thesis related to. I also consider the strengths and limitations of this study, including my reflections on conducting research during the COVID-19 pandemic. Finally, I offer recommendations for nurse education and consider areas for further research.

### 8.2 Analytical summary

This study achieved its aim of exploring the range of factors shaping pre-registration nursing student's construction of their professional identity, with the intention to understand how key factors influence this process. Importantly, it extends current understanding by establishing those factors that student nurses specifically attributed to the pandemic experience. This has enabled me to theorise how a large-scale healthcare crisis might reshape the conditions within which professional identity is constructed and how the student nurse makes sense of these to maintain their agency and motivation through reshaping their expectations.

Significantly, in the COVID-19 pandemic student nurses were exposed first-hand to the extreme pressures in clinical practice settings, staffing shortages, and rapidly changing approaches to the provision of nursing care. This resulted in their engagement in prolonged and active processing and interpreting of the meaning of experiences and interactions, to understand and establish their role and identity in unsettling circumstances. Principally, student nurse role and status in the clinical practice setting became the main concern. Challenges to role and status impinged on the way that student nurses connect with their future nurse role, which in turn impacted on their sense of agency. A loss of power was experienced through student nurses being used in a helping capacity to fill staffing gaps, rather than valuing and expanding their skills and knowledge. Rapidly changing conditions in clinical practice impacted on the availability of role models, which reshaped relationships and impacted on attempts to develop a sense of belonging. Evolving political and

professional policies issued to manage the growing health crisis, and the politicisation of the pandemic nurse imagery, influenced student nurse's interpretations of their role, and the role of nurses and thus, their attempts to establish connection with the group identity. Student nurse's interpretations of the meaning of such influences resulted in an awareness of the power of external forces on their roles, the roles of nurses and of the nursing profession. I contend that this impacted on how student nurses established a sense of belonging and influenced their beliefs in their ability to contribute to changing the role and status of student nurses and of nurses.

Evidently, those student nurses studying during the COVID-19 pandemic constructed a unique perception of their professional identity, different to any other nursing students who came before. Thus, this foundational period in nurse education and its implications for nurse's careers, nurse education, and the profession, needs to be understood and recognised.

### 8.3 Strengths and Limitations of this study

#### 8.3.1 Contribution to the body of knowledge

This study makes a novel contribution to the body of literature that considers professional identity construction of student nurses. While previous literature established a broad understanding of the factors influencing professional identity construction, there has not previously been the opportunity to theorise about the implications and impacts of a global health crisis on this process. Furthermore, the resulting grounded theory provides an opportunity to consider how the findings of this study may resonate with the ongoing crisis within health care in terms of workforce shortages, budgetary constraints and rising demands on healthcare services.

Positioning this study methodologically within Constructivist Grounded Theory (Charmaz, 2014, 2017a, 2017b) and theoretically within Human Agency (Archer, 1996, 2000, 2003) and Social Cognitive Theory (Bandura, 1989a, 1989b, 2000, 2020), has provided a framework through which to analytically consider the factors that have importance for student nurses' attempts to construct a professional identity during a pandemic. As the unprecedented nature of the COVID-19 pandemic crisis reshaped the conditions in which both nurse education and healthcare was provided, it brought with it a deeper understanding of what

student nurses value in terms of their status and identity. It has also provided an insight into how responses to the challenges affected their professional self-concept. This provides a foundation for furthering theoretical understanding of the influence of a health crisis on agency, identity, motivation, coping mechanisms/strategies and resilience.

For nursing practice, this research highlights the influence and legacy of policy decisions that focus on the student nurse role. It is imperative that the nurse education community and indeed, the professional body, learn from the impact of policy decisions during the COVID-19 pandemic and, in the event of a future health crisis, be ready to collaborate on policies that have at their core the ability to promote the value of student nurses as future nurses, rather than as a commodity. Establishing clear support structures and strengthening the community of practice (nurse academics, clinical nurses, and student nurses) is essential to enable students to express concerns, and to ensure their learning and role as future nurses is protected. Nurses and nurse leaders need to be prepared to advocate robustly for the value of the student nurse in the future nurse role.

While significant focus has been on professional identity construction during the pre-registration nurse education journey, the study also highlights the early motivations of applicants to enter nursing programmes, and the contributions of these to motivations and efficacy beliefs. Understanding these can influence both recruitment strategies and the way in which learning pedagogies are designed to enable student nurses to ascertain their internal motivations and attributes. Providing student nurses with the essential skills and resources to manage their experiential journeys and deal effectively with challenges and stressors, will improve their ability to maintain their motivations. Such approaches may both improve the quality of the learning experience and increase retention on nursing programmes.

This study also contributes to our understanding of the impact of the health crisis on student nurse support, supervision and assessment structures in the clinical setting, and the student nurse perceptions of these to their professional self-concept. It is evident that weaknesses exist in structures and systems that should ideally provide a nurturing learning environment. Where student nurses perceived a lack of power, this was underpinned by the changing relationships with role models and their lack of advocacy for student nurses. This insight should be utilised to review current resources and structures in practice, and the way in

which the requisite provisions from the university are enacted. Such a review will enhance the student nurse's experience of their clinical placements.

The extent of the COVID-19 pandemic and the subsequent impacts on nursing students' education and learning, may have significant influence on professional identity construction both during their programme of study and over their career as a nurse. The implication of these elements on individual student nurses was profound. Yet it is also important to acknowledge their legacy. These student nurses have now qualified and are practicing as registered nurses. They are the supervisors and assessors for the next generation of student nurses and as such, are now role models themselves. Their experiences during the COVID-19 pandemic, and their unique perception of role, status and identity, may influence the way that they express their identities and thus influence these new student nurses.

This study provides a rationale for widening the way in which the impact of the COVID-19 pandemic on multiple cohorts of student nurses is understood. At the time of writing this thesis, further research was emerging from the COVID-19 pandemic, although much of this and the associated literature focused on the early pandemic period (spring/summer 2020). Moreover, it focused on the experiences of those senior nursing students in their final stages of study who were impacted in various ways as a result of the initial pandemic response (Collado-Boira *et al.*, 2020; Hayter and Jackson, 2020; Swift *et al.*, 2020; Martin-Delgado *et al.*, 2021; Michel *et al.*, 2021; Barisone *et al.*, 2022). There continues to be a paucity in the emerging literature on professional identity construction of junior cohorts of student nurses whose educational journey spanned the pandemic period. In many ways, their experiences are of specific interest as they were exposed to the COVID-19 pandemic for longer than their senior student nurse counterparts, with the sustained challenges in clinical practice and restrictions affecting their learning journeys. Therefore, this study contributes new insights into their experiences and begins to extend the body of knowledge, through its focus on a wider range of student nurses, across several cohorts and over an 18-month period. As the literature suggests that professional identity is established in the formative years of the nurse's career, I propose that there may be significant impacts to the long-term professional identity of those nurses who spent more of their pre-registration nurse education under pandemic conditions.

In terms of the conduct of this study, this research contributes to a growing understanding about conducting research during a pandemic and how implementing flexible and pragmatic processes can be successfully achieved. It is important to note that CGT is informed by pragmatism and as such, making pragmatic decisions are acceptable (Charmaz, 2017b), as long as pragmatic decisions are made that maintain research integrity and quality. As such, engaging with guidance and discussion produced by the wider research community during the COVID-19 pandemic to understand the boundaries of pragmatic decisions, was essential to ensure that the quality and rigour of the research was maintained. For this study, such decisions were related to several aspects of the research process, including access to sample and sample size, data collection methods, and the frequency of data collection (see Chapter Three).

### 8.3.2 Limitations

Following on from my last point, making pragmatic decisions increases the potential for limitations within the study. While attempts were made to mitigate such limitations, inevitably some remain and can have potential implications for the conduct and findings of this study. The COVID-19 pandemic, while providing a unique focus for the study, also impacted it in several ways. Many of the challenges were logistical and are addressed within the methodology chapter (Chapter Three). The decisions taken with sampling, sample size and the numbers of data collection events, links to potential issues that had to be reconciled in terms of GT processes. This includes the issue of theoretical saturation versus theoretical sufficiency, which I addressed in section 3.2. While attempts were made to achieve theoretical sufficiency, this was clearly impacted by the COVID-19 pandemic.

Ultimately, achieving a sufficient sample relates to the availability and willingness of student nurses to participate in the study. My academic role enabled me to understand why recruitment was challenging: I could recognise the significant pressure student nurses were under to complete their assessments and clinical practice placements, whilst also navigating national and local restrictions to practice due to the various waves of the virus. Hence, the challenging recruitment process brought with it the necessity to make pragmatic decisions that not only aimed to maintain quality but was also mindful of ethical practice.

