An investigation of professional integrity in pre-registration nurse education

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Abstract

Aim This study set out to explore experiences of professional integrity in pre-registration nurse education amongst student nurses, practice-based mentors and lecturers.
Methodology A modified grounded theory investigation used interviews and focus groups to gain insights into participants' experiences of professional integrity.
Background Acting with integrity is a central part of nursing practice. However, literature suggests that professional integrity can be absent, or where present face obstacles and erosion. Governmental Inquiries have revealed shocking deficits in the expression of nursing values which underpin professional integrity, in particular caring, compassionate and competent practice that maintains the dignity of patients and service users. Evidence also suggests that it cannot be taken for granted that pre-registration education will have a positive impact on student nurses' expression of integrity.
Findings This research proposes a model of professional integrity that puts people, particularly recipients of healthcare, at the centre, and that requires genuine healthcare practice and the management of complex situations. In this study the areas which most influenced student nurses' enactment of professional integrity involved maintaining their boundaries, speaking up on behalf of patients and the ability to cope. Professional integrity was developed through students' experiences, social learning and increased professional knowledge and understanding.
Conclusion Pre-registration education can influence the growth of professional integrity by improving students' understanding of the boundaries of nursing practice and potential threats to these, skills to speak up on behalf of patients, and knowledge of the processes involved in raising concerns about practice and potential barriers to this. The proactive development of student nurses' strategies to cope, alongside increasing their understanding of the importance of this is also likely to be beneficial.

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Chapter 1: Introduction

1.1 Background to the study

Grasping the concept of integrity is not as straightforward as it may initially seem. ‘‘Integrity’’ is commonly understood to mean soundness, honesty or unimpaired condition, deriving from the Latin for wholeness, completeness and purity (Hardingham 2004, OED 2014). Cleary and Horsfall (2013:676) interpret integrity as ‘…a holistic phenomenon that incorporates personal characteristics, cognition, interpersonal awareness, and practical enactment ultimately relating to matters society deems worthwhile’. Literature suggests that integrity is multifaceted and understood in context (Calhoun 1995, Edgar & Pattison 2011, Tyreman 2011). Specific to nursing, integrity has been viewed as an individual characteristic, a community attribute and/or professional competence (Hardingham 2004, Laabs 2007, Edgar & Pattison 2011, Sellman 2011, McClean 2011). The connected obligations of professional integrity involve respect for people and rules (Mecugni *et al.* 2015). There are different views of integrity in published material from both inside and outside nursing which are influenced by ethical and philosophical perspectives (Calhoun 1995, Sellman 2007, Cleary & Horsfall 2013). Solely duty-based, outcome focussed or virtue-based approaches to integrity maybe incomplete. In contrast professional integrity has been described to be complex and multi-layered as evidenced in the organisational, professional and personal challenges to its enactment discussed in literature (Mackintosh 2006, Tyreman 2011, Cleary *et al*. 2013, Nolan 2013).

Demonstrating integrity is a central part of nursing practice (NMC 2008, 2015a). However, professional integrity can be absent, or where present face obstacles and erosion (Randle 2002, Maben *et al.* 2006, 2007, Cleary *et al.* 2013). Official inquiries have revealed shocking deficits in the expression of nursing values which underpin professional integrity, in particular caring, compassionate and competent practice which maintains the dignity of service users (DH 2009, PHSO 2011, DH 2012a, Francis 2013). During the last decade individual nurses and practice-communities have been implicated through high-profile Inquiries which have demonstrated a lack nursing integrity across specialities and within hospital, community and residential settings (DH 2007a, Mencap 2007, DH 2009, DH 2012a, PHSO 2011). This has culminated in further

governmental inquiry and national recommendations (DH 2014, NAGPSE 2013, NHS 2013a). Reports have exposed the vulnerability of particular service user groups, for example, older people or those with a learning disability (Mencap 2007, PHSO 2011, NHS Confederation 2012). The harrowing read provided by one such report is emotively entitled *Death by Indifference* (Mencap 2007) and as an introduction to her report of ten investigations the Parliamentary Health Service Ombudsman stated:

> These stories, the results of investigations concluded by my Office in 2009 and 2010, are not easy to read. They illuminate the gulf between the principles and values of the NHS Constitution and the felt reality of being an older person in the care of the NHS in England. The investigations reveal an attitude – both personal and institutional – which fails to recognise the humanity and individuality of the people concerned and to respond to them with sensitivity, compassion and professionalism.
>
> (PHSO 2011:7)

Reports demonstrate tolerance of attitudes which reflect an absence of nursing integrity and can become embedded and institutionalised (DH 2009, Francis 2013). The challenge is to respond to a context in which values are defined but where translating and exhibiting these in practice is not always successful, with potentially devastating consequences for those involved. A distinction can be made between the inability to always realise values in practice and an attitude which is self-orientated, careless, fails to recognise the individuality of others, and at its worst is cruel and inhumane; distressing evidence suggests that both are active in UK nursing practice (DH 2009, PHSO 2011, Francis 2013).

The influence of pre and early post registration socialisation on professional integrity seems to vary (Fitzpatrick *et al.* 1996, Kelly 1998, Randle 2002, Day *et al.* 2005, Mackintosh 2006, Maben *et al.* 2006, 2007, Mooney 2007, Kelly & Ahern 2008, LeDuc & Kotzer 2009). Part of what appears to be significant is that students' and nurses' values are genuine and sustained and that to show integrity descriptions of healthcare values are insufficient, these must also be evident in nurses' behaviours. Literature cautions that pre-registration nurse education may have a negative impact on students' integrity (Stevens & Crouch 1995, Randle 2002, Mackintosh 2006). This has been a concern for some time and Stevens and Crouch's (1995) paper *'Frankenstein's nurse'* questions nursing schools' achievements. In a three year longitudinal study Stevens and Crouch (1995) revealed that students' negative attitudes to older people were

reinforced rather than challenged during pre-registration education. In a later study Randle (2002) explained that students' desire to conform to social norms of practice displaced their existing moral awareness, even where this compromised previously-held values and patient care. This hardening process was described as a survival strategy.

Evidence suggests that healthcare students face challenges which mean that it is not always straightforward for them to express professional integrity. Mackintosh (2006) investigated the influence of education on caring, as a nursing value, to reveal students' modes of coping with becoming a nurse. Similar to Randle (2002), Mackintosh (2006) found that, whilst student nurse socialisation is complex and individuals vary, a consequence of the need to adapt and cope was a reduction in caring approaches. In another study Clouder (2003:213) described how professional socialisation of Occupational Therapy students was not 'a deterministic process of moulding essentially passive recipients' into what healthcare academics may desire for their professions. The students in this study used strategies which included 'playing the game' an approach characterised by 'putting up with things' and 'not rocking the boat' (Clouder 2003:217), strategies which may not benefit students' professional integrity.

Research has also revealed that even where ideals are in situ at the point of registration, socialisation into registered practice can be uncomfortable, at times distressing and experienced as compromising to nurses' integrity (Kelly 1998, Maben *et al.* 2006, 2007, Mooney 2007, Kelly & Ahern 2008). Kelly (1998) described new registrants' challenges to maintain their moral integrity. Almost a decade later Maben *et al.* (2006, 2007) found disparity in novice registrants' ideals and the reality of their professional aspirations. This lead to the majority feeling crushed or compromised. These nurses were challenged by covert rules such as: 'hurried physical care prevails', 'no shirking', 'don't get involved with patients' and 'fit in and don't rock the boat' (Maben *et al.* 2007:103). The findings of Maben et *al.* (2007) are reflected elsewhere in the literature and Mooney's (2007) study of new registrants revealed hierarchical power systems within ward environments, ritualistic practices and a lack of nurses' voice. Eleven of Mooney's (2007) twelve participants disclosed that for an easier life

they had conformed as part of the process of socialisation into being a newly qualified nurse. Similarly, Kelly and Ahern (2008) found that newly-registered nurses quickly became disillusioned with feelings of being unprepared for the culture of nursing which they encountered. Their experiences included being unsupported and met with silence as they developed into their new role. While multiple environmental and personal factors are likely to be involved, such findings about nurses' pre-registration and early post-registration experiences suggested that there was scope for improved understanding of professional integrity in pre-registration nursing and that research could contribute to recommendations in this area.

1.2 Research context

Before nurses can practice in the UK they must be on a professional register managed by the Nursing and Midwifery Council (NMC). Holding this register is one part of the NMC's function '…to safeguard the health and wellbeing of the public, as required by the Nursing and Midwifery Order (2001)' (2010a:4). The NMC also sets and maintains standards of professional education and to be registered nursing students must successfully complete an NMC approved educational programme.

Mandatory educational standards (NMC 2010a) require study at a minimum of degree level and divide practice competencies into four domains of professional values, communication and interpersonal skills, nursing practice and decision-making and leadership, management and team working. Pre-registration education prepares students to register in one of four fields of nursing: adult, mental health, learning disabilities and children's nursing (NMC 2010a:7). Nursing programmes must be 'be no less than three years or 4,600 hours in length' and compromise 50 per cent theory and 50 per cent practice-based learning (NMC 2010a:8-9). Generic and field content is balanced throughout the three years with an increased focus on complex care in the student's particular field of practice in year three of the programme. Progression points are usually at the end of the first and second years of study and to move forward at the first of these a student '[p]ractises honestly and with integrity…' (NMC 2010a:101).

In order to practice in the UK nurses must demonstrate their Fitness to Practise (FtP) and the associated processes are informed by Department of Health (DH) and Professional Standards Authority guidance (the PSA was previously the Council for Healthcare Regulatory Excellence) (DH 2006, DH 2007b, CHRE 2008). Such requirements are articulated through key professional documents and when my research data was collected *The Code* (NMC 2008) and accompanying student guidance (NMC 2011) informed judgments about registrants' and students' Fitness to Practise. *The Code* (NMC 2008) is embedded into *Standards for Pre-registration nursing* (NMC 2010a) which integrate ethical elements that enact integrity into the outcomes of pre-registration programmes. The NMC makes Fitness to Practise decisions about registrants and students' Fitness to Practise is monitored through mandatory Approved Educational Institutions (AEIs) procedures (NMC 2010b, NMC 2013 revised 2015). Guidance to education providers focuses on students' '[g]ood character' which must be assessed on entry to programmes, maintained throughout and evident on registration (NMC 2010b:8). The NMC definition of good character can be found in Appendix I.

External quality assurance of university procedures is carried out through the *NMC Quality Assurance Framework* (NMC 2013 revised 2015) and takes place through annual risk-based monitoring and in year exception reports by AEIs which update the professional body on any local factors that may impact on programme delivery. Some evidence and professional commentary suggests that there may be inconsistency in judgments of students' integrity between institutions (Unsworth 2011, Keogh 2013).

It is not only institutions, but also individual nurses who are accountable for gate keeping the profession. These nurses who are involved in the delivery of pre-registration education are accountable to the NMC for their practice and must abide by professional standards. Therefore academic and practice-based colleagues are personally responsible for making judgments about the professional integrity of future nurses (Sellman 2007, NMC 2006 revised 2008, NMC 2010b, NMC 2015a). For example, as a registrant the programme lead must sign a declaration of good health and good character on behalf of each qualifying student before the student's entry to the register is permitted (NMC

2010b). Moreover, continuity in the assessment of students' practice is provided by a professionally defined practice-based mentor role, and practice-based Sign-off mentors (SoMs) make a final assessment of a student's proficiency to enter the register (NMC 2006 revised 2008, NMC 2010b, NMC 2015a). However, evidence has raised concerns about the reliability of mentors' assessment decisions. More than a decade after Duffy's (2003) professionally commissioned research threw into question the reliability of mentors' assessments Wells and McCloughlin (2013) confirmed the currency of such concerns. Moreover, supporting questions about the reliability of practice-based assessments Black *et al.* (2014) found that mentors in students' final placements could feel let down by the earlier judgments of other mentors.

Nurse education in the UK is under review and the next few years are likely to be a time of considerable change. New professional educational standards are under development following the national review of nurse education – *Raising the bar: The Shape of Caring Review* (Willis 2015). The Department of Health's (DH 2015) spending review will change arrangements for nurse education by replacing student grants with student loans and abolishing the cap on student nurse places at universities. The publication of new professional standards will affect the structure, content and delivery of future nurse education and removal of current commissioning structures is likely to influence student recruitment and the culture of programme delivery.

At UEA pre-registration nurse education is delivered in the School of Health Sciences (HSC). The pre-registration nursing curriculum was validated by the University and approved by the NMC for delivery in May 2011. A blended teaching and learning strategy involves lectures, seminars, Enquiry-based learning (EBL), Information Technology (IT), self-directed and directed study and practice-based learning. The programme comprises of six modules which are sequentially delivered, two each academic year. Each module integrates learning in theory and practice settings, involves formative and summative assessment and includes a practice-based assessment completed by a mentor. The length of practice learning experiences vary between two weeks (an early taster placement) and twelve weeks, and during Years one and two of the programme students have one field and one contrasting generic period of

practice-based learning. In their final year of study two practice learning experiences provide opportunities for students to be involved in complex care delivery in their own field of nursing practice. Students are supported by Personal Advisers (PAs previously known as Academic Advisers), and Link Lecturers (LLs) (lecturers who support students and mentors in an identified practice learning team) as well as by practice-based colleagues, particularly mentors and Sign-off Mentors.

The School of Health Sciences (HSC) at UEA has two intakes of student nurses a year. An intake in the September semester comprises of all four fields of nursing and each January an adult health only cohort commences. Over recent years student commissions have increased by up to a third in all four fields of nursing.

1.3 Research aims and objectives

My research aimed to explore local experiences of professional integrity in pre-registration nurse education. I set out to investigate meanings of professional integrity, how professional integrity may be developed through pre-registration education and common challenges to this. The research objectives were to: complete a thorough literature review, gain ethical approval, collect rich data from student nurses, practice-based mentors and lecturers, and analyse this data to present and disseminate meaningful findings. The investigation was specific to pre-registration nursing and included all four fields of practice. As the culmination of my professional doctorate the thesis intended to present ethical work which was germane to and grounded in and significant for everyday practice in nurse education and expected to effect change. These research objectives were achieved by carrying out an investigation using modified grounded theory and the research methods were interviews and focus groups. Chapter 3 of the thesis discusses the methodology in detail.

1.4 Background of the researcher

My background is one of being a Registered General (RGN) and Mental Health Nurse (RMN) with 16 years practice-based experience followed by employment as a nursing lecturer at UEA for the last 15 years. Currently I am Course Director (the local title for programme lead) for Mental Health Nursing, a role in

which I work closely with Course Directors for the other fields of nursing. My interest in professional integrity has developed throughout a career in practice and education. At times I have struggled to manage my own nursing practice, and the practice of others. I have questioned the values, beliefs and motives which underpin my own judgments and those of colleagues. Answering questions about professional integrity and how this might be influenced seems, to me, to be at the centre of both my professional role and ongoing development. As a Course Director I sign declarations of good character on behalf of students when they complete their nursing programmes and this has focused my attention on the development and objective assessment of others' integrity. Ultimately it was the question of a third year nursing student who asked during a teaching session 'What is integrity Jane?' which confirmed my decision to investigate this topic area. I felt able to respond and engage the group in some useful discussion, but wished that this had been addressed earlier. I also thought that with increased knowledge, both these students and I could more confidently articulate and explore our understanding of professional integrity.

1.5 Note about terminology

At the centre of this study are the experiences of recipients of healthcare in a wide range of settings. The pre-registration educational standards use the term service users to refer to this group of people. However, as well as using the term 'service users' participants in the research often referred to 'patients'. Therefore both terms are used within the thesis.

A large part of the discussion in this thesis focuses on the growth of professional integrity in student nurses. The goals and educational processes connected to this growth are referred to in a number of ways throughout, for example, nurturing, fostering, developing and promoting professional integrity.