In an optimum research context, recruitment may have resulted in a larger and more diverse sample and perhaps provided the opportunity, if needed, to continue with another round of

data collection and analysis. However, with nursing courses being three years in length, extending this study further was impractical given the targeted nursing student cohorts were completing their studies and leaving the university. Indeed, within the eighteen months of the data collection period, two of the three cohorts included in this study had graduated.

#### 8.4 Reflections as a researcher

The period of the COVID-19 pandemic has shaped my journey as a researcher and a nurse academic. I acknowledge that many of the external forces impacting on student nurses, also impacted on my professional academic role and, importantly, on the way that I supported nursing students.

Developing my understanding of Human Agency Theory (Archer 2000, 2003) and the tenets of CGT (Charmaz, 2014) has enabled me to develop and enhance both my research skills to remain reflexively aware of my personal subjectivities and understand my own agency throughout the various stages of this study. I have consistently addressed these within the research process.

The research process has enabled me to critically reflect on my both my academic and doctoral practice and the influences that have shaped my professional role and my research journey. It has enabled me to reflect on my own professional identity and my personal motivators within my professional role and career journey. This has implications not only for my practice but also for the way in which I approached the study and engaged with the participants. Recognising my own motivations and subjectivities assisted me to be open to the experiences of participants and to remain focused on interpreting their perspectives and not my own. My professional role added depth to the analytical interpretations through my understanding of the professional and educational contexts and the ways that student nurses navigated these.

I have been updating the Regional RePAIR (Reducing Pre-Registration Attrition and Improving Retention) board with my study and have been invited to share my findings with the board on completion. I feel that this is an important way to communicate the findings that may influence policies and strategies which in turn can improve the student nurse experience.

## 8.5 Recommendations for practice

While the COVID-19 pandemic may now be over, healthcare and workforce pressures continue, impacting on the spaces within which student nurses learn and attempt to construct a professional identity. These spaces are primarily the healthcare system where clinical practice placements for student nurses are provided, and the University where the student nurse is enrolled on their pre-registration nurse education programme.

In the present context, the UK NHS is considered a system under increasing pressure, not merely from meeting the needs of patients, particularly during seasonal increases of infectious disease cases such as influenza and coronavirus, but also through financial and workforce concerns (House of Commons Committee of Public Accounts, 2025; NHS England, 2025). While the UK's Nursing and Midwifery Council (2024) reported an increase in nurses entering the professional register between April to September 2024, in the same period there was also an increase in those leaving the profession who had spent 5 years or less on the register. Such losses to the workforce place increasing pressures on nursing staff and have implications for the safe and effective care of patients (Unison, 2025).

Internationally, similar conditions exist, with gaps between healthcare demand and service delivery result in high workloads and lower staffing levels, increasing risks to patient care and nurses' wellbeing (ICN, 2025). Importantly, workload pressures impact on the adequate education and supervision of student nurses in clinical practice to meet regulatory requirements (Addis and Loughrey, 2025). Furthermore, increasing levels of attrition equates to a loss of expertise from the profession (ICN, 2025).

In terms of the UK academic setting, nurse education is facing challenges with the higher education sector. Against a backdrop of falling student applications and an unsustainable funding model, university financial sustainability plans have resulted in redundancies, including nurse academics (Hill, Kelly & Gill, 2025). This compounds the loss of expertise within nurse education, and places increasing pressures on reduced numbers of nurse academics being available to support nursing students within the community of practice.

It is evident that the continuing challenging circumstances in healthcare and nurse education will have an impact on student nurses as they transition through their nurse education

programme and attempt to construct a professional identity. Therefore, the findings of this study have relevance to current practice.

I suggest the following recommendations for practice which have relevance to both UK and international contexts.

Regarding early expectations of student nurses:

- To support the transition of student nurses through their educational programme, nurse academics should explore student nurses' early expectations of the course, of nurse role models, of becoming a nurse, and of nursing as a profession. Nurse academics should acknowledge the preconceptions of student nurses and the factors that motivate them to become a nurse. In doing so, nurse academics can consider strategies to support student nurses to establish realistic insight and expectations of the role.

Regarding the relevance of the academic setting to professional identity construction:

- A notable absence from participant accounts was the academic environment in the construction of professional identity. While pandemic restrictions impacted on the way that student nurses engaged with the theoretical aspects of their education, it nonetheless equates to 50% of their course and as such, would be expected to have some bearing on their professional identity. Greater attention should be given to strengthening the value of the academic setting to nursing students. This may be achieved by developing a more robust community of practice where theory and practice have equal value.

Regarding preparing student nurses for the reality of clinical practice:

- Nurse academics have a role in enabling student nurses to prepare for their clinical practice placements. Reducing gaps between student nurses' expectations and the reality of clinical practice will require the nurse education community of practice to consistently work together to identify current care, workforce and organisational challenges that would impinge on student nurse experiences. This will inform realistic preparation activities and underpin academic pedagogies.
- Furthermore, academic pedagogies must be developed to enable student nurses to develop coping strategies and resilience in managing the challenges of clinical

practice, while also building confidence to proactively manage any challenges to professional relationships.

Regarding protecting the student nurse role:

- Where challenges in clinical practice settings exist, the community of practice must consider ways to mitigate the risks to student nurses and their education. This includes where student nurses may be used (formally or informally) to fill staffing gaps, resulting in expectations that devalue their role and learning requirements. Support structures within the community of practice must be strengthened to ensure students have ways to escalate concerns and receive support to manage these effectively.
- The continuance of workforce challenges and health service need requires professional groups at local, regional and national levels to seek new ways to protect the role of the student nurse in the clinical practice setting. This includes development of innovative ways to ensure student nurses retain their supernumerary status and receive adequate supervision and support.
- It is evident that student nurses are becoming more aware of and vocal about the political nature of the nursing role and status within the health services. There is potential to strengthen critical discourses within curricula to support student nurses to maximise the group identity element within their professional identities. Such approaches may further strengthen collective efficacy, individual and group status, and enable nurses of the future to strengthen their voices within the political milieu.

Regarding strategic approach to the nursing workforce:

- Given the ongoing situation with demands on healthcare and the nursing workforce impacting on the availability of nurses to supervise student nurses in practice, a radical review of regulatory requirements for student supervision and assessment is necessary to ensure these provide a realistic and safe approach to the supervision and support of student nurses.
- The profession has a responsibility to establish a realistic portrayal of nursing. National and international professional regulatory bodies and professional groups must collaborate to articulate this clearly and consistently.
- Finally, a direct result of the workforce crisis impacting many health professions, but specifically nursing, is an emphasis on the retention and attrition of nursing students

and nurses (Health Education England, 2018; International Council of Nurses, 2021b; World Health Organization, 2020a; ICN, 2025). The findings of this study provide further evidence that may support practical actions within nursing programmes, and in the transitional period of early career nurses. University admission processes should take note of student nurses' practical motivators, and particularly, their financial decisions, as these present challenges throughout the programme and contribute to student nurse perceptions of their status and value. It is essential to address the barriers to learning within the clinical environment and strengthen the status of student nurses as future nurses. The community of practice have a role in lobbying for political change where funding policies present barriers to potential applicants.

## 8.6 Recommendations for research

To test the theory of reshaping expectations the following research is recommended.

- Research exploring the factors shaping professional identity construction with student nurses in the current period of ongoing pressures in healthcare delivery and workforce shortages. Such a study would reveal whether similar or new factors are shaping the construction of professional identity, and how student nurses respond to establish and maintain a professional self-concept.

There is potential that research focusing on specific factors shaping professional identity construction may enable further refinement of the theory.

- A significant factor was the role status and identity of student nurses in clinical practice. Therefore, it is imperative that research that explores views on the role, status and identity of student nurses in clinical practice settings is undertaken to consider the impact on professional identity construction.
- The nurse-student nurse relationship in clinical practice emerged as a particular factor in this study. I recommend research that compares both nurse practice supervisor/assessor and student nurse experiences and the barriers and facilitators to this relationship. Such research would have the potential to elucidate impacts on this relationship, on professional identity construction, and can consider the implications for student nurses gaining a sense of belonging within clinical nursing teams and to the profession.

- The complexity of factors shaping early motivations and decisions to enter nurse education were highlighted in the findings. Therefore, I recommend research that considers the range of factors influencing motivations of individuals to apply for nursing programmes. Such a perspective would potentially enable those agencies responsible for recruitment of students onto pre-registration nursing programmes, to understand factors that may constrain and enable individuals to consider nurse education as a viable option.

There was a gap in the findings in relation to how the academic setting contributes to professional identity construction.

- Therefore, there is a need to conduct research that focuses on factors that shape professional identity construction within the academic setting.

While student nurses from all four fields of nursing practice participated in this study, there was insufficient numbers to ascertain elements that specifically impacted on their construction of professional identity. The pandemic image of the nurse was noted by both mental health field nursing students, as impactful to their sense of identity. This suggests a potential issue with the image of the nurse and the potential invisibility of those nurses who did not work in acute adult settings.

- Research that explores the experiences of student nurses from specific fields of nursing practice (adult, children, and young people, learning disability, and mental health) would be a valuable addition to the body of knowledge. A comparison of factors may assist in understanding student nurse perspectives and whether requisites for learning and development are necessary.

In relation to preparing student nurses for clinical practice and help to identify any gaps I propose the following:

- Research that explores student nurses' views of how the academic setting prepares student nurses for the reality of clinical practice and how the community of practice supports this process.
- I also recommend that research into how pressures in healthcare impacts the community of practice that supports student nurses. It would be beneficial to ascertain how relationships between academic and clinical settings have been impacted, and to consider improvements to enhance these.

Wider research:

A significant number of pandemic-era student nurses are now graduate nurses who are establishing their professional careers and building further on the foundations of their professional identity, within their new clinical roles. They have entered the profession as registrants when staffing shortages and pressures on healthcare settings continue. Being preceptees at a time of continuing challenges in healthcare may have had implications for their professional identities as new nurses. This in turn, is likely to have impacted on their self-confidence and self-esteem, and the stability of their role and progression in their early career. Given NMC (2024) data shows increasing numbers of nurses leaving the profession within 5 years of registration, there is an imperative to explore the long-term impact of intense and challenging circumstances on the construction of professional identity.

Therefore, I recommend:

- A study with nursing graduates who were in education during the pandemic period aimed at widening our understanding of how the prolonged pressures in clinical practice have impacted on professional identity construction during their early career.

Finally, the findings suggested an increased interest of student nurses in political forces that influence the nursing profession. Recent strike action by nurses in the UK has raised the importance of student nurses being politically astute and potentially increasing political activism.

- There is potential to research the politicisation of nursing practice and the impact on student nurse identity. Are student nurses becoming more politically aware, and if so, is this having an impact on the critical voice of student nurse groups and in turn, the profession?
- As nursing is a safety critical profession and staffing shortages have a significant impact, it is of potential interest to research how pedagogical practices can be developed to support student nurses to establish a critical understanding of the role of student nurses and nurses, within both local and national political contexts. Political astuteness, and activism may be another way for student nurses develop a sense of belonging, one that shapes their professional identities to continue to be the change in nursing.

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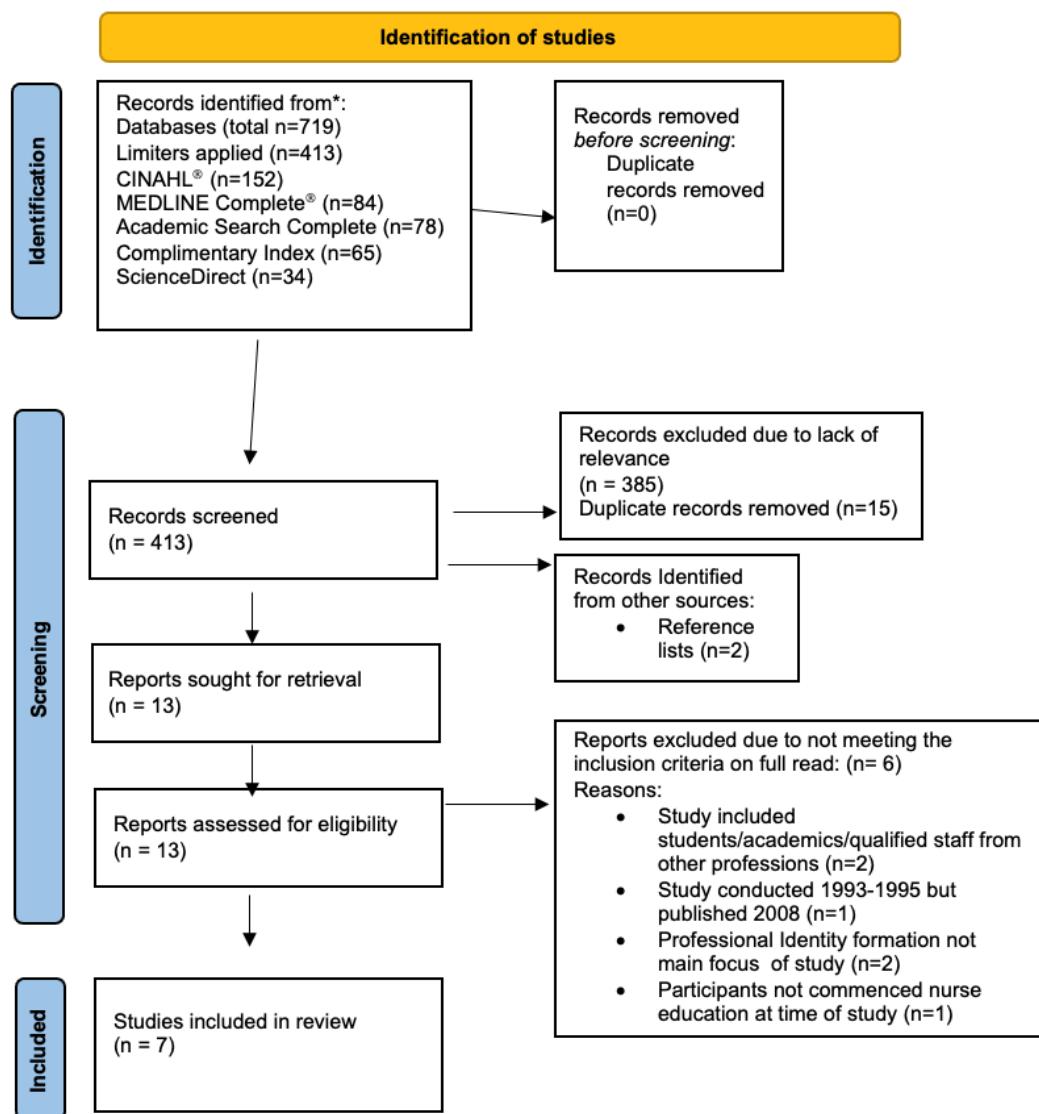
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## Appendices

### Appendix 1: Initial literature review process

Prisma table



## Details of shortlisted studies in initial review

|                         |  |   |  |   |   |  |   |
|-------------------------|--|---|--|---|---|--|---|
|                         | Arreciado Marañón & Isla Pera, (2015)  | Goodolf, (2018)   | Grealish & Trevitt (2005)  | Lima et al., (2020)   | Neishabouri et al., 2017)   | Traynor & Buus, 2016   | Walker et al., 2014   |
| Title                   | 'Theory and practice in the construction of professional identity in nursing students: A qualitative study.' | 'Growing a professional identity: A grounded theory of baccalaureate nursing students.'   | 'Developing professional identity: student nurses in the workplace.'   | 'Construction of professional identity in nursing students: qualitative research from the historical-cultural perspective.' | 'Iranian students' perspectives on transition to professional identity: a qualitative study.' | 'Professional identity in nursing: UK student's explanations for poor standards of care.'  | 'Constructing a nursing identity within the clinical environment: The student nurse experience.'  |
| Location                | Barcelona, Spain   | Bethlehem, Pennsylvania USA.  | Australia  | São Paulo, Brazil   | Iran  | UK   | Australia   |
| Aims/ research question | Qualitative ethnographic   | "To construct a grounded theory that describes the experiences and explains the process of pre-licensure baccalaureate nursing students as they progress in a traditional nursing program." | Part of a larger study that aimed to "identify how students from 3 occupational disciplines (nursing, education and engineering) developed professional knowledge to reveal the traditions and discourses of practical learning." This study reports on the nursing student focused element. | To analyse the process of professional identity construction in undergraduate nursing students during their education.      | To explore Iranian nursing students' transition to professional identity.                     | What characterises the development of the professional identity of student nurses as they talk about experiences of clinical work in the UK NHS? | As part of a larger study into the support of nursing students during their clinical learning experience.<br><br>Research Question: What elements are needed during the work integrated learning experience to enable undergraduate nursing students to construct their nursing identity? |
| Methodology             | Third-year nursing students in 2010–2011 academic year   | Straus and Corbin's Grounded Theory   | Qualitative, Constructivist  | Qualitative research based on the Historical-Cultural framework   | Qualitative   | Qualitative<br><br>Part of a wider study into professional identity of a range of healthcare worker roles.                                       | Qualitative<br><br>Constructivist approach  |