Chapter 2: Literature review

2.1 Chapter introduction

A broad review of the literature provides background and context to the research. Searches were undertaken using the *Academic Search Complete (ASC), Applied Social Sciences Network (ASSIA)* and *Cumulative Index to Nursing and Allied Health Literature plus* (*CINAHL plus) database*s and material from international sources published in English was explored. No time-limit was specified for the literature which was considered, but to ensure currency of my thinking particular attention was given to more recent publications. Initial search terms 'Nursing integrity', 'Nursing values' and 'Socialisation in nursing' quickly revealed professional integrity to be multifaceted and relevant leads from my existing knowledge, the papers accessed and professional discourse were pursued. For instance, pre-qualification healthcare education shares some characteristics of professional socialisation and on occasion the review took account of papers which originated from healthcare professions other than nursing. Such shared characteristics include graduate preparation and learning in academic and practice settings. A desire to explore germane concepts also at times led to the inclusion of literature from environments or disciplines beyond healthcare. Critical Appraisal Skills Programme (CASP 2013) checklists, particularly, the qualitative research tool, informed my judgments about the quality and relevance of evidence for the thesis.

The professional literature includes a mandatory framework of standards for pre-registration nurse education which requires student nurses to practise with integrity (NMC 2010a). This framework divides educational competencies into four domains of nursing practice and connects three of these domains to students' integrity: professional values, communication and interpersonal skills and nursing practise and decision-making. These domains provide structure for the chapter. A final section critiques literature which informed the methodology of my study.

2.2 Professional values

2.2.1 Nursing values

While literature suggests that professional integrity is not a personal virtue alone, individual characteristics seem to be significant (Hardingham 2004, McClean 2011, Cleary & Horsfall 2013). As a starting point to understanding professional integrity nurses' and nursing values are explored. Values and their enactment begin to shed light on meanings of professional integrity. If values are 'one's principles or standards, one's judgement of what is valuable or important in life' (Pocket Oxford dictionary 1978:1006), then integrity in nursing can be partly understood through the expression of a person's values, usually those reflected in positive social or professional norms (Cleary *et al.* 2013). McIntosh and Sheppy (2013:37) draw on Hardingham's (2004) work and define moral integrity in nursing as '…the sense of wholeness and self-worth that comes from having clearly defined values that are in harmony with one's actions and perceptions'.

In the UK, nursing's value-base is articulated through professional standards, strategy and academic literature (Maben *et al.* 2006, 2007, DH 2012b, NMC 2015a). Standards of conduct, performance and ethics position professional values in a framework, known as *The Code* (NMC 2008, revised NMC 2015a) which requires nurses to demonstrate integrity. This code and its mandate for professional integrity are embedded into standards for educational preparation (NMC 2010a). The current non-discretionary code (NMC 2015a) comprises of four domains: prioritise people, practise effectively, preserve safety and promote trust and professionalism. It is the fourth of these domains which explicitly features nurses' integrity and expects them to be: '…a model of integrity…for others to aspire to'; specific sub-clauses in this domain refer to nurses who 'act with honesty and integrity at all times' (NMC 2015a:15).

Healthcare values are also evident in strategic documents. Post-Francis' findings in Mid-Staffordshire the NHS constitution was revised and the profile of this document was enhanced (DH 2009, Francis 2013, DH 2013a). According to The Constitution (DH 2013a) NHS values are: working together for patients, respect and dignity, commitment to quality of care, compassion, improving lives and everyone counts. Department of health strategy is also relevant and

although integrity is not directly mentioned *Compassion in Practice: Nursing Midwifery and Care Staff Our Vision and Strategy* (DH 2012b) describes values agreed through public and professional engagement. These overlapping values known as the 6Cs – Care, Compassion, Competence, Communication, Courage and Commitment – have gained currency in nursing and provide a foundation for professional integrity.

The 6Cs (DH 2012b) interconnect through nurses' relationships with service users. Nurses' are both individually and collectively expected to stand up for public protection and high quality care, and commitment and competence may be at the core of integrity (Calhoun 1995, NMC 2015a). Competence and commitment seem to be overarching values which unite the remaining five Cs to inform professional integrity. Communication which relates to a particular domain of the NMC (2010a) educational standards will be explored later in the chapter. Therefore, the following sections of the review focus on the values of caring, compassion and courage.

As a value, caring practice is intrinsic to nursing identities and integrity and although there is renewed emphasis in this area caring has been explored in nursing literature for some time. For example, Fagermoen (1997) collected survey data from student nurses (n = 767) and determined what was most meaningful in their work. Findings from this study, which anticipated what later became the 6Cs, described altruism as 'the moral orientation of care' and 'human dignity' stood out as a core value (Fagermoen 1997:434). In-depth interviews which were also carried out revealed the enactment of students' values through their nursing identities. Concluding, Fagermoen (1997) stated that the meaningfulness of nurses' practice mainly arose through relationships with patients developed by providing nursing care. Maben *et al.*'s (2007:100) more recent longitudinal study also revealed caring practice as the main focus for nursing values. In this research one of the fundamental ideals of care of new entrants to the register (n = 72) from three UK universities was to be: patient-centred and holistic. Eley *et al.* (2012), once more, demonstrated the significance of caring as a nursing value. In Eley *et al*.'s (2012:1550) study, which investigated reasons for entering nursing, students had vocational aspirations to be caring through realising their life goals and two dominant

themes were: '*Opportunity for caring*' and '*Nursing is my calling*'. Caring practice seems to be a consistent nursing value which contributes to the identity and integrity of nurses.

Nurses' compassion is closely related to their caring practice and compassion is defined in strategy as follows:

> Compassion is how care is given through relationships based on empathy, respect and dignity - it can also be described as intelligent kindness, and is central to how people perceive their care.
>
> (DH 2012b:13)

In a mixed-methods case study which investigated the connection between staff experiences of work and older peoples' experiences of hospital care Maben *et al.* (2012) provide insights into healthcare staff relationships with patients. Maben *et al.*'s (2012) comprehensive study used surveys, interviews, and observations and involved staff, patients and carers. They report:

> Many staff highlighted that the care they wished to give was not only physical care but psychological care, to get to know people and to have time to chat to them as well as attend to their most intimate and basic needs, yet felt this was not possible.
>
> (Maben *et al.* 2012:86)

This study identified that within healthcare relationships 'connection' levels could be low suggesting that staff, including nurses, were 'failing to get to know patients as people' (Maben *et al.* 2012: 89). Relational aspects of care which involved: 'interest in the person, kindness, compassion and attending to the 'little things'' were one of three dimensions of patients' experiences found to be important (Maben *et al.* 2012:90). Also relevant, although not specifically focused on nurses' compassionate practice, Griffiths *et al.* (2012) investigated service users' and carers' views on nurse education and the qualities which they valued in nurses. During eight focus groups fifty-two participants (30 service users and 22 carers with a range of healthcare experiences) suggested that service users and carers value nurses' positive interpersonal characteristics which contribute to a 'caring professional attitude' (Griffiths *et al.* 2012:122). The caring qualities which were given priority centred on '…empathy, listening, communication skills and non-judgmental patient centred care.' (Griffiths *et al.* 2012:123). Arguably such characteristics are closely related to nurses'

compassionate practice. National strategy also reflects the significance of these areas of nursing practice. Although non-judgmental approaches are not mentioned specifically in *Compassion in Practice*, these are implied through emphasis on equality and respect for diversity and compassion and empathy are associated with 'intelligent kindness' (DH 2012b:13).

Courageous practice has recently been emphasised as a nursing value and in particular students' and nurses' courage to raise and escalate concerns (DH 2012b, Francis 2013). Courage is '…underpinned by core intrapersonal qualities of self-belief and personal efficacy' (Mclean 2011:160), and professional guidance documents nurses' and student nurses' accountabilities and the processes involved where practice concerns arise. The NHS Constitution also outlines each employee's accountability (DH 2013a:15):

> …to raise any genuine concern you may have about a risk, malpractice or wrongdoing at work…which may affect patients, the public, other staff or the organisation itself, at the earliest reasonable opportunity;…

Literature explores courageous actions which exhibit integrity in practice and academic contexts (La Sala & Bjarnason 2010, Cleary *et al.* 2013, Black *et al.* 2014, Curtis 2014, Hawkins & Morse 2014). Cleary *et al.* (2013:265) explain that '[i]ntegrity exacts personal resources, such as the courage to stand up and hold the ethical line in situations where people with greater power and authority are not doing so themselves.' Integrity may be '…demanded of the self against a wall of silence, lack of peer and organizational support, concerns about retribution, and lack of job alternatives.' (Cleary *et al.* 2013:265). In such circumstances the combination of vulnerability and threat are likely to necessitate brave practice (Cleary *et al.* 2013, Hawkins & Morse 2014). Courageous actions which demonstrate integrity can be personally demanding and involve overcoming moral stress and showing moral strength (La Sala & Bjarnason 2010, Black *et al.* 2014, Cleary *et al.* 2013).

As an example of threats to professional integrity literature provides insights into the challenges which student nurses and nurses face to speak up for patients. *Freedom to speak up: An independent review into creating an open and honest culture in the NHS* (Francis 2015) recently reported widespread problems in this area. Worries centred on individuals not being heard where they had concerns about practice and two themes were feared personal repercussions and beliefs

that speaking up was futile (Francis 2015). Moreover, Francis (2015) suggests that students and trainees can be particularly vulnerable and reports student nurses' concerns about the personal impact of raising concerns, such as judgments about their Fitness to Practise and assessment outcomes. In a paper co-authored by a nurse academic and two students Beckett *et al.* (2007) report student nurses' experiences of delivering relational care. They found that when students tried to express views about patients' needs during practice learning these students could feel 'relatively powerless' (Beckett *et al.* 2007:31). Personal factors which affect the expression of moral courage in nursing are described elsewhere in literature as: moral reasoning abilities, personal ethics of nursing care and competence (LaSala and Bjarnason 2010). LaSala and Bjarnason (2010) hypothesise that in the presence of such factors moral courage is motivated by nurses' commitment to service users and Beckett *et al.'*s (2007) findings reinforce this. It seemed to be personal tenacity and the value placed on relational aspects of care which enabled students' courageous actions in Beckett et *al.*'s (2007) study.

Person-centred values are an enduring feature of nursing practice and literature reflects their consistency over time. Professional strategy comments on the enduring nature of health and social care values:

> As health and social care changes what does not alter is the fundamental human need to be looked after with care, dignity, respect and compassion. To achieve this the enduring values of nursing and care must underpin our work
>
> (DH 2012b:5)

The 6Cs together with other closely related values are evident in literature prior to 2012. For example, Laabs (2007) reported research which investigated nurses' responses to moral dilemmas. 'In the words of the [Laab's] participants a person of integrity was 'honest', 'patient', 'persevering', 'courageous' and committed to doing the good and right thing' (Laab's 2007:799). Such values chime with the NMC's professional requirements and the values of the 6 Cs (DH 2012b, NMC 2015a). Sellman (2007:764) also provided a list of desirable nursing characteristics, which overlap with those identified elsewhere: 'care, compassion, commitment, trustworthiness and honesty'. Moreover, Sellman (2007, 2011) and McLean (2011) connect nursing values and character with Aristotle's theory of virtue ethics which comprises of four cardinal virtues:

prudence, justice, temperance and courage. A list of largely undisputed nursing values could become long and unwieldy, but literature consistently suggests that the values which underpin professional integrity are bound together by a focus on the positive experiences of service users and patients (Sellman 2011, DH 2012b).

Although nursing values may remain consistent, societal attitudes are subject to change over time and this can have implications for the way in which healthcare values are expressed. Johnson *et al.*'s (2007) two-decade replication study reported changes in nurses' values of honesty and altruism over time. Evidence suggested that nurses had come to value honesty within relationships between nurses and patients more and this seems to reflect the move towards less paternalistic healthcare. The value which nurses put on altruism decreased which could reflect more pragmatic approaches to the balance between service users' needs and those of nurses (Johnson *et al.* 2007). Post-Francis (2013), the values researched by Johnson *et al.* (2007) continue to be part of the conversation and the recently revised code (NMC 2015a) includes a duty of nursing candour, although contrary to Johnson et *al.*'s (2007) findings selflessness which places service users at the centre of nursing actions is also re-emphasised within NHS values (DH 2012b). Nursing attitudes associated with the expression of values may change to reflect movement within wider societal norms, but the essential human nature of caring practice based on values which put service users' wellbeing first is enduring.

In literature values of professional integrity are evident from service users', student nurses', nurses' and policy makers' perspectives. These values connect and overlap to form a set of interpersonal characteristics centred on prioritising service users' wellbeing through high standards of care. While the expression of values can change over time the goal to keep service users' welfare at the centre remains consistent. Healthcare values have been strategically re-stated and there is seemingly little disagreement about their importance and nature (DH 2012b, 2013a). However, Sellman (2007:764) comments on the difficultly of completely defining nursing attributes, mentioning a 'something more' additional to nurses' discrete characteristics. While the 6 Cs garner no dispute and naming nursing values is not the challenge, it is the enactment of these values of professional integrity in practice which presents complexity.

Professional socialisation is the process by which nurses and potential nurses internalise the values fundamental to their integrity and it is this which will be discussed next.

2.2.2 Professional socialisation

Recruiting students with person-centred values is likely to be significant for their professional integrity. Pre-registration education forms an intense and relatively short period of future nurses' psychosocial moral development (Cadman & Brewer 2001) and some evidence suggests that students' qualities at selection remain unchanged on completion of their pre-registration education (Pitt *et al.* 2014). Therefore, nurse education's influence on professional integrity begins at the point of student selection. Taylor et *al.* (2014) report an increased focus on student selection rather than recruitment *per se* and in nursing this requires a risk-based approach where academic potential is insufficient for entry to programmes which must also ensure applicants are of good character (NMC 2010b).

Universities have multiple recruitment priorities and student selection is not only influenced by professional concerns, but also by Higher Education Key Performance Indicators such as positive student satisfaction and recruitment targets. These priorities must be balanced for the development of nurses' integrity and practice. Moreover, emerging evidence supports value-based approaches to recruitment in healthcare education. In particular situational judgment tests (SJT) and Mini Multiple-interviews (MMIs) are reported to be more reliable than individual meetings (Callwood *et al.* 2012, Patterson *et al.* 2012). MMIs have also demonstrated applicant satisfaction, and increased interviewer satisfaction, compared with more traditional approaches (Perkins *et al.* 2013). The careful selection of students is an important aspect of developing the integrity of the profession.

When students commence pre-registration education they internalise healthcare values and develop nursing identities which are likely to influence their professional integrity (Mclean 2011). Mackintosh (2006:954) describes this socialisation process in nursing:

> …the individual becoming accultured to the values, norms and expectations of the profession they are entering into, to such a point that

> the individual not only recognises the identity of the profession, but recognises this professional identity from within themselves.

However, for some time literature has shown that learning to be a nurse can be challenging (Melia 1982). More recently, Jackson *et al.* (2011) describe some of the difficulties which student nurses (n = 105) may experience within practice learning encounters: organisational resistance, a sense of marginalisation and even, at times, invisibleness. Another challenge faced by student nurses is practice staff's varied perceptions of the nature, value and importance of students' supernumerary status, and in Allan *et al.'s* (2011) study students negotiated an unclear role within teams. Moreover, Thomas *et al.*'s (2012) examination of ten UK papers which investigated student nurses' practice showed that experiences of stress and coping is a recurrent theme.

Student nurses' stress and coping becomes relevant to the discussion through its relationship with the expression of integrity. McIntosh and Sheppy (2013) connect stress and coping and a reduced ability to enact integrity. These authors cite psychological theory and explain that the ability to act productively may suffer when nurses are overwhelmed by their primary appraisal of circumstances, followed by their secondary appraisal that they have limited personal resources to manage these circumstances. Stress may result from situations where individuals feel threatened and powerless (Lazarus & Folkman 1984, Thomas *et al.* 2012, Francis 2015). Evidence demonstrates that being a student nurse can be both challenging and stressful (Thomas *et al.* 2012). This may lead to a sense of not coping which in turn may impact negatively on the expression of professional integrity.