|                 |   |   |  |   |  |  |  |
|-----------------|---|---|--|---|--|--|--|
| Participants    |   | Nursing students on BSN course in small university  | Nursing students on Pre-registration Bachelor of Nursing course.   | 23 Nursing students, public university. (includes 4 students who participated in pilot study) | 35 student nurses – bachelor's degree. Sampling continued until data saturation was reached. | 49 student nurses from six cohorts BSc Nursing in 2 <sup>nd</sup> or 3 <sup>rd</sup> year of training. | Undergraduate Bachelor of nursing students   |
| Data collection | Participant observation during 4-month clinical practice placement and 3 focus groups of 8, 8, and 7 students | 2-week classroom observations and 14 student interviews   | Phase 1 analyse the subject content using the question "How does the student learn to be a nurse during this practicum?" to identify the remit of the practicum. This included Interview of Head of School identified the academic view of learning in the practicum. This was then followed by focus group with 6 student nurses. Semi-structured – two interview questions and one vignette. | Individual interviews – semi-structured.  | Individual interviews; unstructured.   | Focus groups   | Online survey 159 students completed. (out of a possible 416 = 38% return rate)  |
| Data Analysis   | Glaser & Strauss constant comparative methods, coding and categorisation                                      | Straus and Corbin Grounded Theory methodology, constant comparison, open coding, axial coding, selective coding, memoing, and diagramming. Categorising and development of theory | Discourse analysis. Focus group transcripts transcribed and analysed by each member of the research team. These were then discussed by the research team as a group.   | Braun and Clarke Thematic Analysis  | Qualitative Content Analysis.  | Discourse Analysis   | 'Constructivist approach' This involved reading, re-reading, reviewing and re-analysing the themes that emerged from the data. |

|          |   |   |  |  |  |   |   |
|----------|---|---|--|--|--|---|---|
| Findings | <p>Theory and practice are linked but clinical practice has greater value. Problem based learning approach in theory has value in clinical practice experience – enables them to hone reflection skills and learn to adapt to change. Clinical practice enables students to learn, understand reality of practice. Student-mentor relationship is key factor to learning.</p> | <p>Grounded Theory: The basic social psychological process for baccalaureate nursing students that emerged was “searching for balance and utilizing support networks while growing a professional identity.” Core category: Unanticipad expectations – difference between expectations of nursing and experiences. They were unaware of how much they would have to sacrifice. This led to self-doubt impacted on confidence. Participants struggled with the rigour of the course and overwhelmed with amount of information they needed to process (important to note that American university courses have major and minor courses, so learners have multiple courses they are studying at one time). Sub-categories – searching for balance using</p> | <p>Three themes: Theories learned in classroom are inadequate to prepare students for relationship requirements within clinical practice. Student nurses experience in clinical practice require creating meanings about practices which are not consistent with their learning in theory. Student nurses develop an identity of a nurse through uncritical embodiment of practice work.</p> | <p>Themes: The subject in movement to become a nurse: from previous experiences to entering the course. The nursing professor in the construction of the undergraduate's professional identity: a two-way mirror. (positive mirror of nurse that student wants to be OR the opposite). Pedagogical relationship: instrument for constructing the student's professional identity. (Includes relationships that lead to recognition of professor as role model, and relationships that lead to suffering and crisis). Historical-cultural conditions: space for the construction of the student's professional identity. (Includes nurses working conditions AND higher education conditions in nursing).</p> | <p>Satisfaction with professional practice: value of carrying out clinical skills, communicating with patients and helping clinical staff. Personal development – developing competence in carrying out clinical practice provided feelings of beneficence and self-confidence. Professional development – leads to greater understanding of the profession, professional roles, and how knowledge and meaning are important. Participants gained a commitment to the profession, including attempts to change views of nursing within personal network and wider professional network</p> | <p>Caring is tangible and comes naturally – central to personal traits - motivates career choice. Pragmatic decisions (family and finances) are aspect of decision whether to begin nurse education. Good nurse/bad nurse – linked to intrinsic traits. Bad nurses lack qualities considered necessary (caring). Poor care may be linked to organisational situation which impacts nurse - Some ‘bad’ nurses are good just under pressure. Strategies to avoid becoming a bad nurse – students potential lack of power to affect change. Recognise power of nurses in assessing students. Concern for group dynamics. Slow integration to group may help with ability to affect change. Strategies often passive and non-confrontational – leads to ‘swallowing</p> | <p>5 ‘elements’: Role models – ‘good’ role models essential for key support and facilitate learning. Positive encouragement is beneficial. Poor role models impacted learning and the morale and student's perception of nursing. Feeling a burden, limiting learning experience. Belonging, - acceptance and inclusiveness: being included as part of team and the work is positive to identity. Develops confidence and increases value of learning. Negative to belonging are experiences include limited learning opportunities and poor communication within team. Critical thinking deemed important for problem solving. Development stifled by lack of learning opportunities and opportunities to ask questions. Students needed to be proactive to ensure these. Peer support: working with</p> |
|----------|---|---|--|--|--|---|---|

|             |                         |   |                       |                                       |                 |  |   |
|-------------|-------------------------|---|-----------------------|---------------------------------------|-----------------|--|---|
|             |                         | support networks, relinquishing expectations of both academic and practice requirements – and to acclimate to the realities of the course and the profession. |                       |                                       |                 | principles.' Qualifying would provide autonomy and power.                                  | peers encouraged development of team working skills and working relationships. Confidence: requires opportunity to learn, not to made to feel bad or feel under pressure. Being made to feel stupid or feel intimidated stifles learning and impacts identity |
| Theoretical | Constructivist paradigm | Symbolic Interactionism   | Constructivist theory | Vygotskian Historical-Cultural theory | None identified | Draws on theory of Bucholtz and Hall regarding the emergence of identity from Interaction. | Constructivist theory   |

Appendix 2: Ethical Approval

|                                    |  |
|------------------------------------|--|
| EDU ETHICS APPROVAL LETTER 2019-20 |  |
|------------------------------------|--|

| APPLICANT DETAILS          |                  |
|----------------------------|------------------|
| <b>Name:</b>               | Coralie Roll     |
| <b>School:</b>             | EDU              |
| <b>Current Status:</b>     | EdD student      |
| <b>UEA Email address:</b>  | c.roll@uea.ac.uk |
| <b>EDU REC IDENTIFIER:</b> | 2020_8_CR_ST     |

| Approval details   |  |
|--|--|
| <b>Approval start date:</b>  | 18.8.2020  |
| <b>Approval end date:</b>  | 30.7.2022  |
| <b>Specific requirements of approval:</b>  | At present your COVID-19 related risk assessment is low and your project complies with these aspect. You should note that any changes to the guidance has to be reflected upon and responded to appropriately at the time it is given. You must keep a note of any additional changes to be made and provide updates to EDU REC as required. |
| <b>Please note that your project is only given ethical approval for the length of time identified above. Any extension to a project must obtain ethical approval by the EDU REC before continuing. Any amendments to your project in terms of design, sample, data collection, focus etc. should be notified to the EDU REC Chair as soon as possible to ensure ethical compliance. If the amendments are substantial a new application may be required.</b> |  |



EDU Chair, Research Ethics Committee

*Appendix 3: Participant Information sheet and Consent form*

**Participant information sheet and consent form**

Mrs Coralie Roll  
Post Graduate Research Student  
27<sup>th</sup> June 2020

**Faculty of Medicine and Health**  
School of Health Sciences  
  
University of East Anglia  
Norwich Research Park  
Norwich NR4 7TJ  
United Kingdom

Email:[c.roll@uea.ac.uk](mailto:c.roll@uea.ac.uk)  
Tel: +44 (0) 1603 591282  
Web:[www.uea.ac.uk](http://www.uea.ac.uk)

**Exploring the factors shaping professional identity formation in pre-registration nursing students.**

**PARTICIPANT INFORMATION STATEMENT – Nursing Student**

**(1) What is this study about?**

You are invited to take part in a research study about the factors shaping professional identity formation in pre-registration nursing students. You have been invited to participate in this study because you are currently enrolled on a pre-registration nursing programme at UEA. This Participant Information Statement tells you about the research study. Knowing what is involved will help you decide if you want to take part in the study. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

Participation in this research study is voluntary. By giving consent to take part in this study you are telling us that you:

- ✓ Understand what you have read.
- ✓ Agree to take part in the research study as outlined below.
- ✓ Agree to the use of your personal information as described.
- ✓ You have received a copy of this Participant Information Statement to keep.

**(2) Who is running the study?**

The study is being carried out by the following researcher: Mrs Coralie Roll, Associate Professor in Nursing Sciences, School of Health Sciences at UEA.

I am a Post Graduate Research student on an Educational Doctorate programme at UEA. My supervisor is Dr Spyros Themelis, Associate Professor in Education, School of Education at UEA.

**(3) What will the study involve for me?**

Your participation will involve attending an online focus group interview in Month/year. The focus group will take place online via Microsoft Teams at a mutually convenient date and time. The focus groups will be video and audio recorded to capture the verbal discussions within the Microsoft Teams platform. Any comments made on either the chat room or white board facilities will be captured via screenshot images. You are able to 'mute' your video feed on the

platform if you wish. To protect participant confidentiality, all participants will be asked to ensure they are in a room where no other people are present during the focus group. You will be asked questions about professional identity formation as a student nurse, including your thoughts on the factors that shape professional identity.