As highlighted in the introductory chapter, literature suggests that pre-registration healthcare education can have a negative impact on students' expression of professional integrity (Stevens & Crouch 1995, Randle 2002, Mackintosh 2006). However, such findings are not unequivocal. Potter *et al.* (2013) provide an optimistic picture of the impact of nursing knowledge on student nurses' values. Moreover, LeDuc and Kotzer (2009) compared students', new graduates' and experienced professionals' values and findings across groups provided no evidence that nursing experience is needed for professional values to exist or that they are eroded by this. Compared to Randle

(2002) and Mackintosh (2006), Day *et al.* (2005) report more encouraging outcomes. Day *et al.*'s (2005:638) student participants came to understand nursing as a profession and were able to maintain their values and standards whilst developing a sense of realism in which these were not compromised. Jackson *et al.* (2011) also found that, despite challenging contexts and negative interpersonal behaviours of staff, nursing students developed effective strategies to manage their learning.

Literature provides a mixed picture of the influence of pre-registration socialisation on student nurses' integrity and does not clearly identify which particular features of pre-registration education may positively influence this. However, what seems clear is that even where person-centred values are strong at student selection (Eley *et al.* 2012) it should not be taken for granted that these will be embedded during pre-registration experiences (Stevens & Crouch 1995, Randle 2002, Mackintosh 2006). Evidence suggests benefits of nurse education which positively influences novices' professional socialisation where they may encounter practice-based contexts which challenge their existing beliefs and affect them negatively (Randle 2002, Mackintosh 2006, Thomas *et al.* 2012). One opportunity of my research was to gain local students', mentors' and lecturers' insights and experiences of professional integrity to reveal facets of pre-registration socialisation which may influence this.

2.3 Communication and Interpersonal skills

'[C]ommunication and interpersonal skills' is one of three competency domains expected to contribute to student nurses' development of integrity (NMC 2010a:7). Evidence suggests that positive interpersonal practice is critical to service users, carers, student nurses and nurses (Beckett *et al.* 2007, Griffiths *et al.* 2012, Maben *et al.* 2012). Moreover, nurses' effective communication and interpersonal skills are crucial to the regulator – NMC – which has a pre-dominant role to safeguard the public (NMC 2015a). Literature about communication and interpersonal skills sheds light on the practical enactment of professional integrity and although not all the publications which are included here focus specifically on integrity they make relevant contributions to the background and context of the research.

2.3.1 Relationships with service users

Relationships with service users and patients are at the heart of student nurses' and nurses' moral practice and professional integrity (Beckett *et al.* 2007, Ekeberg 2011). One feature of such relationships is interpersonal boundaries and by using vignettes Ekeberg (2011) illustrates that boundaries which show integrity require nurses to be affected by others, involve 'connectedness' and are not detached or rigid. Professional integrity seems to be characterised by both personal boundaries and openness to the perspectives and positions of others (Ekeberg 2011). However, evidence suggests that in some circumstances it can be difficult for students to locate the emotional boundaries of their interactions (Curtis 2014). Curtis (2014) found that where formal support was lacking and role models appeared detached from patients' experiences students could feel emotional vulnerability and uncertain about their boundaries when interacting with patients.

Beckett *et al*. (2007) connect student nurses' interpersonal interventions and moral practice. 'Nurses make a difference as much by the ways they relate interpersonally to patients as they do by the technical interventions they use' (Beckett *et al.* 2007:30). Through their communication and interpersonal skills the students in Beckett *et al*.'s (2007) study delivered holistic and complex care to patients. Student nurses encounter interpersonal challenges when enacting professional integrity in practice and when faced with decisions about 'the right thing' to do the students in Beckett *et al.* s (2007:32) study experienced tensions. They found that boundaries of formal and informal protocols could be at odds with the delivery of responsive patient care. Moreover, for these students novice status could lead to a sense of powerless when communicating patients' needs to other professionals and such needs could be over ridden because of organisational expectations. Beckett *et al.* (2007) provide evidence that, as one part of their moral agency, students have to work hard to be heard and to communicate patients' needs effectively in busy environments. Findings from this study also showed that whilst students coped with ambiguity, struggled with decisions about what to communicate to patients and resisted reducing their own stress by falling in with hospital rituals these students underestimated their interpersonal achievements in practice.

The labelling of service users and their experiences during nurses' communication is also discussed in literature and this can have negative implications for the expression of students' and nurses' integrity. For example, students may experience nurses' dismissive labelling of service users' experiences (Beckett *et al.*'s 2007). Beckett *et al.* (2007) comment on the dangers of considering patients problematic when these patients' needs for care are complex. They comment that '[b]eing unable to spare time to fully explore patients' issues is a nursing problem, rather than a patient problem.' (Beckett *et al.* 2007:29). Also relevant to nurses' interpersonal interactions with patients, Maben *et al.* (2012:87) found that to cope with the challenges which they faced staff could concentrate their efforts where these were most rewarded that was by caring for 'the poppets'. In contrast to this those who they found less pleasing to work with could be more neglected and to a certain extent de-humanised: people graphically described in Maben *et al.*'s (2012) research as 'the parcels'. Interpersonal boundaries appear to have an important function to maintain nurses' and service users' integrity. Moreover, it seems to be through interventions which value the humanity of others that nurses both support service users' integrity and realise their own. However, interpersonal care which demonstrates professional integrity is not always evident in nursing practice (PHSO 2011).

2.4 Nursing practice and decision-making

Professional integrity seems to be a social and contextual concept which derives meaning through nursing practice and decision-making. Calhoun's (1995) theory that integrity is a master social virtue informs later work which considers the enactment of professional integrity in nursing (Ekeberg 2011, Tyreman 2011). Academic papers also explore professional integrity as a community virtue and discuss opportunities and threats to this which include organisational factors (Laabs 2008, Cleary *et al.* 2013, Nolan 2013).

2.4.1 Integrity: a master social virtue

Holding a set of personal values offers a partial picture of professional integrity which can emerge through conflict in the enactment of such values (Edgar and Pattison 2011). Calhoun's (1995) theoretical critique explains the limitations of three personal pictures of integrity, the integrated-self, identity and clean-hands

perspectives. In favour of a more collaborative view, Calhoun (1995) argues that integrity is a socially constructed and enacted master virtue, which is expressed in interpersonal contexts and characterised by processes of *'Standing for Something'* (Calhoun 1995:235). From Calhoun's (1995) perspective the master virtue of integrity combines and presses into service a collection of more discrete virtues through productive social exchange. Applying Calhoun's (1995) work to the healthcare context Tyreman (2011) describes a meta-set of nurses' personal values which are expressed through the framework of integrity and influenced by social contexts. Calhoun's (1995) stance is given prominence in this chapter because she provides a comprehensive critique of theoretical perspectives of integrity. Through real-life case examples Calhoun (1995) illustrates her conceptual perspective and thoroughly addresses alternative views. Calhoun's (1995) arguments are also supported elsewhere in literature where they are applied to accounts of integrity in healthcare (Hardingham 2004, Laabs 2007, Edgar & Pattison 2011, Cleary & Horsfall 2013). Moreover, Calhoun's (1995) conceptualisation of integrity, as social in nature, is reinforced by empirical findings from healthcare contexts (Randle 2002, Maben *et al.* 2006, 2007, Mooney 2007, Kelly & Ahern, 2008).

Calhoun (1995) describes shortcomings of self-integrated views of integrity which require the resolution of conflict between opposing personal values. She argues that personal ambivalence and inconsistency may represent integrity to a greater extent than unreserved integration of an individual's values. Essentially a single resolved truth cannot always exist (Calhoun 1995, Tyreman 2011). One argument suggests that integrity which appreciates diversity ought to value perspectives equally. Obvious limitations of such a tolerant approach are its potential to rationalise and avoid personal accountability and challenge, and thus demonstrate deficits in integrity. Relevant to this, Laabs (2007) cautions against inadequate personal reflection in which

> …one denies or trivializes the incongruence between beliefs and actions or accepts incongruence without sufficient reasoned reflection. Convincing self-talk may be in error, such as by narrowing one's professional role and responsibilities so as to absolve oneself of moral responsibility for one's actions.
>
> (Laabs 2007:807)

The problem of professional integrity becomes one of drawing a line between the acceptance and rejection of particular views or actions. Laabs (2007:798),

for example, investigated Primary Care nurses 'maintain[ance of] moral integrity in the face of moral conflict'. Findings of this study reveal a four-stage process in which nurses endeavour to maintain integrity through their behaviours: Encountering conflict, Drawing a line, Finding a way without crossing the line and Evaluating actions (Laabs 2007). Evidence of the complexity of integrity revealed itself through the inconsistency of nurses' specific actions to preserve this. For example, while all the participants believed honesty was important definitions of what represented dishonesty varied (Laabs 2007). Integrity is not as straightforward as holding a set of integrated personal values (Calhoun 1995, Laabs 2007, Tyreman 2011).

Calhoun (1995) also rejects a view of integrity as personal identity. From an identity standpoint character demonstrates fidelity to a set of values which embody a person's integrity. In this view integrity is realised through an individual's consistent 'identity-conferring projects' through which life gains meaning (Calhoun 1995:242). This contrasts with Kantian and Utilitarian stances, where personal projects are abandoned in favour of duty-based principles or the greater good (Calhoun 1995). Limitations of an identity approach are that individuals' ventures may be immoral, shallow or be inconsistent with their inner drives and so lack integrity. In essence one may either be consistent whilst failing to demonstrate the values associated with integrity or strive to fulfil socially acceptable projects in conflict with deeper personal motivations (Calhoun 1995). Consistent identity also offers an incomplete explanation of integrity.

Concluding her critique of personal approaches to integrity, Calhoun (1995) unveils the shortcomings of a third, clean hands, picture of this. Arguably, a clean-hands perspective which comprises rule-governed behaviour may risk inadequate engagement with the breadth of views involved in any given ethical dilemma (Scott 1998). Moreover, Calhoun (1995) believes that although duty-based perspectives of integrity may see directing actions according to anticipated consequences to be the greatest threat social contexts are actually the greater challenge to integrity, an observation supported by evidence from healthcare settings (Randle 2002, Maben *et al*. 2006, 2007, Francis 2013). Cognitive, practical and emotional engagement with nursing situations is

necessary for professional integrity and Cleary and Horsfall (2013:675) comment on this within mental health nursing,

> …it is not possible within mental health nursing to always simply work according to traditions or routine. There have to be ideas, possibilities, or theories that can be invoked to extend the practitioner beyond status quo functioning when needed. The brain has to tick, feelings must be engaged, the world of the patient imagined, and meanings developed.

Separating oneself from ethical dilemmas and looking on from a moral high-ground does not seem to fully represent integrity (Calhoun 1995, Edgar & Pattison 2011).

2.4.2 Communities of practice

Integrity has been described as '…a rich and complex social virtue through which the individual is able to demonstrate their relationship with the values and mores of the communities of which they are members' (Hardingham 2004, Tyreman 2011:107). In this approach the values of a practice community influence the integrity of individuals and nursing becomes a moral endeavour in which communities exhibit 'morality that has the depth and fullness of the truth and knowledge of the good', an absence of which threatens professional integrity (Laabs 2008:230). Laabs (2008:226) distinguishes between 'moral strangers' and 'moral friends' within the nursing community and argues that nurses would benefit from achieving the status of 'moral friends' who are bound together by shared values and beliefs (Laabs 2008). In another paper, Edgar and Pattison (2011) describe two formulaic forms of nursing integrity: one which is dogmatic, personality-based and does not account for a range of perspectives (IA) contrasted with a more favourable community-based integrity which incorporates a contextual, interpersonal approach (IB). However, this second approach, favoured by the authors, does not overcome the problem of communities which lack integrity such as that reported by Francis (2013). It seems that community values are worthy of attention, although as encountered in literature while agreed values and positive attributes may be necessary for the enactment of integrity these alone are insufficient for this to flourish.

Once shared values are established, as is the case in nursing (DH 2012b), the challenge may be to establish communities of 'moral friends' and environments with other features which enable integrity to thrive (Laabs 2008:226, Nolan

2013). Policy and evidence demonstrate that nurses and student nurses are both required and intend to express their integrity through practice and decision-making which reflects contemporary healthcare values. Literature also articulates social opportunities and threats to professional integrity and while some of these have already been touched upon it is these opportunities and threats which are the focus of the next subsection of this chapter.

2.4.3 Opportunities and threats to professional integrity

Environmental features which either support integrity to flourish or present obstacles to this are distilled from literature. Together with productive communication between staff, ethical leadership which supports effective nursing practice and decision-making may promote integrity (LaSala & Bjarnason 2010, Evans 2012, Cleary & Horsfall 2013, Nolan 2013). Moreover, it is argued that where organisational values are successfully communicated and accompanied by clear standards, supervision and governance may contribute to the expression of individuals' integrity (Evans 2012, Francis 2013). Integrity may be supported by environments where nurses feel accountable, empowered, secure, and believe that they work in just cultures (Evans 2012, Francis 2013). Descriptions of cultures which enable integrity to thrive also suggest that these are transparent with the early detection of problems (Evans 2012, Francis 2013). Published papers explore characteristics of communities and their leadership which promote integrity and reflect the overlapping domains of pre-registration educational competencies. However, it is noticeable that while these educational standards connect three of their four competency domains – those associated with values, communication, nursing practice and decision-making – with the development of professional integrity, the fourth domain – leadership, management and team working – is not linked to the development of professional integrity in the same way (NMC 2010:101). As literature suggests the importance of leadership, management and team working abilities for the expression of professional integrity this could be an omission. It is also the case that while literature suggests overlapping leadership principles that might influence nurses' expression of professional integrity insights into the efficacy of such factors could benefit from more evidence.

Although professional integrity is partially defined through an obligation to and respect for professional rules (Mecugni *et al.* 2015), enacting integrity seems to be more complicated that following a set of pre-determined instructions (Calhoun 1995, Edgar & Pattison 2011). Nursing commitments can be complex, and at times conflicting. Therefore, unconditional policy and procedural approaches may stifle professional discretion at the expense of nurses' integrity (Pask 1995, Scott 1998, Tyreman 2011). Policies and procedures which reflect broader organisational strategy are necessary to ensure consistency of evidence-based practice, demonstrate managerial expectations and meet vicarious liabilities and as mentioned governance is described as an important cultural element which supports nurses to enact integrity (Evans 2012, Francis 2013). However, bureaucracy may conflict with the human values of nursing and such governance may not be entirely positive for nurses' professional integrity through implications of reduced personal and professional trust, decision-making and agency (Pask 1995, Scott 1998, Tyreman 2011, McIntosh & Sheppy 2013).

The value of nursing codes has been questioned since their conception in the UK. For example, Pask (1995:192) commented that by its very existence a professional code implied that nurses could not be trusted, and may lead to nurses' personal needs to 'safeguard them-selves' being prioritised over the interests of patients. Unsworth (2011) comments that the term integrity is used in *The Code* (2008) but undefined, a point also relevant to the revised 2015 edition. While definitions alone do not ensure the enactment of integrity Unsworth (2011) laments a lack of underpinning ethical principles in *The Code* (2008), and these remain absent in the revised version (NMC 2015a). Pattison and Wainwright (2010:13) describe the requirements of NMC registrants as 'unexplained imperatives requiring conformity rather than practice-related contextual discernment'. The NMC Codes (2008, 2015a), and the significance attached to them, suggest a duty-based approach to the ethics of nursing practice (Sellman 2007). Such duty-based approaches provide rules which must be followed. However, the human interactions of healthcare are not straightforward and unswerving rule-governed approaches may not allow for this. Perhaps, professional integrity could be better informed by principle-based professional codes which support registrants to translate nursing values into

boundaries for safe practice. In practice nursing integrity is complex but documentary requirements tend to describe this in reductionist and absolute terms. In addition to the opportunities or threats inherent in broad policy, procedure or organisational practice literature suggests that students' and nurses' integrity is influenced by local practice cultures and this is discussed next.