**(4) How much of my time will the study take?**

It is expected that the focus group will take 60 to 90 minutes.

**(5) Do I have to be in the study? Can I withdraw from the study once I've started?**

Being in this study is completely voluntary and you do not have to take part. Your decision whether to participate will not affect your current or future relationship with me or anyone else at the University of East Anglia. If you decide to take part in the study and then change your mind later, you are free to withdraw at any time. You can do this by letting me know by email ([c.roll@uea.ac.uk](mailto:c.roll@uea.ac.uk)) or by phone (01603 591282). If you take part in a focus group, you are free to stop participating at any stage or to refuse to answer any of the questions. However, it will not be possible to withdraw your individual comments from our records once the group has started, as it's a group discussion.

**(6) Are there any risks or costs associated with being in the study?**

Discussing issues relating to professional identity formation might bring up issues of concern. We are able to stop the focus group at any time should you feel uncomfortable and I will also have access to information about Student Support Services if you require them.

**(7) Are there any benefits associated with being in the study?**

I would hope that by talking about your experiences of professional identity formation will allow you to reflect on those elements that are beneficial and areas where you may need support. The study will also contribute to an understanding of professional identity formation which may benefit future students.

**(8) What will happen to information about me that is collected during the study?**

By providing your consent, you are agreeing to me collecting personal information about you for the purposes of this research study. Your information will only be used for the purposes outlined in this Participant Information Statement, unless you consent otherwise. Data management will follow the 2018 General Data Protection Regulation Act and the University of East Anglia Research Data Management Policy (2019). Your information will be stored securely and your identity/information will be kept strictly confidential, except as required by law. In this instance, data will be stored for a period of 10 years and then destroyed.

Study findings may be published. Although every effort will be made to protect your identity, there is a risk that you might be identifiable due to the nature of the study and/or results. By providing your consent, you are agreeing to us collecting personal information about you for the purposes of this research study. Your information will only be used for the purposes outlined in this Participant Information Statement, unless you consent otherwise.

**(9) What if I would like further information about the study?**

When you have read this information, I will be available to discuss it with you further and answer any questions you may have. I will be holding a question and answer session on Blackboard, on date/time should you wish to ask questions. If you would like to know more at any stage during the study, please feel free to contact me on [c.roll@uea.ac.uk](mailto:c.roll@uea.ac.uk) or 01603 591282.

**(10) Will I be told the results of the study?**

You have a right to receive feedback about the overall results of this study. You can tell me that you wish to receive feedback by providing your contact details on the consent section of this information sheet. This feedback will be in the form of a one page lay summary of the findings. You will receive this feedback after the study is finished.

**(11) What if I have a complaint or any concerns about the study?**

The ethical aspects of this study have been approved under the regulations of the University of East Anglia's School of Education and Lifelong Learning Research Ethics Committee.

If there is a problem please let me know. You can contact me via the University at the following address:

Coralie Roll  
Rm 1.16d  
Edith Cavell Building  
School of Health Sciences  
University of East Anglia  
NORWICH NR4 7TJ  
[c.roll@uea.ac.uk](mailto:c.roll@uea.ac.uk)

If you would like to speak to someone else you can contact my supervisor:

Dr Spyros Themelis, Associate Professor in Education, School of Education at UEA  
[s.themelis@uea.ac.uk](mailto:s.themelis@uea.ac.uk) (01603 591733).

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the interim Head of the School of Education and Lifelong Learning, Professor Nalini Boodhoo at [N.Boodhoo@uea.ac.uk](mailto:N.Boodhoo@uea.ac.uk).

**(12) OK, I want to take part – what do I do next?**

You need to fill in one copy of the consent form and return the form to Edith Cavell Building Reception in the envelope provided. Please keep the letter, information sheet and the 2<sup>nd</sup> copy of the consent form for your information.

**This information sheet is for you to keep**

**PARTICIPANT CONSENT FORM (1<sup>st</sup> Copy to Researcher)**

I, ..... [PRINT NAME], agree to take part in this research study.

In giving my consent I state that:

- I understand the purpose of the study, what I will be asked to do, and any risks/benefits involved.
- I have read the Participant Information Statement and have been able to discuss my involvement in the study with the researchers if I wished to do so.
- The researchers have answered any questions that I had about the study and I am happy with the answers.
- I understand that being in this study is completely voluntary and I do not have to take part. My decision whether to be in the study will not affect my relationship with the researchers or anyone else at the University of East Anglia now or in the future.
- I understand that I can withdraw from the study at any time.
- I understand that I may leave the focus group at any time if I do not wish to continue. I also understand that it will not be possible to withdraw my comments once the group has started as it is a group discussion
- I understand that personal information about me that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
- I understand that the results of this study may be published. Although every effort will be made to protect my identity, I may be identifiable in these publications due to the nature of the study or results.

I consent to:

- **Video and Audio-recording** YES  NO
- **Would you like to receive feedback about the overall results of this study?** YES  NO

If you answered YES, please indicate your preferred form of feedback and address:

Postal: \_\_\_\_\_

Email: \_\_\_\_\_

---

**Signature** **PRINT name** **Date**

**Recruitment poster**

Cohort name will change depending on the target group.



## **S19 NURSING STUDENTS**

**ARE YOU INTERESTED IN  
PARTICIPATING IN A  
RESEARCH STUDY?**

**“Exploring Factors Shaping  
Student Nurse’s Professional  
Identity Formation.”**

**For more information click this link:  
(*blackboard link goes here*)**

**Or contact: Coralie Roll at [c.roll@uea.ac.uk](mailto:c.roll@uea.ac.uk)  
(Adult Nursing Course Director)**

## **Pre-participation recruitment session key points**

### **Pre-participation Question and Answer session, some key points.**

**When will the focus group happen?** The focus group will happen during the week of ..... I will chat to everyone who has consented to participate to agree the date and time.

**What if I have given written consent and then change my mind?** If you change your mind, please email me to let me know. You can withdraw from the research study at any time and this will not affect your progression on the programme. At the beginning of the focus group I will verbally check with everyone that they are still happy to continue to participate. If anyone states that they would like to withdraw their consent, they will be asked to leave the focus group.

**How long will the focus group last?** The focus group will last for 60 to 90 minutes.

**What if I cannot stay for the whole time?** It is important that you can participate for the whole of the focus group as it is a group discussion. If you consent to participate and then realise you are not able to attend for the whole time, please let me know before the focus group so that we can discuss whether you are able to participate this time.

**What will happen if the expected number of participants do not log into the focus group on the agreed date?** It is important that there are enough participants attending the focus group to generate discussion. I will make a decision whether to continue with the focus group at the start of the session, if there is limited attendance.

**What will happen in the focus group?** You will be joining a small group of participants who are all nursing students from your cohort. The main focus of this research study is to explore the factors that shape professional identity formation in nursing students. I will be using short scenarios and prompt questions to trigger discussions. I am interested in your views on this topic, so the focus groups will be an opportunity for you to discuss this with your peers.

**Who is the group moderator?** I will be moderating the discussions throughout the focus group. This is so that I can listen to the discussion, provide prompts if necessary, and to ensure everyone is supported, and participating safely and respectfully during the focus group.

**Why are you using Microsoft Teams?** The COVID19 restrictions have meant that we are not currently able to hold meetings on campus. The Microsoft Teams software is freely available to all UEA staff and students through your IT access. It has been used to meet with students frequently and is a reliable platform for meetings.

**Why are you recording the focus group and taking images of the chat and whiteboard comments?** To capture the discussions, the white board and chat room comments, I will be using the recording function on the Microsoft Teams app and taking screenshot images of the chat and whiteboard comments. This will enable me to save the focus group discussion and comments to a file where I can then analyse the data at a later date.

**What IT equipment will I need to take part?** You will need a tablet or computer with stable Wi-Fi connection to take part in the focus group. Your equipment will need to have a microphone facility, however it is not essential that you have a web camera. As this is a focus group where you will be discussing your thoughts on the various topics with your peers, you will need to use your microphone to join in the chat. We will also be using the whiteboard and chat room function in Microsoft Teams so you will need access to a keyboard as well.

**Why do I need to be on my own during the focus group?** It is important to protect the confidentiality of everyone involved in the focus groups. So you will need to be able to be in a room on your own when you are participating in the focus group.

### **Ground Rules**

Before we begin it is important to set some ground rules for this focus group.

- Confidentiality**

To protect everyone's confidentiality, it is essential that no one discusses anything outside this focus group. This includes ensuring that you do not tell others who was in the focus group and what we were discussing. You must not record anything (video or audio) during the focus group and this includes taking photos of the chat or whiteboard comments.

- Respect**

It is important that everyone feels able to voice their opinions in a safe and supportive environment. If anyone makes unkind, bullying, or offensive comments towards anyone taking part in this focus group, I will intervene and ask that person to leave the focus group. I will contact them after the session to discuss what happened.

- What if I feel upset during the focus group?**

As we will be discussing personal and professional identity there is a slight possibility that you may feel upset during the discussion. If you feel upset, then please let me know either by verbally telling me or by posting a comment in the chat facility. You can leave the focus group at any time, or take a moment out from the discussion and return. After the focus group I will contact you to check you are OK and explore with you whether you feel you need any additional support.

- Safeguarding and Fitness to Practice**

We all have a responsibility to ensure safeguarding policies are adhered to. If you disclose an experience in practice or in school which raises concerns for the safety of patients, staff or students I will need to take advice from the school's safeguarding lead as per the UEA safeguarding policy. I will notify you should this be necessary and discuss this with you further after the focus group.

We all have a responsibility to uphold the NMC Code (2018) and professional values. Your confidentiality will be respected, unless you make comments that raise concerns for public safety as per the HSC Fitness to Practice policy. If this does happen, I will inform you of my concerns and discuss this in more detail with you after the focus group.

## **Phase One Vignette and trigger questions**

### **Vignette (part 1):**

*Mike and Precious are nurses from a local NHS trust. They have run a student nurse seminar on "becoming a nurse, professional identity and nursing careers". Both nurses explored their reasons for becoming a nurse and the people and events that influenced them. They asked everyone to begin by defining what professional identity is, and to consider what their personal reasons were for studying to be a nurse.*

### **Vignette continued (2)**

*Mike said when he was a student, his clinical placements and theory sessions were important to his development of professional identity as a nurse. The programme enabled him to develop both knowledge and experience and shaped the nurse he is today. However, he also acknowledged that people he met along the way, such as his academic educators and clinical nurses, taught him not only what nursing is but how to be a nurse.*

*Precious agreed, adding that her personal values and beliefs enhanced her understanding what it is to be a professional and sometimes these were challenged by what she saw on placement and in school.*

*She felt that her friends within the cohort also helped her not only with studying, but with support, adding that sometimes people underestimate how difficult the programme is.*

### **Vignette continued (3)**

*In the final part of their seminar, Precious and Mike commented on the wider influences on professional development and thinking about their identity as nurses.*

*Precious noted that she was always aware of the professional educational standards which shaped the education programme as these were important in achieving the requirements for registration. But just as important were the policies and political decisions that happened whilst she was a student. Some impacted on her as a student (such as funding), and others impacted on nursing in general (such as staffing).*

*Mike asked the students to consider what professional and political elements were they aware of that they think had an impact on their experience as a nursing student, and if these influenced how they viewed nursing as a profession.*

| Trigger Questions<br>PART 1   | Prompts (to be used<br>as necessary)  | Topic being explored   | Are these terms being<br>mentioned?<br>(Terms have been<br>identified from literature<br>review)   |
|---|---|--|--|
| <b>What is professional<br/>identity?</b>   | Why do you say that?<br>Why is that<br>important?<br>Tell me more?<br>Do you agree? | Student nurse<br>understanding of<br>professional identity.            | Self-concept as a nurse; Part<br>of the profession;<br>Pride/proud to be a nurse;<br>Patient-centred care; Part of<br>a team; Communication<br>Respect; Professional<br>values/ Professional<br>attributes: honesty, integrity;<br>Accountable practice<br>Common values; Upholding<br>the NMC Code.   |
| <b>Why do you think<br/>people want to train to<br/>be a nurse?</b>                                   | Why do you say that?<br>Why is that<br>important?<br>Tell me more?<br>Do you agree? | Personal elements<br>influencing decisions to<br>begin nurse education | <p><b>Life experiences:</b> personal<br/>influences (family, life/health<br/>influences, family<br/>expectations, family role<br/>models)</p> <p><b>Vocational reasons:</b> caring<br/>nature/personality, familial<br/>career pathways</p> <p><b>Nursing as a lifelong<br/>career:</b> career pathway,<br/>guaranteed job.</p> <p><b>Status of nursing role:</b><br/>within wider society, within<br/>cultural group, within close<br/>and extended family.</p> <p><b>Programme of study:</b><br/>quality of education, contents<br/>of theory and practice<br/>learning, Role models in<br/>theory and practice, types of<br/>learning environments</p> <p><b>Political and<br/>organisational:</b> Governing<br/>body – code of conduct,<br/>professional values,<br/>government targets,<br/>government incentives.</p> <p><b>Rise in public awareness:</b><br/>COVID19,</p> |
| <b>What do you think are<br/>the different personal<br/>reasons that influence<br/>this decision?</b> | Why do you say that?<br>Why is that<br>important?<br>Tell me more?<br>Do you agree? | Personal elements<br>influencing decisions to<br>begin nurse education | Calling, passion, vocation,<br>caring nature; Personal<br>health experience, 'giving<br>back'; Other family members<br>are nurses, family<br>expectations; Make a<br>difference, help people, want<br>to care for people; Media: TV<br>programmes, books, films,<br>social media; Cultural<br>expectations, cultural status<br>of nursing role; Nursing<br>programme: specifics of<br>university (location, rating,<br>range of programmes,<br>programme is value for<br>money); Financial and<br>career: financial stability,<br>government grant,<br>guaranteed job when<br>qualified, life long career  |

| Trigger Questions<br>PART 2   | Prompts (to be used as necessary)  | Topic being explored   | Are these terms being mentioned?<br>(Terms have been identified from literature review)  |
|---|--|--|--|
| <p><b>Thinking of Mike's comments about his experiences:</b></p> <p><b>What do you think are the factors in the nursing programme that shape professional identity?</b></p> <p>Supplementary questions if not covered in the responses:</p> <p>What do you think are the factors in <b>theory time</b> that influence <i>how</i> student nurses develop professional identity during the training programme?</p> <p>What do you think are the factors in <b>practice</b> placements that influence <i>how</i> student nurses develop professional identity during the training programme?</p> | <p>Why do you say that?<br/>Why is that important?<br/>Tell me more?<br/>Do you agree?</p>                               | <p>Exploring the range of influences on Professional Identity Formation: <i>influences during the programme of study (theory and practice)</i></p> | <p><b>Programme specific factors:</b><br/> <b>Theory:</b> underpins practice; Knowledge building; Confidence building; Reinforcing personal perception/view of vision of nurse; <b>Role models:</b> academic and/or clinical role models. Role models specifics: same gender, same age, same cultural group; Role model attributes: personality, knowledgeable, approachable, supportive, trustworthy, confident; Developing reflective skills – educational and personal learning journey; Developing clinical skills; Developing academic skills (referencing, literature and evidence-base); Academic sessions including in-school skills sessions: specific theory or skills topics mentioned as having influence.<br/> <b>Clinical experiences:</b> specific clinical experiences/activities/specialties;</p> |
| <p><b>Precious commented on how her personal beliefs and values, and the support from her peers influenced her professional development.</b></p> <p><b>What do you think are the personal influences on the development of professional identity?</b></p>   | <p>Why do you say that?<br/>Why is that important?<br/>Tell me more?<br/>Can you be more specific?<br/>Do you agree?</p> | <p>Exploring the range of influences on Professional Identity Formation: <i>personal influences during the programme of study</i></p>              | <p><b>Positive:</b><br/>Personal beliefs and values; Friendships /Peer support – type and specifics mentioned; Strong self-image; Passion; Success; Motivated<br/> <b>Negative:</b><br/>Stress; Mental health/mental wellbeing<br/>Bullying; Feeling lonely; Unable to cope; Failure; Apathy</p>   |
| <p><b>Why do you think these (personal influences on professional identity) are important?</b></p>  | <p>Why do you say that?<br/>Why is that important?<br/>Tell me more?<br/>Do you agree?</p>                               | <p>Exploring personal elements to professional identity formation and their influences on student experience and engagement.</p>                   | <p>Resilience; Influences self-concept and self-identity; Part of group/profession; Courage; Focus; Pride</p>  |

| Trigger Question<br>PART 3  | Prompts (to be used as necessary)  | Topic being explored  | Are these terms being mentioned?<br>(Terms have been identified from literature review)  |
|---|--|---|--|
| <p><b>Are there any organisational, political or nursing profession-related factors that influence your development of professional identity?</b></p> | <p>Why do you say that?<br/>Why is that important?<br/>Tell me more?<br/>Do you agree?</p> | <p>Exploring the range of influences on Professional Identity Formation: <i>influences in wider professional and political context.</i></p> | <p>The Code; NMC; student finance decisions; More nurses needed in NHS; Recruitment targets; NHS Long Term Plan; COVID-19; Membership of a group</p> |