2.4.4 The local context of nursing practice

While the role of large-scale organisational culture can both define and reflect the expression of values, evidence suggests that community or local practice circumstances influence staff behaviour and patients' experiences. Maben *et al.* (2007) found that what is happening at ward level can be important for sustained nursing ideals and patient care. Environmental factors such as staffing levels, staff support, covert rules, continuing professional education (CPD) and role models may interact with the sustainability of positive nursing ideals (Maben *et al.* 2007:107). Although not specifically focused on professional integrity, in a later study Maben *et al*. (2012) found that positive local leadership may be likely to influence staff autonomy and co-worker relationships with an impact on patients' experiences. To some extent local influences which promote or inhibit integrity align with organisational factors and once more leadership seems to be relevant.

Local risks to professional integrity can include students' and nurses' feared personal outcomes of their actions. Such perceptions may lead individuals to shy away from practising in ways which they believe are fundamentally right (Randle 2002, Hardingham 2004, Mooney 2007, Francis 2015). Cleary and Horsfall (2013:673) are explicit about feared outcomes:

> .. a range of potential negative social consequences, including ostracism, loss of job, stretched family relationships, or being labelled difficult, hostile, abrasive, or hypersensitive.

Some have observed that healthcare students' expression of values may be inhibited by culture. For instance, Lipscomb and Ishmael (2009:175) comment on a student community discouraged from critical thinking and the expression of its values:

> …unequal tensions exist within the university sector between academic or scholarly values of open debate and critical or sceptical engagement,

and on the other hand, dominant practice/professional values that may be associated with normative consensual enforcement.

Students who are both learning and being assessed experience power dynamics which may impact on the expression of professional integrity (Clouder 2003, Lipscomb & Ishmael 2009). Francis (2015) recently suggested that when raising concerns students can be a particularly vulnerable group. Students in Clouder's (2003:217) study spoke of not wanting to 'rock the boat' and they could remain silent in the face of challenges to their beliefs. The students' rationales for inaction connected to their assessment outcomes and futures: 'mud can stick' (Clouder 2003:217).

The impact of local practice norms on new registrants nursing integrity is also documented and within their work cultures registered nurses experience barriers to the expression of professional integrity as a value of practice communities (Kelly 1998, Maben *et al.* 2006, 2007, Mooney 2007). Kelly's (1998) often-cited research describes six stages of post-registration socialisation: 'vulnerability; getting through the day; coping with moral distress; alienation from self; coping with lost ideals; and integration of new professional self-concept' (Kelly 1998:1137). This study reveals substantial challenges to new registrants' moral integrity leading to 'moral distress' (1998:1134). However, Johnstone and Hutchinson's (2015) suggest that accepting the concept of moral distress at face-value may itself threaten integrity. These academics argue that descriptions of 'moral distress' are based on questionable evidence, erroneously imply nurses always know best, risk insufficient reasoning and hold personal distress as an adequate rationale for inaction. Despite this conceptual challenge to 'moral distress', research has repeatedly revealed that even where ideals are in situ at the point of registration socialisation into registered practice can be uncomfortable, at times distressing, and experienced as compromising to nurses' integrity (Kelly 1998, Maben *et al.* 2007, Mooney 2007, Kelly & Ahern 2008). Findings from significant earlier studies which describe the temporary abandonment of ideals and 'reality shock' have retained currency (Kramer 1974, Melia 1987).

Research suggests that local social norms are significant for student nurses' and registrants' enactment of professional integrity. Dominant local values

appear to have profound personal effects and have negative implications for the expression of professional integrity. These effects may have a lasting impact on nurses (Hardingham 2004). Where positive norms are absent students and registrants may prioritise survival strategies, and in some cases an easier life over moral practice (Randle 2002, Mooney 2007). In cultures where moral agency is questionable, potential conformity may negatively influence professional integrity whether this is an unwitting or conscious coping mechanism. What seems clear is that overt and hidden influences alongside conscious and unconscious factors are likely to influence the expression of professional integrity (Clouder 2003, Maben *et al.* 2007).

2.4.5 University communities

Literature also suggests that the local cultures of university environments in which students learn can influence their professional integrity. Broad recommendations from research findings in this area include: improved organisational culture through norms clarification, managed staff behaviour and overarching attention to the expression of ethical academic practice (Savage & Favret's 2006, Arhin & Jones 2009). Evidence indicates that academic settings could benefit from the explicit statement and enactment of local values (Savage & Favret 2006, Arhin & Jones 2009). Moreover, Williams and Stickley (2010) suggest that in nurse education staff ought to act as role models and build moral communities. However, studies which investigate the integrity of faculty have not always shown positive practice in this area. For example, Savage and Favret (2006) researched undergraduate student nurses' perceptions of ethical behaviour by staff. This mixed methods study reports perceptions of discrimination by teaching staff, particularly in relation to race and gender. Students described being humiliated, having their confidentiality breached, biases with grading, cheating and uncaring approaches. Cleary *et al.* (2011) also consider the ethical conduct of nurse educators and focus on the creation of safe staff-student boundaries. Making another point, differences have been found in students' and faculty's definitions of honesty and in Arhin and Jones (2009) investigation student groups from across disciplines frequently did not perceive presented scenarios, for example, cheating in examinations, as lacking integrity. Literature reveals a lack of professional integrity in contexts of healthcare education through behaviour of students and staff (Savage &

Favret's 2006, Arhin & Jones 2009). Shared positive values in university settings and ethical faculty role models may have a function in promoting student nurses' integrity.

Other research suggests that a culture of listening to student nurses may support and enhance their ability to cope and express their integrity (Pearcey & Draper 2008, Thomas *et al.* 2012). Sellman (2007) urges academics to avoid responses which could encourage learners to conceal unhelpful beliefs and motives. Making a related point, Hargreaves (2004) questions the use of reflective accounts as a summative assessment strategy. She argues that a requirement to achieve academically may discourage students from engaging in honest and open reflection where they think that their disclosures may attract penalties, rather than be seen as part of a developmental journey. It would seem that thoughtful strategies may help students to be heard with relevance for their professional integrity. Literature suggests benefits of university cultures which are open and do not oversimplify or hide the dilemmas of nursing. As well as providing insights into the nature of professional integrity literature also informed my research methodology and this is discussed next.

2.5 Methodological critique

Qualitative studies provide rich insights into nursing students' experiences (Thomas *et al.* 2012). In particular, investigations show how grounded theory increases understanding of complex phenomena relevant to nursing (Kelly 1998, Randle 2002, Mooney 2007, Curtis *et al.* 2012). Grounded theory is well respected and often used to develop theory systematically from data (Allen 2010), but literature challenges this methodology and its reinventions (Thomas & James 2006). My research was guided by Charmaz's (2004, 2006) constructivist approach to grounded theory and this section of the chapter explores methodological literature and research which informed this.

Glaser and Strauss's (1967) *Discovery of Grounded Theory* heralded the introduction of this methodology as a response to perceived deficits in investigative paradigms in the 1960s. The then-contemporary approaches concentrated on the verification of existing sociological theory rather than the generation of new theory grounded in research data. Moving this thinking forward and benefiting from Glaser's experiences of the positivist traditions at

Columbia University and Strauss's work within the pragmatist traditions at Chicago, Glaser and Strauss (1967) first described grounded theory with the intention of generating rather than testing theory. In this approach,

> …the researcher has no preconceived ideas to prove or disprove. Rather, issues of importance to participants emerge from the stories that they tell about an area of interest that they have in common with the researcher.
>
> (Mills *et al.* 2006:2-3)

Mills *et al.* (2006:2) see grounded theory as a 'methodological spiral' which began with the work of Glaser and Strauss (1967) and reflects the epistemological position of the researcher. 'The form of grounded theory followed depends on a clarification of the nature of the relationship between researcher and participant, and on an explication of the field of what can be known' (Mills *et al*. 2006:2). I was drawn to Charmaz's interpretative approach which emphasises reciprocity between researcher and participant and fitted with my beliefs about the nature of reality.

One area of confusion could be the extent to which the grounded theory research sample is pre-determined or theoretically informed. *'Theoretical sampling'* involves clarification and illumination of emergent themes as data collection progresses (Glaser & Strauss 1967). As a study moves forward participants are selected on the basis that they are most likely to shed light on developing categories and themes. This can be practically challenging (Dey 2007). Contemporaneous data collection and analysis is fundamental to grounded theory, and rather than targeting sample selection some studies rely on data collection itself to explore arising themes (Kelly 1998, Randle 2002). For instance, Randle's (2002) sample was predetermined, but emergent themes directed later interview questions. Moreover, academic descriptions of theoretical sampling can underestimate the reality of research contexts (Charmaz 2006). Charmaz (2006:110) emphasises 'reciprocities' and 'situational demands'. Reciprocity with research participants involves 'listening' and 'being there' and Charmaz (2006:110) urges the researcher to '[r]emember that human beings are unlikely to relish being treated as objects from which you extract data'. Her approach shows both humanity and increases the likelihood of 'obtaining telling data'.

Another area for consideration is the extent to which the research sample is diverse or focused (Cutcliffe 2010). The intention of grounded theory is to produce findings of practical use and not generalisable outcomes (Charmaz 2006). However, sample representativeness may influence the 'applicability' of findings (Mooney 2007:76). Curtis *et al.* (2012:791) comment on the diversity of their participant profile – e.g. gender, stage of the programme, ethnicity – suggesting that this is a positive feature of the research. In successful grounded theory trust is built with participants who expose knowledge that develops emergent themes and provides a rich picture of the investigated phenomenon (Charmaz 2006, Curtis *et al.* 2012). Careful consideration should be given to selecting a sample most likely to capture sufficient data to warrant the claims which follow (Allen 2010).

Turning to research methods, studies show that in-depth audio-taped interviews contribute to new nursing knowledge (Kelly 1998, Randle 2002, Mooney 2007, Curtis *et al.* 2012). As already suggested, the researcher is a 'good listener' who is open to participants' answers in unstructured or semi-structured interviews, which are conversational in approach and give opportunities for interviewees to add anything that they might wish (Kelly 1998:1136, Randle 2002). According to research goals follow-up interviews may be useful (Kelly 1998, Randle 2002). For example, Chiovitti and Piran (2003:429) used second interviews to '…affirm, modify, add, clarify and elaborate on what was said in the first interview'. Revisiting themes in this way contributes to the credibility of findings (Randle 2002). Focus groups share some of the positive features of individual interviews, as well as having additional advantages (Kitzinger 1995). While not part of grounded theory studies in particular, evidence which I reviewed demonstrates the effectiveness of focus groups for data collection (Griffiths *et al.* 2012). As with other details of the research methods, the advantages and disadvantages of focus groups are discussed in more detail in Chapter 3 of the thesis.

Literature addresses the issue of sufficient data collection (Dey 2007). Data saturation is reached when '…no new themes or perspectives are reported and it is assumed that all the component parts of the phenomenon under study have been captured' (Procter *et al.* 2010:150). Charmaz (2006:114) cautions against

potential misuse of the term *'theoretical saturation'* in small studies (Glaser & Strauss's 1967). She agrees with Dey (1999) who favours the descriptor *'theoretical sufficiency'* (Charmaz (2006:114). The completeness suggested by saturation may imply objective knowledge can be found contrary to inductive epistemologies. Glaser and Strauss (1967:256) describe saturation of categories, but also highlight the developmental nature of grounded theory, which continues to be amended and elaborated as researchers come to know more, even after a study's is conclusion. What is important is thorough analysis, accurate interpretation and that any claims which are made are grounded in sufficient data to be credible (Charmaz 2004, Dey 2007).

An open mind allows grounded theory to emerge and be constructed from within data. This should not be confused with an 'empty head' (Dey 2007:176). Grounded theorists require '*theoretical sensitivity'* which according to Glaser and Strauss (1967:46) involves the researcher's '…personal and temperamental bent…[and]…insight into…[their]…area of research, combined with the ability to make something of…[such] insights'. Discounting prior knowledge, beliefs and experiences contradicts the philosophy of inductive research (Cutcliffe 2010:1479). Moreover, a constructivist approach draws on multiple views of studied phenomenon including the researcher's own (Charmaz 2006). Existing literature provides background for an investigation, demonstrates gaps in knowledge and supports the rationale for research (Kelly 1998, Randle 2002, Mooney 2007, Curtis *et al.* 2012). For example, in Cutcliffe's (2010) study literature clarified elements of the phenomenon explored – in this case hope – differentiated this from other concepts and shed light on aspects of the research context. Through reflexive practice and theoretical sensitivity the grounded theorist generates a well considered focus from data and is not constrained, contaminated or inhibited by existing perspectives (Charmaz 2004, McGhee *et al.* 2007).

Emergent theory is grounded in data by analysis which uses constant comparative methods that involve coding and categorisation (Charmaz 2006). Processes and techniques could fracture data and present risks to interpretation, reflexivity and narrative (Thomas and James 2006). The overuse of tools and techniques may also force rather than allow theory to emerge from

data (Boychuk Duchscher & Morgan 2004). However, coding and categorisation can support theorising, and Charmaz (2006:135) explains:

> Theorizing means stopping, pondering, and rethinking anew. We stop the flow of studied experience and take it apart. To gain theoretical sensitivity, we look at studied life from multiple vantage points, make comparisons, follow leads, and build on ideas *(sic)*
>
> (Charmaz 2006:135)

Charmaz's (2006:49) coding approach stays close to the data and, at times, uses participants' own words to form categories. Coding and categorisation preserve actions to promote theorising beyond description (Charmaz 2006:137), and careful interpretation and presentation ensures accurate representation of participants' meanings (Taylor 2012). Moreover, coding and categorisation are only parts of generating grounded theory which also involves an emergent 'storyline around which analysis can coalesce' (Dey 2007:167).

Grounded theory sets out to be meaningful, credible and practically applied (Boychuk Duchscher & Morgan 2004). Thomas and James (2006:770) question the value and status of such theory and suggest that the term 'ground' implies a fixed quality at odds with exploratory values. However, published papers present credible inductive research which has lead to theoretical claims grounded in data (Kelly 1998, Curtis *et al.* 2010). Grounded theory is presented as categories, themes, subthemes or stages of a process which arise directly from data (Kelly 1998, Randle 2002, Clouder 2003, Mooney 2007, Curtis *et al.* 2012). While Thomas and James (2006) argue that such theory can oversimplify complex meanings, research shows meaningful 'patterns and connections' exposed by this methodology (Charmaz 2006:126, Kelly 1998, Curtis et al. 2012). Grounded theory offers 'plausible accounts' of social processes relevant to nursing practice and education (Charmaz 2006:132). In two such examples, Kelly (1998) describes stages of how new registrants preserved their moral integrity, and a visual interpretation arose from Curtis *et al.*'s (2012:793) exploration of student nurses' compassionate practice. Similar to other grounded theorists, Kelly (1998) and Curtis (2012) use interview excerpts to support interpretations which arose from rigorous data analysis.

Adopting principles of grounded theory offers opportunities and challenges for data collection, analysis and the presentation of emergent theory. What is

important is that details and rationale for my research approach are clear and Chapter 3 of the thesis addresses this.

2.5 Chapter conclusion

Literature reveals professional integrity in nursing to be a social virtue which is multifaceted and multidimensional and encompasses a set of professionally recognised values (Tyreman 2011, DH 2012b, DH 2013a, NMC 2008, 2015a). Integrity is conceptualised as a master virtue through which other virtues are pressed into service (Calhoun 1995), and professional integrity is founded on widely accepted values which view healthcare service users' wellbeing to be the priority. However, literature also suggests that enacting nursing values is not always straightforward (Randle 2002, Maben 2006, 2007, Edgar & Pattison 2011, Tyreman 2011). What is more, positive values alone are insufficient for nursing integrity which is greater than a set of values and/or personal attributes (Calhoun 1995, Tyreman 2011, Maben *et al.* 2006, 2007). In nursing integrity is contextual and requires not only a prescribed professional value-base and attributes, but also involves reasoning, reflective processes and productive social interactions. As such literature suggests it is valuable to view integrity as dynamic and developmental and not as a static quality which may simply be absent, or present and immovable (Kelly 1998, Maben 2006, 2007, Edgar & Pattisson 2011). In light of this my research investigated the perspectives of professional integrity of those most concerned, students, mentors and lecturers, to inform decisions about how this might best be fostered through pre-registration nurse education. Finally, the literature review informed the way forward suggesting the suitability of grounded theory as a methodology for my investigation of professional integrity. Chapter 3 provides details of my research methodology.