**Phase two trigger material.**

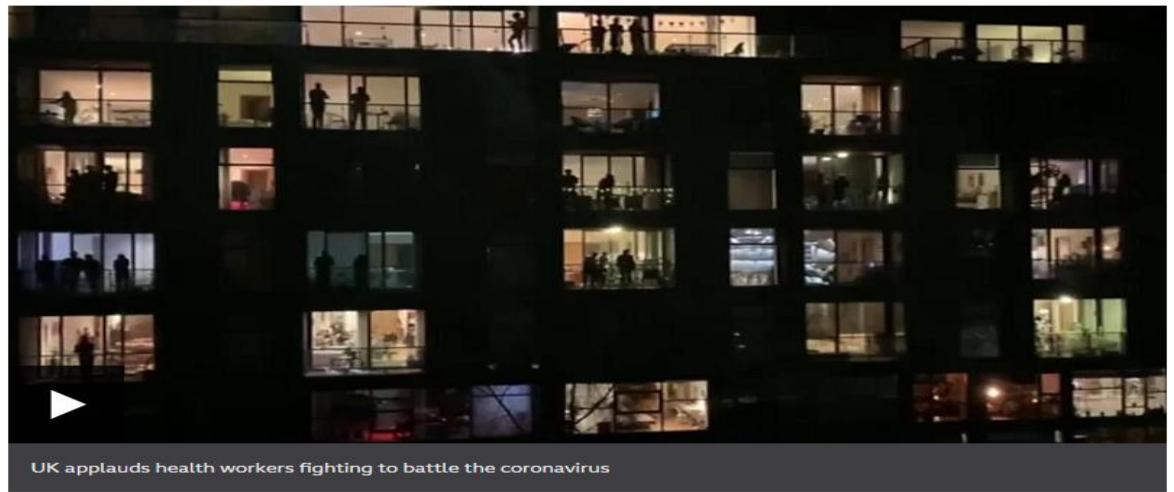
**Section A**

## Clap for Carers: UK in 'emotional' tribute to NHS and care workers

⌚ 27 March 2020 | 🗣 Comments



Coronavirus pandemic



People around the UK have taken part in a "Clap for Carers" tribute, saluting NHS and care workers dealing with the coronavirus pandemic.

<https://www.bbc.co.uk/news/uk-52058013>



<https://www.mirror.co.uk/news/uk-news/nhs-rainbow-poster-print-window-21791953> <https://www.manchestereveningnews.co.uk/news/greater-manchester-news/nhs-heroes-how-you-can-17954737>



(Artist: Banksy)

## Section B

### International Nurses Day: what would Florence do on the COVID-19 front line?

Anne Marie Rafferty  
Posted 11 May 2020 - 18:30



The issues Miss Nightingale championed are echoed in the response to the COVID-19 pandemic



Fighting bureaucracy, securing essential supplies and preventing the spread of infection:  
Florence Nightingale would have recognised the challenges for nurses during the COVID-19 pandemic

Picture: PA

<https://rcni.com/nursing-standard/opinion/comment/international-nurses-day-what-would-florence-do-COVID-19-front-line-160886>

# Portrait 'sums up commitment of nurses' during COVID-19 pandemic

Emergency nurse says painting of her in full PPE captures experience for many in first wave

Jo Stephenson

Posted 18 November 2020 - 11:42



<https://rcni.com/nursing-standard/newsroom/news/portrait-sums-commitment-of-nurses-during-COVID-19-pandemic-169241>

# Current emergency and recovery programme standards

Updated 18 February 2021

## Introduction

In response to the Covid-19 pandemic, we developed a set of emergency standards for nursing and midwifery education.

These standards aimed to provide approved education institutions (AEIs) and their practice learning partners with the flexibility to enable students within their second and third/final year to support the workforce. Students were able to make use of their knowledge and skills while continuing their programmes and meeting their learning outcomes.

With the pandemic continuing we phased out the majority of the emergency standards on 30 September 2020 to support students returning to their normal studies and supernumerary placements. We identified a number of emergency programme standards which were retained as recovery standards.

With the pandemic continuing to put enormous pressure on health and care services, it remains our priority to ensure that students are supported to complete their studies and graduate when expected.

Following a request from the Secretary of State for Health and Social Care we have re-introduced a set of emergency standards that enables final year nursing students (not including those in their final year of a two year post graduate diploma programme) to undertake up to 100 percent of their time in clinical practice, whilst that standard remains in effect. Each country will need to decide whether they wish to adopt these standards locally.

We also recognise that in some regions of the UK it may not be possible for first year students to remain in practice as normal. We have therefore agreed to reinstate the emergency standard which allows first years to complete their year in academic and online learning where their normal placements cannot be supported (Emergency Standard E3). As the emergency and recovery standards are optional it will be up to each AEI to determine if their adoption is needed, and where normal education can continue this should occur.

We have also re-introduced some additional flexibility around the Standards for student supervision and assessment (Emergency Standard E5.1).

We will continue to monitor the pandemic, working closely with stakeholders and the sector should further emergency standards need to be re-instated, or additional recovery standards be added.

## 'I'm very nervous': student nurses on the frontline against Covid-19

Student nurses on starting their working lives amid the coronavirus outbreak

- [Coronavirus - latest updates](#)
- [See all our coronavirus coverage](#)

Alfie Packham

✉ @alfiepackham

Fri 27 Mar 2020 15.46 GMT



▲ 'We're putting our health at risk, but this is what we do every day as nurses.' Photograph: sturti/Getty Images

**H**ealth secretary Matt Hancock has announced that up to 18,700 final year student nurses "will move to the frontline" to aid health service staff during the Covid-19 crisis. We spoke to some of them about starting their careers during a pandemic.

<https://www.theguardian.com/world/2020/mar/27/im-very-nervous-student-nurses-on-the-frontline-against-COVID-19>

### Labour accuse health minister of insulting student nurses after saying they were 'not deemed to be providing a service'

Student nurses have requested a meeting with the minister over her remarks

Kate Devlin Whitehall Editor | Monday 22 June 2020 13:37 | [comments](#)



Labour have accused a health minister of insulting student nurses after she wrote that ordinarily they were "not deemed to be providing a service" in hospitals.

Helen Whately, the care minister, made the comments in a letter to a fellow Conservative MP.

The Royal College of Nursing's students committee have now requested a meeting with the minister and described her remarks as "factually inaccurate".

In the letter, Ms Whately also said there were no plans to backdate a new grant for student nurses.

She wrote: "Student nurses in training are supernumerary and are not deemed to be providing a service. They are required to undertake 2,300 hours of clinical practice to learn the skills necessary for entry to the workforce."

"Whilst they may be performing limited clinical duties, this is under close supervision and they are not being paid to staff hospitals."

She does praise student nurses for "always putting patients first and keeping them safe while providing excellent care".

In a statement the minister defended her comments.

She said that "supernumerary status for student nurses is a technical definition created to ensure they have the space and time to learn, and is widely supported across the nursing profession."

Thousands of student nurses were called up to the NHS frontline earlier this year as the UK battled coronavirus.

But there was anger last week after it emerged that their contracts would be terminated earlier than had been expected.

(shortened version of article: Publication date 22/06/2020)

<https://www.independent.co.uk/news/uk/politics/labour-helen-whately-student-nurses-nhs-service-coronavirus-a9579091.html>

Phase two interview questions were broad and responsive to participant reflections.

Prompting questions used only to begin discussion.

e.g.,

What does this image mean to you?

How did/does that make you feel?

Can you elaborate on that further?

How does/did that impact on your identity/role/learning/education/placement (Etc.)?

## *Appendix 6: Ethical considerations*

Elements within the methods addressed ethical considerations, including avoiding coercion, diversity aspects, informed consent, participant and researcher safety (including COVID-19 restrictions), anonymity and confidentiality.

Key ethical considerations were as follows:

- I undertook a risk assessment in accordance with the 'Health and Safety Requirements and Guidance for SARS-CoV-2 (Coronavirus) Fieldwork' (University of East Anglia Safety Services, 2021). This confirmed that the proposed field work for this study was low risk due to the intention to conduct focus groups via an online platform.
- Avoiding coercion: There was a potential risk that students would feel obliged to participate in this study as I am a lecturer within the school of health sciences and hold a visibly senior academic position. To this end, participation was not incentivised, and at each recruitment phase, processes were established to communicate to students that participation in the study was entirely voluntary, non-participation would not influence their engagement and progress on their programme, and that participants would be free to withdraw from the study at any stage prior to the analysis without redress or penalty (appendix 3).
- Equality and diversity: Each participant was valued for their unique views on professional identity construction while they simultaneously held the same social role of 'student nurse'. Literature suggests that there is a wide range of elements of an individual's personal identity which are important to professional identity construction (Johnson *et al.*, 2012), therefore each participant would bring this uniqueness to the focus groups. To ensure participants had an equal voice and equality and diversity aspects were safeguarded, ground rules were circulated to students, and I acted as moderator in the focus groups.
- Consent: The participant information sheet and consent form were available on the Blackboard™ folder, and a period for decision-making was included in the recruitment timescale, allowing students to freely consider whether they wished to participate. Due to pandemic restrictions, I made the pragmatic decision to enable interested students to complete the consent forms by typing their names in the

signature section on the form and returning the completed form via their UEA email as validation of their signatures. Some students may not have digital signature software, nor the facilities to print, sign and then scan the form to return via email. It was important to consider student circumstances to avoid any additional burden on them to complete the consent form, whilst maintaining the robustness of the consent process. Additionally, verbal consent was gained from each participant at the start of each data collection activity, once audio-visual recording had commenced.