Chapter 3: Methodology

3.1 Grounded theory

Glaser and Strauss's (1967) *Discovery of Grounded Theory* heralded the introduction of this methodology as a response to perceived deficits in investigative paradigms in the 1960s. The then-contemporary approaches concentrated on the verification of existing sociological theory rather than the generation of new theory grounded in research data. Moving this thinking forward and benefiting from Glaser's experiences of the positivist traditions at Columbia University and Strauss's work within the pragmatist traditions at Chicago, Glaser and Strauss (1967) first described grounded theory with the intention of generating rather than testing theory.

Grounded theory is inherently interactionist in nature (Glaser & Strauss 1967, Milliken & Schreiber 2012:685). George Herbert Mead's concept of Symbolic Interactionism '…assumes society, reality, and self are constructed through interaction…' (Charmaz 2006:7); the fundamental principle of this is that the social construction and modification of symbols create and shape realities (Milliken & Schreiber 2012). Literature suggests that professional integrity is a symbol of nursing identities enacted through relationships with others (Calhoun 1995, Edgar & Pattison 2011, Tyreman 2011). This approach also fits with my personal view of the world. The premise that professional integrity is constructed as part of the social realities of those involved became fundamental to my research (Clouder 2003, Charmaz 2004). In keeping with Charmaz's (2004:983) view that truths are relative, multiple and subject to re-definition, my expectation was to provide a small, but original, contribution to the wider field of nursing knowledge with a particular focus on professional integrity in pre-registration education. This would be achieved through one detailed, analytical and meaningful local investigation.

By 'conceptualization of the underlying social process at an abstract level' grounded theory research achieves much more than a descriptive outline of social concepts (Morse & Field 1996:23). My research invested in detailed exploration and understanding of professional integrity before presenting findings to offer explanatory outcomes and make recommendations for future

practice (Charmaz 2006). Chiming with the intentions of the research, Boychuk Duchscher and Morgan (2004:606) summarise the purpose of grounded theory:

> …the discovery of enduring theory that is faithful to the reality of the research area; makes sense to the persons studied; fits the template of the social situation, regardless of the varying contexts related to the studied phenomenon; adequately provides for relationships amongst concepts; and may be used to guide action.

Constructivist grounded theory has distinctive perspectives on participants' contributions and involvement (Charmaz 2004). Charmaz's (2004) respect for participants' humanity out-weighs research objectives and her approach involves reciprocity between researcher and participant. Interpretative premises suggest that the researcher pay full attention to the sense which participants' make of their experiences (Charmaz's 2004). Moreover, Charmaz (2004) points out that it is likely that participants' significant meanings are implicit in their disclosures with implications for data collection and analysis. My goal was to engage in research practices which would culminate in an understanding of the participants' worlds (Charmaz 2004), whilst realising that the researcher's perspective can only ever be one of looking in on others' experiences.

Charmaz (2006) values the knowledge and perspectives which investigators bring to their research which inevitably influence a study's outcomes. Such perspectives are relevant during the multiple stages of the research process. For example, decisions about the questions which researchers ask and the participants involved will influence findings. In constructivist grounded theory, researchers and participants co-construct theory to account for the contexts, lives and meanings of those involved. However, such co-construction involves prolonged engagement with participants and, for example, multiple interviews. This approach was not practical or possible within the scope of my study which involved discrete episodes of data collection over a shorter time period than Charmaz's methodology would suggest. However, Charmaz's (2004, 2006) principles informed my encounters with students, mentors and lecturers and data analysis (details of this follow). Moreover, while no claims about the co-construction of theory are made, an approach which valued what I brought to the research fitted with my beliefs that at least to some extent my personal perspectives would contribute to the findings. My particular interests influenced both the topic area and research design and I was aware that my background

could draw me towards and make me sensitive to psychological aspects of experiences which arose in data.

My methodological stance was in keeping with an intention to explore the intricacies of the social processes of professional integrity in pre-registration nursing. When selecting the research methodology considerations included: sample accessibility, timeframe and scope of the research, my previous experiences, strengths and skills accompanied by keen motivation to develop in this particular field of research practice.

3.2 Data collection and sample

A number of ethical principles were central to the research which also required the completion of university and NHS approval processes prior to data collection (DH 2005, NIHR 2010, IRAS 2011, UEA 2011). To honour the investment of participants, their organisations and my employer the research intended to be of benefit for future educational practice. Moreover, throughout the research I was aware that '…ethics committees do not have a monitoring role as such…' and conscious of my ongoing responsibility for the investigation's integrity after ethical approval had been granted (Bradbury-Jones & Alcock 2010:193). Appendix II provides a detailed explanation of the study's ethical approval and considerations.

In grounded theory '[s]ampling [is] aimed toward theory construction, not for population representativeness' (Charmaz 2006:6). Fundamental to this, data sufficiency was the goal and there was no plan to involve a representative sample (Charmaz 2006). Moreover, the intention was not to reach a consensus view, but to reach sufficiency to inform emergent theory within parallel data collection and analysis. With this in mind a purposive sample was selected to collect sufficient rich exploratory data which could be analysed to provide credible and meaningful findings (Charmaz 2006).

The invitation to be involved was based on one of three inclusion criteria: current registration and study on a UEA pre-registration nursing programme; experience as a mentor to pre-registration student nurses in one of two NHS Foundation Trusts which provided practice learning for UEA students (locations

in which ethical approval for the study had been granted); or involvement in pre-registration nurse education as a member of UEA academic staff.

In summary four initial student interviews took place between October and December 2012 with follow-up interviews in March/April 2013. Five practice-based mentors were interviewed in the Autumn/Winter 2013/14 with a first student focus group (n = 4) for data collection in December 2013. Lecturers (n = 6) were interviewed in January/February 2014 adding an important additional perspective to the emergent findings and there was a final focus group (n = 4) in which findings were tested out with students in April, 2014.

Twelve students, studying the four fields of nursing took part: Adult Health (AH) (six students), LD (Learning Disabilities) (one student) and MH (four students), CH (Child Health) (one student). The participants in the initial interviews were from AH (one student), LD (one student) and MH (two students). These initial interviewees were all female mature learners in the second year of their three-year BSc (Hons) Nursing programme. These first interviews carried out between October and December 2012 revealed rich early insights which informed subsequent data collection. With their consent three of these students were re-interviewed approximately four months after the first data collection meeting. The fourth student's second interview was delayed, but it was possible to complete this later within the research.

Two student focus groups also took place. The first occurred within eight months of the second individual interviews (December 2013), while the second focus group took place later (April 2014). As the final episode of data collection, this second focus group also served to test out the research findings. Four female students participated in the first group interview; a MH student in the third year and three AH students in the second year of pre-registration nurse education. Three of these four mature students had worked in healthcare prior to commencing their current studies and whilst they did not know the MH student the three AH students were friends. This focus group both confirmed and extended findings from the earlier student interviews. The final stage of data collection was a second student focus group to test the findings and ensure the consistency of the research outcomes which would be presented. Two male and two female students in the second year of their programme participated in this focus group. They were studying AH, CH and MH nursing;

three of these students were friends. The participants had embarked on pre-registration nurse education with experiences from: work in healthcare assistant roles, a career which contrasted to healthcare and A' level studies.

Practice-based mentors were interviewed between September and January (2013/14) and lecturers were interviewed between the two student focus groups. Five mentors were interviewed, four who were employed as MH nurses and one as an AH nurse. Three of the mentors worked in community settings and two within inpatient contexts. Three of the Mentors were female and two male. The mentors were asked to comment on their meanings and experiences of professional integrity and the processes of developing this in pre-registration nursing students. The inclusion of mentors recognised not only that learning and assessment in practice play a substantial role within the programme, but also that they were likely to have insights into students practice-based experiences (NMC 2006 revised 2008).

In January/February 2014, six lecturers, three female and three male, were interviewed from all four of fields of nursing. These lecturers fulfilled multiple roles which influence students' learning – for example, Lecturer, Enquiry-based Learning (EBL) tutorial group facilitator, Link Lecturer (LL), Academic Adviser (AA) (this terminology was revised to Personal Advisor (PA) during the process of the research) and Internal Examiner. Tables 1.1 and 1.2 below and overleaf summarise the details of the sample.

Student interviews	**Mentor interviews**	**Lecturer interviews**	**Student Focus groups**
8	5	6	2

Table 1.1 Episodes of data collection with each participant group

Participant's role	**Number of participants**	**Field of Nursing**
Student	12	6 AH, 1 CH, 4 MH, 1 LD
Mentor	5	1 AH, 4MH
Lecturer	6	2 AH, 2 MH, 1LD, 1CH

Table 1.2 Sample details to indicate participant role and field of nursing

Student participants were both able to draw on experiences of professional socialisation within the student nurse role and had time remaining on the programme to develop further. To enable this and account for students' current course commitments they were approached at the beginning of their second year of the programme. When making these approaches I was guided by Bradbury-Jones and Alcock's (2010) advice that ethical research ensures participants' understanding of: the research's potential contribution, their relationship with the researcher and the possible impact of involvement with a project on them as individuals. Access to students was achieved transparently. Firstly, in negotiation with the Module Organisers and lecturers concerned I met with a cohort of second-year student nurses to inform them about my research, invite their participation and leave Study Information Sheets (SISs) (Appendix III) with the group. This was followed up by my conversations with students in their smaller tutorial groups. As individuals showed an interest I met with them to provide an opportunity to ask questions, to check and clarify their understanding of the SIS and signed consent was gained. The same principles were applied to the recruitment and involvement of mentors and lecturers.

3.3 Methods

Charmaz's well-regarded research demonstrates effective use of interviews within grounded theory and she comments on good fit between this methodology and intensive interviewing (Charmaz 2006): this method is '…open-ended yet directed, shaped yet emergent, and paced yet unrestricted.' (Charmaz 2006:28). To expose relationships between participant's understandings, experiences and actions semi-structured interviews and focus group interviews offered opportunities to explore participants' meanings and interpretations of professional integrity in a way not available through observations (Charmaz 2004).

An interview guide informed each episode of data collection. This guide followed a logical structure and used as few broad questions as needed to elicit participant engagement. This series of broad, open questions, informed by Charmaz (2006), focused on actions, thoughts, processes, experiences, feelings and interpretations. Appendix V, which was used during the first student interviews, provides one example of my interview guides. A potential

limitation of using an interview guide is that this may be constraining. However, as Charmaz (2006) suggests, my experience was that, rather than forcing direction within the interview, a carefully constructed interview guide gave me more confidence in the process and helped me to avoid a more directive stance which may not have elicited the participants' own stories as effectively. Accuracy was also significant to data collection and to this end interviews were audio-recorded to enable verbatim transcription.

My skills as the interviewer also had implications for the success of data collection. While semi-structured interviews are often used and conversational in approach, to achieve the intended outcome they require proficient and purposeful implementation. During the interviews I encouraged participants to tell me their stories about their experiences of professional integrity, and pursued opportunities to gain and explore emerging themes (Charmaz 2006). I benefited from my previous experiences of, and insights into being a research participant and carrying out semi-structured interviews. My aim was to put the interviewees at ease and help them to recognise that their valuable disclosures were appreciated without leading them toward particular views or conclusions. I have experienced, as Foddy (1993) commented, that within the interview, which is a social situation in itself, roles are being negotiated and when responding to open questions participants have looked to me for guidance. What became important was to clarify my understanding of respondents' testimony whilst blending an affirming approach with a neutral and non-leading style (Pezalla *et al.* 2012).

Each individual interview lasted approximately one hour and took place within a quiet, private and conveniently accessed environment conducive to conversation. As well as respecting interviewees' confidentiality and making reasonable demands on their time this provided sufficient opportunity to facilitate rapport, allow participants to feel engaged enough with the topic area to be confident in the telling of their thoughts and experiences, but avoided being so lengthy that issues of engagement and concentration were problematic. A short written summary of their first interview was shared with the first four student participants as the basis for the follow-up interviews. These second interviews demonstrated to those involved that their contributions were

valued as more than one-off conversations and helped them to re-connect with the first interview. The second interviews also provided an opportunity to check the consistency of the students' responses and enabled me to gain more in-depth insights into their experiences.

I remained aware of both the impact that I could be having on participants' disclosures and my interpretation of these (Charmaz 2004). As an insider researcher I tried to maintain sensitivity and awareness of the participants' possible perceptions of me and my other School roles, and how these perceptions might impact on the research process. Insider research has benefits and challenges and a view of investigating one's own students as convenient underestimates the careful consideration, skill and personal investment required (Roberts 2007). For the usefulness of my study, advantages of this approach were my existing contextualised understanding and the potential ability to exert local influence for developmental change. Nonetheless, an insider position came with the challenges of maintaining role clarity, boundaries and the ethical management of power dynamics with students which could have implications for myself, as the researcher, participants or research processes more generally (Bradbury-Jones & Alcock 2010).

Significant personal investment is required when investigating your own students (Roberts 2007). Factors which I considered included participants' existing knowledge of me and my accessibility outside the research process. Skilful research practice requires self-management and fosters reciprocity through openness and honesty, and at times self disclosure (Roberts 2007). As with other relationships trust was at the centre of my interactions with the participants, and their knowledge of me and my accessibility seemed to benefit our rapport during data collection. I was mindful of my responsibility to ensure participants' full understanding of any potential consequences of their disclosures. It was also important for me to be aware of the balance of power between myself and the student participants. Roberts (2007) highlights the researcher's genuineness and presence as a person, and comments on similarities between this and the ability to build effective relationships promoted in nurse education. I reassured the participants that I was not seeking particular

responses to my questions and that I was genuinely open to hearing about their experiences and views, whatever these might be. Good practice principles connected to participants' confidentiality were particularly important to me as an insider researcher (DH 1997): see Appendix II for more details. In short, as a result of my beliefs, experiences and the research intentions a local and interpretative approach was favoured. However, this was challenging through my exposure to investigating the variables of everyday practice from an insider's perspective. Important facets of the ethical nature of the research which addressed this were my reflexive practice, supervision and effective self-management. The dynamic of being an insider researcher also influenced my interviews with lecturers and mentors, although I did not perceive any negative consequences of this. In contrast my understanding of the participants' context appeared to benefit the research conversations in a manner akin to Platt's (1981) experience: '…the shared community membership and the continuing relationship [of interviewing peers]…make it resemble participant observation…' (Platt 1981:82).

Two group interviews complemented the collection of data in the semi-structured individual interviews, whilst also offering an efficient use of time and resources at the point of data collection (Field 2000). These '…carefully planned discussion[s were] designed to obtain perceptions on a defined area of interest in a permissive, nonthreatening environment' (Krueger 1994:6). As described by Goodman and Evans (2010), the purpose of the focus groups was to: provide access to the perspectives and experiences of an identified group related to a particular area of interest, harness group interaction and increase understanding of a topic valuing difference as well as common ground. Ethical principles and practices related to consent, confidentiality and boundaries were applied. However, group participation does not allow anonymity. Therefore, participants were asked not to disclose the involvement of others or to share the discussion which took place (Goodman & Evans 2010). For accuracy, as with the interviews, these groups were audio-recorded and data transcribed verbatim.

During the focus groups the students' interaction offered opportunities not realised within the individual interviews (Kitzinger 1995). Field (2000:328)

described his experience that focus groups comprised a '…formative dialogue, contributing to a research that was both reflexive and interactive in nature.' This method was useful for generating discussion with participants who appeared to be at ease expressing their ideas within a peer group, and these meetings revealed experiences which may not otherwise have been shared (Kitzinger 1995, Field 2000). Through an iterative process of engagement with shared everyday experiences and priorities I was able to assess how the participants thought about and attributed meanings to their experiences of professional integrity (Field 2000: 334, Kitzinger 1995). As an insider researcher I was keen to use appropriate methods to illuminate real-life experiences and avoid socially desirable responses as far as possible and the focus groups contributed to this. Essentially, group interviews were useful for gaining views in relatively relaxed way in this study where there were different spheres of influence and power between participants and myself as the researcher (Morgan & Krueger 1993).

During my preparation and implementation of the focus groups, as with the individual interviews, attention was given to the characteristics of the potential meeting locations for: comfort, accessibility and appropriateness of the venue for private focussed discussion. Time was also allowed for introductions and participants to settle into the environment before data collection commenced.

Each focus group involved four participants and lasted approximately one hour-and-a-half which allowed time for all voices to be heard. The groups had enough members to facilitate interaction but not so many as to reduce opportunities for the involvement of all (Field 2000). Field (2000) found that his participants enjoyed focus groups and benefited from the process of the research, something which I had also heard articulated within a previous project and was once more reiterated in this doctoral research; like Field (2000) I valued the opportunities for both the participants and myself as the researcher to learn and develop through the research process itself.

The broad questions which I posed during the focus groups arose from previously collected interview data and participants were once more encouraged to explore their experiences of professional integrity and the sense that they made of these. As Kitzinger (1995) describes, the focus groups provided valuable opportunities to view people, in this case student nurses, within a context in which they usually interact with their peers. The students

described actual events and experiences shared by other group members. Kitzinger (1995) discusses the partial similarity of hearing peoples' disclosures alongside others with whom they share experiences and the naturally occurring data which could be accessed by, for example, participant observation.

In these focus groups, as before, an ethical approach made participant wellbeing a priority over data collection (Charmaz 2004). Focus groups are however not without disadvantages which may include the inhibition of participants by others present by, for example, domination of the discussion by one or two individuals (Field 2000). Facilitation skills were used to provide space for all to speak and as well as being practised in working with small groups I was fortunate to have benefited from previous experiences of this research method. This gave me confidence as I facilitated, and I was able, as needed, to employ verbal and non-verbal skills to manage participants who could have taken over through enthusiasm, motivation or need to be heard, and to support disclosures from quieter group members who benefited from encouragement to express equally valuable contributions. I was conscious that in each group there was one student who knew those present less well, and in turn was less well known, than the other group members. However, facilitating the groups seemed to be unproblematic and perhaps through their skills, interests and the familiarity of learning in small groups the students encouraged each others' participation. Like the individual interviews, I judged the focus groups to be successful through the engagement of the students involved and the rich data which was collected. In this manner individual and group interviews provided ideal opportunities to explore students' worlds and gain insights into the meanings which they attached to their experiences of developing professional integrity (Charmaz 2006).

As a final but important point, throughout data collection I remained reflexive about my prior assumptions, insights and any biases. My tendency to want to be positive and my course responsibilities meant that it was important that I did not close down or rationalise students' criticisms of their experiences. As I carried out research in my own work setting the challenges included my subjectivity as I had less separation from the participants and circumstances than an investigator from outside. This made self-management and reflexive

practice particularly important. I needed to ensure that prior knowledge of the participants and/or context did not get in the way of me identifying students', mentors' and lecturers' experiences (Roberts 2007). Like Roberts (2007), I found myself listening openly to views which challenged my existing perspectives. I also resisted temptations to divert from the focus on professional integrity when students made other interesting disclosures.

Analytical processes carried out by the researcher '…advance a symbiotic relationship between data acquisition and theorizing' in which theory construction may be grounded in and faithful to the disclosures of the participants (Boychuk Duchscher & Morgan 2004:607). It is these processes which the chapter describes next.

3.4 Data analysis

Thematic analysis of data derived from the semi-structured and focus group interviews used the constant comparative method based on processes described by Charmaz (2006). The approach mirrored Dey's (2007:168) description of data analysis: '[c]ategories emerge initially from a close engagement with data, but can achieve a higher level of abstraction through a process of 'constant comparison' which allows their theoretical elaboration and integration.' My goal was to conceptualise the meanings which participants attached to their behaviours, incidents, thoughts and feelings about professional integrity and how this is nurtured in pre-registration education (Charmaz 2004). In light of this the analysis of respondents' accounts was a process which established '…theoretical statements that transcend[ed] specific times and places…' (Charmaz 2006:46). A description of how this took place follows.

Data analysis involved a series of analytical steps. Firstly verbatim transcripts comprised of substantial material were coded 'line-by-line' in a process which named each segment of data (Charmaz 2006:50). To achieve this electronic data was cut and pasted from the transcripts into the left-hand side of a two-column table and initial codes naming each data segment were recorded in the right-hand column. As I engaged in this line-by-line coding I followed Charmaz's (2006:49) advice, citing Glaser's (1978) lead; she recommends the use of gerunds, to '…gain a strong sense of action and sequence…' within the

analysis, examples of these derived from the data included: caring, questioning, feeling, gaining, realising, discussing and growing. This helped me begin to understand the processes that were taking place within the accounts that I had heard. The coding remained faithful to the data and included some '*in vivo* codes' (Charmaz 2006:55), using the participants' own words, for example, 'climb[ing] to the top of my very self'. The different properties of the codes began to align with the intentions of the investigation initiating the processes of illustrating participants' meanings, analysing the stories which they offered, providing rationales for their actions and interpretations and noting events and situational factors. In this way I adopted Charmaz's (2006:49) '…code for coding' in which she recommends:

- Remain open
- Stay close to the data
- Keep your codes simple and precise
- Construct short codes
- Preserve actions
- Compare data with data
- Move quickly through the data.

Initial coding was followed by more selective 'focused coding' which began to synthesise, integrate and make sense of the data (Charmaz 2006:59). The initial codes from each interview were transported into a new document and I immersed myself within the data through reading and re-reading and detailed consideration of what was being said, followed by cutting and pasting of codes into early categories, noting emergent patterns as I worked. Appendix VI provides examples of my approach to coding. Each transcript was beginning at this stage to come further alive as the areas of most concern and significance to the participants became increasingly evident. At this stage of the constant comparative method I tentatively began to identify relationships between codes and their characteristics (Boychuk Duchscher & Morgan 2004, Hunter *et al.* 2011). I was guided by Charmaz's principles (2006) with arising questions coming from within the data rather than from my existing views; although I attended carefully to my ideas and observations recognising that these could represent significant lines of enquiry. Charmaz (2006:54) cautions against making initial judgments, looking instead to gain awareness of how people understand their own situations thus gain new perspectives. She comments on the need to '…*define* what is happening in the data and begin to grapple with what it means' (Charmaz 2006:46); this is the process I engaged with to capture

arising themes and my associated thinking as part of early conceptualisation within the work.

In the early stage of data analysis from the student interviews the aim was to identify the most significant lines of inquiry to inform future episodes of data collection with mentors, lecturers and within the student focus groups. The work progressed, as described by Dey (2007:168) and categories began to form the 'theoretical bones of the analysis, later fleshed out by identifying and analysing in detail their various properties and relations.' Dey (2007:168) commented on the significant roles of categories in both the explanation and communication of research findings:

> They can be both 'analytic' and 'sensitizing'. They allow us to conceptualize the key analytical features of phenomena, but also to communicate a meaningful picture of those phenomena is everyday terms. They allow us to classify phenomena, but also to communicate a meaningful picture of those phenomena in everyday terms.

Patterns between emergent categories and broader themes arose by my constant refinement and comparison using matrices of data from the various interviews and focus groups. Following Charmaz's (2006) lead my insights were also enriched by examining particular incidents and examples where students, mentors and lecturers described their enactment and growth of professional integrity. As previously suggested, throughout these processes completeness and not consensus was the goal and attention was paid to variation and exceptions in the data.

3.5 Quality of the research

The final section of the chapter examines the quality of the research. What is important is the extent to which the conclusions reached are warranted (Norris 1997). A number of considerations are relevant to this, but before these are explored it is important to establish the criteria through which the rigour of an approach which drew on grounded theory principles may be judged. Denscombe (1998) comments that comfort with uncertainty and alternative perspectives does not reflect weak analysis but rather an acknowledgment of the reality of social situations and Morse (1991:16) questions results which present as '…much tidier than one would expect to be derived from the natural world.' Norris (1997:175), however, comments that the complexity involved in

judging the validity of qualitative research 'does not mean that…anything goes'. Assessments of the rigour of research focus on criteria informed by the methodology and Dey (2007:171) articulates the expectations of grounded theory methodology to be:

> …that it aims to theorize a social process; that it focuses on understanding the intentions and strategies of actors involved in that process; that it proceeds through exploring the process in a variety of settings; and that it involves systematic analysis of data through categorization and comparison.

Charmaz's (2006) principles have informed the research therefore, her standards against which the success of research can be measured are also relevant here: credibility, originality, resonance and usefulness.

3.5.1 Credibility

Applicable to the research's credibility, and to enable the reader to fully understand the research processes, the methodology chapter has provided detailed descriptions of the research methodology, methods and analysis (Chiovitti & Piran 2003). This demonstrates that a suitable methodology and methods addressed clear research intentions. A study's validity contributes to its credibility and Norris (1997:173) suggests that '[o]ne practical way to think about the issue of validity is to think about error and bias.' Several steps were taken in this research to reduce the risks of error and bias. For example, during data collection, which took place both prior to and contemporaneously with analysis, steps were taken to minimise socially desirable responses from participants. This was achieved by excluding students with whom I had current significant relationships and open, non-leading approaches. Moreover, interpersonal skills were employed to create a relaxed atmosphere in which the participants felt valued for their honest disclosures (Pezalla *et al.* 2012). Another factor influencing the accuracy of the research was my commitment to intimacy with data evident through my personal engagement with the participants and transcription of their words.

Attempts to reduce errors and bias featured in systematic analytical processes which included transcribing data verbatim, staying close to the participants' meanings and taking an approach in which I remained aware of my own thoughts, feelings and existing preconceptions (Norris 1997, Charmaz 2006). An initial literature review was completed prior to data collection however, its

results did not guide or structure, but rather contributed to analysis which ensured faithful attention was paid to emergent themes (Charmaz 2006). What is more, within this thesis, the presentation of findings addresses the concept of 'interpretative rigour' (Cooney 2011:18). Substantial verbatim data is reported to demonstrate the themes and subthemes of my findings and honest representation of the participants' meanings has avoided quotation of sections of their testimony out of context (Taylor 2012). This can be particularly relevant when presenting findings from focus groups and care was taken to accurately represent the nature of the interactive discussions which took place in these meetings (Kitzinger 1995).

Connected to validity the thoroughness of the research was considered. Although a relatively small sample size was a limitation of the investigation the inclusion of students, mentors and lecturers was pertinent to the credibility of the study. In comparison with the inclusion of the students and lecturers, engaging mentors required considerable additional work to meet NHS R and D requirements. However, missing these voices would have rendered the study less thorough. Participants from each group – students, mentors and lecturers – included males and females; students and lecturers were from all four fields of nursing and mentors from adult health and mental health contexts, which included inpatient and community settings. These heterogeneous factors contributed to the breadth of perspectives within the research. Moreover, the length of time invested in interviewing each participant, or group of participants, lead to substantial data which contributed to theoretical sufficiency and time was devoted to identifying the themes for further investigation from the analysis of complete transcripts of data. This culminated in a significant period where rigorous processes revealed the study's findings (Charmaz 2006). In particular, evidence of a study's search for contradictory sources of data may seen to be an indicator of its rigour. To achieve this each participant's voice was heard through a research process which provided ample opportunities for different perspectives to be exposed within the findings. Moreover, every segment of data was included within the analysis which attended to both the 'dramatic and mundane' (Norris 1997:173, Mays and Pope 2000).

Other factors which enhanced the research's credibility were my familiarity with the setting, topic area and my extensive prior knowledge of the context. While the potential disadvantages of a lack of objectivity were addressed by my open acknowledgment of the characteristics, experiences and values which I brought to the process. This was also accounted for within the research philosophy where my perspectives were embraced and managed rather than denied (Charmaz 2004).

3.5.2 Originality, resonance and usefulness

My original research has contributed some new insights into a topic area which, whilst evident within the literature through a number of themes, has benefited from specific attention focused on professional integrity in the context of pre-registration nurse education. Denscombe (2010) discusses the importance of being realistic about what has been achieved and in this thesis I have reported the particular findings of my research and tried to avoid any grand or unsubstantiated claims.

The collection of data from those with a variety of perspectives, and the sense that its findings make in the subsequent professional discussions, contribute to the resonance of the research. Connected to this, usefulness is an inherent property of my findings which provide insights to initiate discussions and new actions within the everyday practice of nurse education (Charmaz 2006). The findings expose processes through which professional integrity can be fostered within a local educational context, and make links with the existing literature. What is more, contemporary debate and renewed focus on healthcare values which emphasise the need for professional integrity within healthcare provision render the outcomes of this thesis relevant and timely (DH 2012b, Francis 2013, DH 2013b).

3.5.3 Limitations

As with other data collection tools interviews and focus groups have limitations. A limitation of interviewing, and therefore this research, is that this method does not facilitate investigation of what participants actually do, but rather how they talk about this. This may impact on the validity of findings. However, while member checks as such were not carried out for all data, second interviews with

student nurses did allow me to consider the consistency of individuals' views and disclosures. The presence of friendship groups in both focus groups also, to some extent, moderated individual views or descriptions of particular situations. The methods which were used aimed to explore and interpret the meanings which student nurses, mentors and lecturers attached to their experiences, not available through for example observation. However, while substantial time was invested another limitation of these interviews was that they lacked prolonged contact with the participants (Charmaz 2004).

In this study the sample did provide rich data, but the number of participants could inevitably be seen to be a limitation of the research. A range of views from the different groups involved was achieved, but the numbers of participants was relatively small. It was important that the study was manageable in the prescribed timeframe, and vital that ethical principles, such as not burdening students were adhered to, but these factors impacted on the sample size. Finally, advantages of a broad topic area which characterised an open approach to the investigation of professional integrity in pre-registration education, at the same time risked the dilution of the inquiry's focus and potential to stray from the research's specific aims.

Chapter 4: Meanings

This chapter and the following chapters – Meanings: Chapter 4, Enactment: Chapter 5 and Growth: Chapter 6 – present the broad scope of the research findings. The meanings of professional integrity reported in the first findings chapter provide a foundation for the subsequent chapter which reveals how professional integrity is enacted. Having established the nature of professional integrity the final findings chapter sheds light on the manner in which this develops. Each chapter synthesises data to report connected themes, which together provide a picture of professional integrity in pre-registration nursing at UEA. Appendix VII shows the pseudonyms which were assigned to the participants for the presentation of excerpts of the data. Abbreviations indicate whether data arose from interviews (Int.) or focus groups (FG).

The meanings of professional integrity grouped into three subthemes – People at the centre, Complexity and Genuineness – each of which represented overlapping and distinct perspectives of students, mentors and lecturers

4.1 People at the centre

> …fundamentally putting people first…so the sort of core belief is that you treat people as you would your own family…
>
> Charlotte (Student Int.2)

4.1.1 Students

At the core of professional integrity was the belief that other peoples' individual needs should be at the centre of students' actions:

> I look at it [professional integrity] as…your…beliefs…towards somebody, anybody not necessarily a patient or a service user, anybody…I think it is about treating them as individuals…
>
> Sally (Int.2)

Anne (Int.2) was committed to battle against factors which may challenge person-centred care:

> [For professional integrity]…I will do my little bit and I will make my little bit of difference…where I can, and be very person-centred and battle against everything else, that is all.

Professional integrity was expressed through students' relationships with patients, relationships which Anne (Int.2) described as 'privileged',

> [a]…privileged relationship…you know to be with somebody when they are ill…that is something that I have really, really gathered on this last placement more than I have ever on my other placements…because we have worked with some really quite poorly people…and that nursing relationship is just fundamental. So that relationship is part, as far as I am concerned, is part of professional integrity.