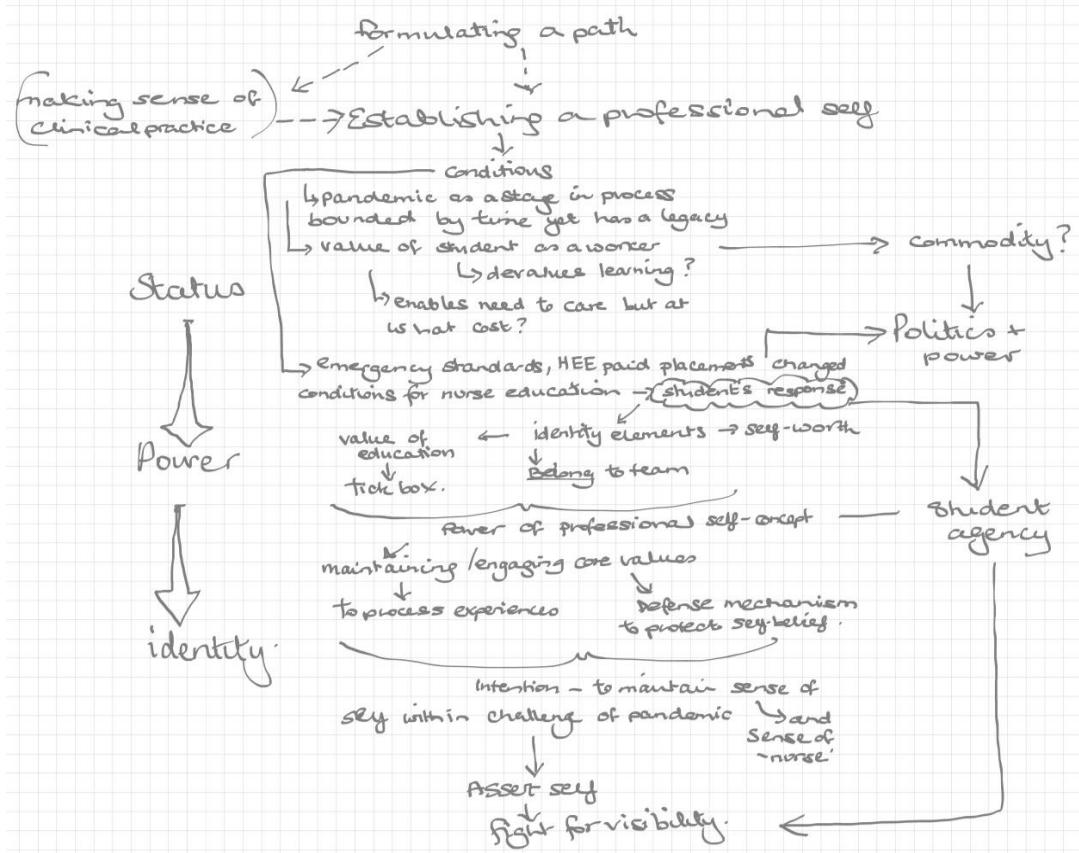
- Moderation of focus group: Moderation enabled all participants were able to share their thoughts in a safe space. In addition, the initial trigger material was purposefully designed with male and female characters in the vignette to be meaningful to participants who may identify with either character, or to encourage broad discussion of diverse elements among all participants.
- Safeguarding and Fitness to Practice: As a professional programme of study there was the potential that participants may disclose information that raised concerns in relation to safeguarding patients, students, and staff (e.g., when discussing clinical placement). To comply with legal requirements, participants were informed that in such cases the school's Safeguarding procedures would be followed. Furthermore, should participants make statements or act in a manner which compromised their professional standards/code of conduct their confidentiality would be maintained unless there was a risk of harm to the public if the concerns were not addressed. This reflected the school's fitness to practice and safeguarding procedures.
- Anonymity and confidentiality: Ground rules were established in focus groups to address confidentiality and anonymity outside the data collection environment with the participants (appendix 5). Participants were informed that they would be allocated pseudonyms, and demographic identifiers may be used to contextualise participant data (gender/ethnicity/age group) if relevant to the emerging codes and categories. Reported information would ensure that minimal information was used and only when context was required to clarify a point in the analysis.
- This study complied with the (UK Data Protection Act, 2018) and General Data Protection Regulations (UK Research and Innovation, 2020) and the UEA Research Data Management Procedures and Guidance (University of East Anglia Research Data Management Project Team, 2019). To prevent participants from accessing the audiovisual recording of the focus group (which automatically downloads into the

Microsoft Teams™ chat function so that saving to a device can them be completed), participant access was removed from the calendar invitation once the meeting had finished. Digital data was stored using the university's Microsoft Office365™ personal file storage system. Any non-digital data (field notes, memo's etc.) were stored in a locked cabinet, and backed up by scanning and saved electronically with other electronic data. The data file was only accessible by me, and the primary and secondary supervisors.

## Appendix 7: Data analysis examples

|  |   |   |
|--|---|---|
| <p><i>(Finn)</i></p> <p>I think I don't know.</p> <p>I can only speak for myself really, and I've always thought I've checked in with myself to see you know what?</p> <p>What is this? What is driving this desire to want to do that?</p> <p>And I can't pinpoint it, if I am honest 'cause there's so many things wrapped up involved with in it.</p> <p>Um.. I'm a Christian and you know part of my faith is wanting to, you know, love and care for people.</p> <p><u>So I kinda hold that the highest regard in terms of you know, dedicating my life to the profession in that sense.</u></p> <p>But then you know there's also the element of <u>continued education</u>.</p> <p>You know, being able to work in different environments,</p> <p><u>so</u> there's all of that involved with in it and then always on a kind of a subtle level, ask myself...</p> <p>But the faith, faith, part of the explanation I gave kind of blows this out, but I think on some sort of level is the perception of others to me</p> <p>Is that something that I'm drawn to?</p> <p>To <u>be seen</u> as something as in society.</p> <p>....</p> <p>but I do consider it often, but I can't kind of pinpoint that,</p> <p>but I think it has to be in there if I'm honest.</p> <p>If I'm <del>gonna</del> be brutally honest, you know. I think that's in there as well.</p> | <p>memo 15</p> <p>vocation/spiritual influences?</p> <p>multiple elements driving reasoning.</p> <p>influences have different strengths placed on each facet of reasoning. Some are more comfortable for the participant to acknowledge than others.</p> <p>faith/public perception of person in role/lifelong learning</p> | <p>CODES</p> <p>vocational/spiritual influences</p> <p>multifaceted reasons for career choice</p> <p>social ecological elements</p> <p><b>Driving the desire</b></p> <p>Self-identity vs external identity</p> <p><b>'being seen' - impression management</b></p> |
|--|---|---|

Example of memoing and coding.



Example of diagramming.

| Focused codes  | Broad Concepts   | Focused concepts  | Category   |
|--|--|---|--|
| Visualising self<br>Establishing interest<br>Evolving perception<br>Being pragmatic<br>Externalising<br>Driving the desire<br>Needing to care<br>Limiting (public image)<br>Influencing path to role   | Expectations<br>Visualising self in role<br>Goals and aspirations<br>Practicalities  | Altruistic desires<br>Vocation vs Pragmatism  | Formulating a Path   |
| Perpetuating stereotypes<br>Rejecting public image<br>Labelling: limitation and potential<br>Learning and knowledge<br>Being invisible<br>Being a commodity<br>Challenging experiences<br>Lacking meaningful learning<br>Reshaping relationships<br>Establishing boundaries/exploring boundaries<br>Weathering the storm<br>Realising reality<br><br>Discovering power<br>Connecting with people/learning from people<br>Being compassionate<br>Leading by example<br>Being political<br>Grouping together<br>Sharing experience<br>Merging identities/selves<br>Altering perceptions<br>Finding their voice<br>Belonging together<br>Being the change | Connecting with people.<br>Reconciling experiences.<br>Invisibility.<br>Commodity.<br>Being valued.<br>Reshaping relationships.<br>Struggling to learn.<br>Maintaining progress.<br><br>Needing to belong.<br>Finding your value/worth.<br>Being the change. | Perceptions of status and role<br>Reshaping the conditions of relationships with role models<br>Maintaining learning and progression<br><br>Belonging<br>Being the Change | Making sense of experiences in clinical practice<br><br>Establishing a professional self |

### Example of coding process