As they acted to initiate and sustain the type of relationships which characterised their integrity, students considered what they would want for themselves or family members in patients' circumstances. Giving an example of her reasoning Charlotte (Int.1) considered what she would want 'if that was me':

> …if I was the patient I would be wanting somebody to listen to me, to make sure what I wanted was done not what they wanted was done. So it is thinking about putting yourself in their shoes a bit really. I know sometimes you can't do it, but you kind of think well if that was me…

Professional integrity meant that students went beyond how they might feel in a particular situation to try to understand the actual perspectives of the people involved. Sophie (Int.2) connected this to empathy and respectful non-judgmental practice:

> …I have tried so hard to conduct myself in a way that is supportive of people, that is respectful of people, that is not judgmental…and [to] empathise with people [thinking] this is why they are behaving the way they do. No matter how much we, or I, may…disagree with that behaviour...[I] try and get into that person's shoes and understand why they might be doing that.

Students' definitions of professional integrity included the ability to put aside their own beliefs and concentrate on a patient's goals and Sally (Int.1) spoke about this:

> …his goal is to get out to the community, so whatever you do…whatever you believe you have to kind of like put that aside, because…you know if I don't think that, that chappy is ready to go into the community it's not about what I believe it is about preparing him to the best of his capabilities to be able to do that…

Placing people at the centre of their interventions meant more to these students than following task-oriented approaches and getting ticks in boxes. For example, Sophie (Int.1) focused on giving people time and respecting individual needs as areas she believed ought to be valued in nursing practice:

> …sometimes…[it is seen as]…the best nurses who can do all the ticks in the boxes and go through the workload and everything is done…and someone who is perhaps struggling with that amount of work, but… giving the patients more time and not being so task-orientated…may not be seen as the best nurse, but actually maybe…

What was important was that professional integrity was judged through values which put the interests of people before processes or procedure and Charlotte made this point:

> ...doing good, I suppose it relates to what we were just talking about, about the best interests of the person and what they want really, rather than doing good just because you feel like you are doing a good job [when] you might not actually be doing a good job...you think you are doing a good job because you are giving out the meds, but you are not actually really listening to what that person is saying…

Sally (Int.2) went further to illustrate the importance of individually tailored care with an example from her practice experience with Health Visitors:

> …there [were] days you'd have fifty children, fifty babies. It was like a baby conveyor belt…but they're individuals: parent, grand-parent, whoever brought said child in was individual…they're not all the same…they have to be treated like individuals…

Professional integrity was not only about the 'big' things, and could also relate to the commonly occurring or out of the ordinary circumstances. Anne, Charlotte and Sally reported the benefit of small actions for patients' overall experiences: Sally said, 'it might not even be anything big it might be something very small, [such as] you listened to me that day'. As Betty's course progressed professional integrity involved her increased confidence to initiate relatively small actions which made significant differences to patient experiences. Sophie discussed the need to respond appropriately in one-off situations and Betty (FG.1) compared her own views with a patient's preferences in this excerpt:

> I think for me it is observing initially to make sure I have got... [it right] for example, say a patient doesn't want a bath that morning or a wash, personally I may think well yeah you need one...it is getting that balance between just observing that person...weighing [up] as well what harm does it do to wait ...rather than demanding…

In focus group discussion (FG.1) students spoke about how they pursued patients' wants within the context of their experience in actual practice:

> ....questioning your own morals and beliefs looking at theirs [the patients'] rather than demanding that they have to have a wash or a bath in the morning
>
> Sonia

...putting the patient first so to speak...

Monica

…it's what the patient wants not what we want

Clara

Unselfish practice was part of students' professional integrity and Charlotte specifically mentioned altruism: 'you just want the best for people so that sort of altruism really'. Anne (Int.2) gave an example of how she unselfishly put patients' needs before her own learning:

> …if you think that you are struggling or things aren't going right, rather than staying with it, or making it worse you need to be able to…[think] right okay, just hold it, I need to, to remove myself or go outside. Or if you think you know a patient doesn't want you, or a client doesn't want you in the room as somebody extra and you can tell that's impacting on them…get yourself out of there and call that a day…

Patients' vulnerability underlined the need for nurses to be trustworthy and for Anne (Int.1) professional integrity meant that she could be trusted to do what was right for the patient and maintain standards throughout her practice:

> Integrity in nursing…you are put in such a position of trust…you work with the most vulnerable of people. So that trustworthiness…has to be a major part of integrity, it has to be…doing what is right for the patient…it really is doing everything to the best of your ability, and again I come back to doing what is right and not cutting corners, you can't cut corners with peoples' lives whether they come in for something minor or whether they come in for something really major.

Connected to trustworthiness students had learnt in practice that patients appreciated honesty, even where care did not follow the course that the students would have liked. Robert gave the example of being honest with patients in situations where hospital discharge could be delayed and Penny (FG.2) commented on this:

> …patients respect us as professionals in the discharge situation if we are able to say okay this is the way we would ideally like it to happen, but to be honest and not give them like a flannel excuse it will be done in five minutes…

Courageous practice could also be necessary to keep patients' wellbeing at the centre of students' actions. Sally's (Int.2) viewpoint on this was consistent with that of other students:

> ...you do need courage because obviously if you see something that is not done right, or you believe sometimes that something is not being done right, or you are being asked to do something that you don't feel maybe is correct…

Courage not only related to particularly challenging one-off events but was also a feature of everyday occurrences and Sophie (Int. 2) spoke about this:

> …courage has come in a lot more than I thought it would come in and sometimes it is just…little things, just saying well I actually don't agree with that…or this patient has a name…

The students were unanimous that to them professional integrity meant placing people, and particularly patients, at the centre of their actions, a view which was reinforced by mentors and lecturers.

4.1.2 Mentors

Mentors viewed 'professional integrity' as a practical concept and like the students shared the principle of placing people at the centre of their practice. Professional integrity was once more embedded in everyday practice and giving an example of this Mark spoke about integrity as a 'thread' running through nursing practice. Mark's priorities were to show students the humanity of nursing with integrity and to demonstrate how patients were put first in busy wards:

> …the student can see in busy wards you need to put the person first…integrity is…like a thread going all the way through…all our work which we do…you treat the person as a person respect them…

Cathy connected professional integrity to investing time in the care of individuals, a point which arose in student data. Like other participants Cathy believed that professional integrity was characteristic of good nurses' everyday practice and broke this down into steps for students:

> …something that I learnt ages ago when I was on a dementia care ward was the difference maybe in me taking somebody to the toilet and another nurse's practice I didn't value shall say…and that the patient very quickly knows if someone is…in a sense not understanding their needs, is rushed or rude…doesn't meet their privacy needs, all sorts of things like that…I use that as an example with students…if you break down the steps of actually a trip to the toilet which is successful in every sense…you know the difference between a good nurse or a bad nurse…

Reminiscent of Student Anne's point about not cutting corners in her practice, Mark thought professional integrity involved being 'thorough'. For Mark relationships which showed integrity involved standing up on a patient's behalf,

something which students suggested was part of courageous practice associated with integrity:

> Professional integrity is the way we do our job to the best of our abilities…but primarily to the best of our abilities for the person so that …we are actually making sure that the person has someone who is professional, that is thorough and who…will listen and actually would stand up for the person who is in our care and say to any other sort of professionals 'No that's, no you can't do that, that…is wrong that is not right for the patient…'

In a similar way to the students mentors connected individualised care and non-judgmental approaches to professional integrity and Sarah spoke about this:

> …not judging, not being judgmental, finding how people tick and what's causing whatever the problem is and not just seeing what you see, finding out what else is going on and respecting people as individuals…

Again, empathy surfaced as a component of professional integrity and Cathy felt that an inability to empathise with others would lead to a student not knowing where to start to deliver the person-centred care which defined professional integrity.

> I think that if you can't empathise with somebody in their illness or wellness…if you can't empathise with carers or family or friends…I think that maybe you don't know where to start to help people if you can't imagine how things must be from that person's perspective…

Professional integrity was explained by multiple facets of students' and nurses' positive interpersonal working with patients and lecturers' views added to this explanation.

4.1.3 Lecturers

Consistent with students and mentors, lecturers' definitions of professional integrity put other people first. Simon, for instance, spoke about unselfish nursing practice:

> …you know professional integrity it goes back to…we are there for patients and we should be doing the best for patients not what's best for us…

Kim's definition included the ability to put others' 'best interests' over one's own immediate needs:

> …being able to put your immediate needs…on a lower priority perhaps, in the best interests of other people to whom you have a duty of care.

Once more, professional integrity gained meaning through practical application which placed peoples' needs at the centre of nursing actions. Alastair felt that

this came naturally in his field of Learning Disabilities practice, but thought that this did not always equate to students' actual experiences:

> [in] …my field it has long been the ethos of person at the centre of their care, so for me it just comes very naturally to speak in that language, in that way…it just seems natural, [but]…that is not typical of all the experiences that the students have…

Simon summed up that for him professional integrity meant acting with humanity: '…treat people as human beings that is where it [professional integrity] comes from' and gave an example which mirrored points raised by students about the threats of task-orientated processes to nursing patients as individuals:

> [In]…emergency medicine you see people [nurses] become very disease orientated, and are very task orientated, and are very target orientated and people [patients] stopped being people, they became targets and numbers…and I didn't like it when people are dealt with as a number or people lost their identity, and I think we have to remember as practitioners it maybe the fiftieth heart attack I have dealt with that month, but that person you have to show great professional integrity because it is the thing that has happened to them now…

Simon gave a particular example of how standing up for patients' needs defined his integrity:

> I will use an example, when I was an A and E nurse we had the four hour targets…and I wouldn't move people if they wanted to use the bathroom and things like that. To me the person was the most important thing, but the pressure was really exerted upon you to actually move patients: 'Oh they can go to the toilet when they get to the ward'... But I felt you know, you have to act with integrity and you have to advocate and say actually 'I am not moving my patient is going to use the loo...'

In this example not moving the patient seemed to represent the steadfastness of Simon's professional integrity.

Shirley's view also reflected the necessary human focus of professional integrity:

> …a patient focus…that patient, but as a person….not what he is in with and what his conditions are, but it is getting to understand who that person in a bed is...not as the appendicitis in bed 6...

Collaborative approaches were central to lecturers' views of professional integrity and Tom spoke of working with patients as 'a bit of a fellow traveller…rather than being somebody who is prescriptive…' Shirley also made a point about working in partnership with patients and mentioned changed approaches in healthcare:

> ….bringing that patient into the centre and talking about power shifts how it has really changed. Now that we are partners we are not like we were with Hattie Jacques telling you…you weren't allowed out of bed and all this sort of thing, so you try and remove this patient role…to one of a partner…

In short, professional integrity put people, particularly recipients of care, at the centre of nursing actions. Professional integrity gained meaning through person-centred activities of nurses who were trustworthy, honest and at times courageous. However, presentation of any one part of its meaning alone may be misleading and evidence indicated that professional integrity was complex, multifaceted and contextual; it is this which will be explored next.

4.2 Complexity: Not clear cut

> 'I think integrity…and acting how you believe is a quite complex issue...'
>
> Sonia (Student FG.1)

4.2.1 Students

Professional integrity involved students doing 'the right thing'. Due to multiple factors and perspectives at times this became complex. Anne (Int.2) suggested that holding a different view from others did not necessarily mean that a particular party lacked integrity:

> Well maybe what I think is right is not necessarily what is right…that might not be somebody else's right, but it is my right…

Focus group students agreed that the actions which characterised doing the right thing were not 'set in stone'. Charlotte (Int.2) said that situations could be problematic: 'it is …looking at all the ethics and everything that comes into it. It's never very clear cut…' She too felt that there might not simply be one 'right thing' to do in a particular situation and that the factors involved ought to be weighed up and a range of perspectives considered:

> …there might not be the right thing to do, there might be the right thing to do for him [the patient], there might be the right thing to do for his health, the right thing to do for nursing, but it is marrying all the three up really isn't it? And that with the ethics…you have to weigh everything up, and if you are going to make a decision…have other people involved in the decision….

Students spoke about different opinions in situations which could be seen to compromise patients' lifestyle choices. Only considering service users' expressed wishes was an oversimplification of professional integrity and Charlotte spoke of different perspectives involved when a person was detained

under mental health legislation. What appeared relevant in these circumstances was that, if not the patient's wishes, a patient's 'best interests' were central to nursing practice. Charlotte (Int.2) made the point that when making decisions which showed professional integrity both present and future circumstances should be considered:

> …if somebody is going to be sectioned [detained under mental health legislation] they might be screaming out they don't want to be sectioned, so it's not the right thing for them… [it is considering] the future as well, it is not just looking at the here and now…

Professional integrity required students to think deeply about complex issues and Anne (Int.1) hoped to improve as the course progressed and that her integrity would move to a deeper level:

> …hopefully in Year 3 I am hoping that I will…go up a different level… deeper…

Similarly Charlotte (Int.1) said she had to think about situations in depth, something which she aimed to achieve with the support of her mentor:

> …it's thinking things through as to why you do something…if I said something to my mentor she might turn round and say 'Well why did you think that?' and…then it makes you think a bit more about why you are doing something…

Even where clarity was reached about actions which most closely represented professional integrity human fallibility could become a complicating factor. What seemed important was that students took corrective action where they became aware of potential breaches in their integrity and learnt from their mistakes. Anne (Int.2) commented,

> ...nobody is perfect and people make mistakes, as do I so, but then when you do then you need to put that right and don't do it again, learn from it…

One of the ways in which students managed the complexity of professional integrity was by 'doing their best' and Sally (Int.2) explained this:

> …you try to give them [the patients] the best you can…you might always have…complications throughout the way, but if you were doing your best for that person they would kind of likely be more satisfied…if you aim for your best…even if it didn't work out, at least you know that's what you did…

Penny (FG.2) recounted a situation from her personal life to demonstrate that for her doing her best may show more integrity than doing what seemed to be the right thing at the time. She had acted in what she considered to be the right way – in this case contacting Social services – but suggested that through doing

'the right thing' and without taking sufficient time to consider the bigger picture she had not done her best in a situation which had unforeseen negative consequences:

> …I did the right thing, but I don't think I did my best…I did what was considered the right thing at the time…

Through her experiences Penny had learnt that doing her best could involve slowing down and looking at the bigger picture:

> …I think doing my best would've been to slow down and look at the bigger picture. I did what was considered the right thing, but if I had done my best and not jumped in with both feet, which I am prone to do, I know it is not my best attribute, it wasn't doing my best…

In contrast to Penny's example, students also believed that a person's best may not always be good enough. In such situations students' and nurses' best efforts that fell short of professional integrity could involve personal limitations or organisational constraints.

Sally (Int.1), for example, thought that many circumstantial factors could be involved and were not always taken into account when judgments about professional integrity were reached:

> …bad press because…they look at certain aspects, certain people's views…poor standards which is brilliant that they have highlighted [those]…but maybe the bigger picture was the fact that they did not have enough staff not obviously any excuses, but…the bigger picture, maybe the management…, but obviously they cannot display the whole picture just the bit that they want to get across…

Sally (Int.2) also highlighted a 'post code lottery' of services which could make it difficult for individual nurses or students like her to show integrity:

> …it's difficult because in a way everybody should be treated the same …obviously everybody should have individualised care, [but] everybody should have the same opportunities as the next person, for example like drugs that are only available in certain areas things like that, my belief is that is not right…if it is good enough it should be for everybody not post code lottery…people should be treated equally…regardless to you know…[of] their background or…where they live…

4.2.2 Mentors

Mentors shared the students' view that professional integrity was complex and Cathy thought that integrity could be a difficult concept to explain:

> I think integrity is probably a difficult concept for most people to actually formulate into words…and I think that probably applies in terms of professional integrity for nurses as well…it is something that maybe can be banded about I think without people actually understanding or

> knowing how to interpret that for themselves…I think, I mean thinking of coming along today I was thinking that it was maybe easiest to identify…when integrity is absent…rather than maybe when it is present.

Mentors seemed not to use the term integrity in their work with students and as previously mentioned this was embedded in everyday practice and Ben said,

> I think it's been really good to discuss it [professional integrity] actually, you know as part of an interview because it is as I say something I don't think is actually talked about actively at any great point, but I think it is something that should be, because I think it is really important. It is actually just really trying to unpick it personal integrity, professional integrity what it actually looks like in practice for mentors and for students…

Professional integrity could be taken for granted: 'I think it is something [professional integrity] that we just do…and we take for granted in some ways, sadly' (Sarah).

Different perspectives contributed to mentors' picture of professional integrity and Ben's stance that one person's view of any situation was insufficient was typical of the other participants:

> You haven't got all the right answers, me I haven't got all the answers basically, and you, I have one perspective…that is the thing, the one thing that sticks with me [is] you don't actually have all the answers, but to develop somebody's integrity, professional integrity, you have to be able to discuss, debate, rationalise, reason, all those skills actually do that…

Sarah thought that in the practice context students could 'tap into' different peoples' views and ideas to benefit their integrity, and Ben spoke about how openness to others', including students' ways of working had influenced his own integrity:

> I look at everybody I work with, I think that's the key thing for me…you can look at examples of where things worked well, and things don't work so well, and you can actually develop your own integrity from that point of view….it is actually fascinating looking at how different people work and how different students work as well…

However, Cathy mentioned that different approaches could become problematic and Mark thought that where staff behaved inconsistently professional integrity could become confusing for students. Mark suggested the benefit of team agreements about ways of working,

> …people have different approaches to everything and sometimes the students can get a bit confused…as a team we talk about things and approaches so that when students come on a ward we will all be coming from the same direction…an instance could be say if we have…a relative

> who has had physical abuse by their wife, or their husband, and they come on [to] the ward and…the strategy is that we will have someone in the environment but…not right next to them observing them all the time and if one approach from a Staff Nurse is that the person is standing right next to them, or another approach is that another Staff Nurse is away from them…just to make sure they are safe…and then the student's…going to get mixed…thoughts about what to do…

There was some tension between the benefit of openness to different approaches and consistency, what again appeared to be important was finding a way through in which the patient came first:

> ..if there…[are] issues in the team which would affect…professional integrity…they're discussed and they're worked out so…even if they [staff] disagree [they] can agree to disagree…to the benefit of the person in their care…
>
> Mark

Often situations were not 'clear cut' and Cathy thought that that novice students could over simplify complicated situations making these concrete where actual circumstances could be uncertain and fluid with the need to 'balance some of the complexities' involved.

> I think maybe students especially new students probably have a very black and white way of looking at things and thinking about things and I think one of the ways is to maybe talk with the student to say okay this might have looked a certain way, or sounded a certain way, however whatever I thought that might be going on, and talk with the student…I think trying to get the student to balance some of the complexities of a person and their situation…things are often not clear cut at all…

Cathy's view was balanced by her thoughts that the simplicity of a student's thinking could be beneficial where her decision-making was challenged by the many factors involved:

> …on the opposite side of that sometimes I think because I try to consider so many things in working with people sometimes that feels like it's difficult to make a decision…or come to some sort of conclusion. Sometimes in a sense the simplicity of a student's thinking can be really helpful…

Cathy also spoke about how circumstantial factors could make it necessary to find a way to practice which was 'good enough' to show professional integrity:

> I think maybe the easiest way to explain it…is how…how to achieve integrity given the constraints upon yourself as a practitioner or a student, because I think…some of the constraints that jeopardise integrity…things like being excessively busy…, overloaded with work…, maybe not fully supported…, maybe not really working with someone in a multidisciplinary way I think there is a number of things that can jeopardise integrity…and I think that somewhere along the line I

> think…that nurses' experience is that they have to say it [practice] is good enough…recognising the parameters of, with the demands and constraints it's good enough…

Professional integrity, it seemed, could benefit from creativity, problem-solving strategies and compromise whilst still putting people first. Ben spoke about this and his belief that it could be important to move forward in changing times. As a mentor he valued the fresh ideas which students brought to situations:

> ….try and do things differently…accept that you don't do things necessarily the way we did five years ago…it is trying to be imaginative come up with ideas, come up to me with a solution rather than a problem as such really. I think that is the real sort of thought processes and I think that also helps with your, your own personal integrity if you think outside the box you can come up with new solutions and you know working with students…they have got some cracking ideas…there are fresh ideas... It's the cheapest Continuing Professional Development you ever get really is working with a student because they come with their own fresh ideas and I think that sometimes inspires….your own integrity to act and to self develop as well.

4.2.3 Lecturers

Lecturers attributed breadth and depth to nursing integrity which they described as complex, multifaceted, not straightforward and additional to competencies. For instance, Kim believed.

> [Professional integrity is] complex...it's very hard to be too explicit in saying what it is because there is...the danger of excluding something that clearly might also fall under that umbrella

And Shirley added,

> [Professional integrity] is quite multifaceted. I don't think there is one definition that can really cover it…

Kim thought that professional integrity was a dynamic, contextual social concept, with societal and organisational expectations impacting on its expressions:

> It [professional integrity] is about what's right, and right is...clearly very contextualised...but I think within the context of nursing practice in Western society that we are socialised into I think it is adhering to that moral code really…like I say even if that means personal compromise…

Simon also acknowledged how context bore upon professional integrity, but from an intellectual point:

> I think it does change according to the situation or the context which you are in, so I used to see it as something very practical and now I see it as something more intellectual or academic due to the nature of what I am doing…

In contrast to most other participants, Liz shared meanings of integrity derived from the literature. Liz viewed integrity as unmovable as in 'integral garage' and 'sticking to beliefs'. She, however, qualified this by describing the complexity of professional integrity which she believed should account for all perspectives:

> I think… [professional integrity] is to do with sticking literally sticking as in you know to what you actually believe, but being very able to...listen to others' opinions...being honest and kind of admitting that you might have got it wrong, you did not see that side of it, or you might have actually done something wrong...over looked something...

As previously reported, lecturers felt that there was rarely one right thing to do, but a range of perspectives and responses in potentially complicated practice-based circumstances. Kim said,

> …there is sometimes not one right thing to do that there are a number of acceptable things to do of which experienced practice, custom the context might suggest one would be preferable…

Kim explained that human nature and the contextual characteristics of professional integrity could include errors of judgment and be influenced by particular factors, for example being under pressure:

> I think you have to be open to the idea that lacking integrity on occasion or in a context doesn't mean you lack integrity, it means at that point in time there was a context in which your judgement was impaired…so I think you know we must recognise that you know I can have integrity, but still behave in a way that is incompatible with having integrity on occasion, that's the nature of human behaviour, sometimes our behaviours don't actually fundamentally reflect who we are or what we agree [with]: I know this is wrong but I am up against it, life is difficult you know error of judgment happens all the time…

Tom spoke about how clinical judgment exposed tension between service users' wishes and their 'best interests'. These complicating factors were in addition to the impact of organisational constraints on professional integrity. Kim went as far as to say that services themselves lacked integrity:

> …when I look at the service that is provided for some of the clients who I worked with in the past, client groups, there is a fundamental lack of integrity in what is offered and how services are organised. I think the system lacks integrity…and as such I suspect as a practitioner I would find that personally compromising…

Pragmatism arose as part of showing professional integrity in the complex arena of healthcare and Tom, for instance, illustrated his belief that prioritising positive outcomes for people may not mean working in ideal circumstances:

> …if you work with people [service users] you can see when things are working despite the budgetary restraints or the organisational restraints you can work in a cupboard in a GP surgery, but if you get it right it has results…

The relationship between doing one's best and professional integrity was again seen to be complicated, to involve individual factors and some human inconsistency and Kim suggested that accepting and understanding this could itself be part of professional integrity:

> ….being accepting…that your best isn't the same as everybody else's best and whilst your best might be that there is a certain output or behaviour…you can't necessarily expect all your peers to do the same because their best will look different, it changes as well, my best on Monday is not the same as my best on Thursday afternoon you know, so I think again it is having an open mind ….

What seemed to be significant was the acceptance of difference and a commitment to managing problems that arose:

> …you can demonstrate integrity by going well we are different and there are problems, but they need to be managed and resolved and addressed in a way that is open, receptive, genuine you know, so it is 'I don't think you did that right we need to discuss' or 'I am a bit concerned about this how are we going to resolve that?' So it is not that it's all lovely and shiny all the time it is how you manage it…
>
> Kim

Lecturers' testimony confirmed others' views that professional integrity was complicated and involved. Uncertainty could be expected and, at least some, flexibility seemed to be required. A final subtheme of the meanings of professional integrity – genuineness – completes the chapter.

4.3 Genuineness: A lot to live up to

Genuineness was a defining feature of the participants' professional integrity and closely related to this was their honesty.

> ….listening to my own, to what's going on inside of me…there is that whole thing to think about…it's being honest, it's being truthful…and portraying that, but from a genuine point and not, not when it is forced…
>
> Anne (Student Int.2)

4.3.1 Students

Genuineness as a component of professional integrity was evident in students' descriptions of how their beliefs connected to their actions across settings and in different circumstances. Clara (FG.1) thought that nurses' personalities were relevant:

> …I think a lot of your professional integrity depends on how you are as a person…

Sally spoke of believing in what she was doing and Charlotte (Int.1) commented on the genuine nature of her practice as follows,

> [Professional integrity is]...being true to your beliefs and doing what is good...staying true to what you believe in, what's right...

Like other students Charlotte (Int.2) thought that professional integrity was internalised:

> Well I suppose it's just inherent, it is just something that you have got within you, it is all to do with your beliefs and what you feel is right, your morals…

In a particular situation where Sophie (Int.2) thought professional integrity was breached 'the first thing that came into play' was her personal morals and beliefs:

> …you see something…that upsets you and then you think that it is morally wrong…the first thing that came into play for me it was my personal morals and beliefs that kicked in and said to me this is wrong…

Professional integrity could be 'a lot to live up to' for these students and Anne (Int.1) spoke about this:

> …you are in such a position where somebody a patient will just put their absolute trust in you and actually it can be quite frightening because the patients, the people, put their trust in you they see you as a nurse and they don't question your honesty and your trustworthiness, it is a lot to live up to but that to me is what integrity is.

The depth of their professional integrity was evident in comments which students made about keeping their consciences clear. Anne (Int.1) stated,

> I like to live my life with a clear conscience; that is not always easy. So I think [professional integrity] is asking questions of what is going on around me and [of] myself...

To silence her conscience Sophie (Int.1) had rationalised a situation where she felt concerned, but this continued to play on her mind after the event:

> …and so I avoided, pretended I didn't even hear it and just said to myself oh well he treated the patient well, no patient was harmed in anyway…I just managed to silence my conscience that way, but I was never happy about myself, about what I did then, I feel that I wasn't courageous…

Honesty was connected to the genuine behaviour of these students and Clara (FG.1) mentioned the significance of acting to address mistakes,

> …if you make a mistake actually doing something about it…[not] trying to not cover up or make excuses which I have seen before…

Monica (FG.1) mentioned openness and transparency:

> Professional Integrity…honesty, open[ness] and transparency and being able to say what you need to say when you need to say it not holding back not feeling threatened or that is how I personally see it…

But transparency was not always the full story of professional integrity, and at times this could conflict with participants' belief that patients' interests were the priority. Professional integrity did not equate to openly sharing views with a disregard for the impact of this on others. Clara (FG.1) thought that the transparent behaviour of her mentor lacked professional integrity:

> …she can't put being short staffed to one side and just get on with the job …now all the patients know about being short staffed and that is not acting with professional integrity, its being negative and putting negative thoughts in their mind: Oh what about my care, how am I going get cared for? Well I don't know because we haven't got much staff, that is not giving professional integrity…

As part of being genuine these students and nurses spoke about how their personal and professional integrity were intertwined and Sophie (Int.2) commented on this:

> I think that they [personal and professional integrity] are intertwined because in all honesty what I see as unacceptable in a place of work I see as unacceptable in my personal life…

Anne's (Int.1) personal and professional integrity fed each other and were interdependent:

> ...if my personal integrity is sloppy then I feel I may create sloppiness in my professional integrity, so it is keeping both. I value one as much as I value the other because they inform each [other]...I suppose there is a debate, can you have personal integrity or professional integrity and not personal integrity?...I would say not because I think one feeds the other.

Other students also commented on consistency in their behaviours within and outside work settings, as is evident in this excerpt from a focus group (FG.1):

> I am the same as I act at work and I am the same at home or in the street, I don't see any difference
>
> Monica
>
> I don't put on an act to go into work
>
> Betty

Students described being changed by their experiences on the programme and nurse education had contributed to Sonia's (FG.1) struggle to be the person that she wanted to be:

> …that fight that actually happened the last years, it was a fight… I am winning to be the person I always wanted to be, yeah that is through education, I think…

Having professional integrity meant that students were genuine and person-centred behaviours were not an act put on in particular contexts.

4.3.2 Mentors

Genuineness was also part of mentors' definition of professional integrity and for Cathy professional integrity was characterised by,

> …professionalism…that is sustained even if there is nobody else around to observe it

Sarah thought that personal values kept her 'grounded' and the primary point Sue made about her professional integrity was that this meant being true to herself. Sue believed that for students' success genuine attributes of integrity should accompany their other achievements on the course and she separated empathy and caring practice which prioritised patient needs from 'fantastic paperwork' and 'brilliant portfolios[s]':

> …they [students] are being trained to be the best practitioner they can be, but to be that if they don't care enough then they are wasting their time, so just try and explore their empathy side and their caring side, you know they might have fantastic paperwork a brilliant portfolio, but if they don't care they are going to struggle…
>
> Sue

Although conscience was not mentioned specifically Cathy commented on residual effects where an individual believed that they had fallen short of professional integrity:

> I think in a sense if you know that you haven't done the right thing or haven't done enough or you haven't done it in a timely fashion, for example, then I think that you know that and I think that at the end of the day that stays with you as a practitioner whether you are a mentor or a student…

Similar to the other participants Cathy felt that personal integrity was inseparable from professional integrity and again explained that the two were 'intertwined':

> I think my own way of being informs that [professional integrity] as well...[it] is difficult to separate from the professional me, that's intertwined.

Sue spoke about how professional integrity influenced everything that she did:

> Everything, it [professional integrity] influences everything I do, I don't think I was, I don't mean I was an uncaring person, but I would never of

> contemplated myself as particularly caring before I became a nurse but it influences every aspect of my life now, because…the nurse has become part of me I haven't changed but I have absorbed it and it has changed me and I think it has made me a better person…

Honesty was again central to genuine practice and mentors commented on how this extended to their interactions with students. Mark, for example, stated,

> I think that like basically it is honesty…that if a person, the student, is not…reaching the expected level to be honest with them to say you need to maybe look at this …

A picture of professional integrity included genuine and internalised facets and the lecturers' views which added to this are reported next.

4.3.3 Lecturers

In Alistair's opinion, '…it [professional integrity] comes from our own inner self…I think it has to come from yourself'. For Alistair, professional integrity was characterised in multifaceted ways that included genuineness, honesty, and personal discipline. In what he described as 'his very personal definition of integrity, he explained:

> …integrity to me is [nursing] honestly and believing in it...it is about genuineness and respect and a form of discipline...having integrity means that you are testable...it has to be genuine and sincere...you can't pretend to have integrity, it has to be...part of your whole structure of belief and values and the way you practice…

Being testable overlapped with other lecturers' views that integrity could involve self-discipline and Tom connected personal and professional integrity with positive behaviour even where this was unobserved:

> …if you find something on the floor and hand it in rather than find something on the floor and put it in your pocket, so I think it is that spin off from just being a person with integrity, but then putting it into a profession…

For Simon professional integrity was 'not something that you switch on and off like a tap' and Tom thought that an inconsistency in behaviours across contexts could be a cause for concern:

> …you'd worry if somebody was behaving with fantastic integrity in work or in the education arena and then not doing it outside of it.

Simon emphasised the importance of practical action for professional integrity and spoke about the limitations of 'lovely speak' which was not necessarily reflected in behaviours. He connected what seemed to be a genuine approach with honesty and courage:

> I think it's about honesty actually and I think having the courage to stand by what you say and not just saying it, but actually practising it. I've seen a lot of people throughout my clinical and my academic career who attest to be integral, but actually are not…when it comes down to it. So….they have got all this lovely speak about integrity but actually when you look at their actions they are not integral at all to what they are saying…

Personal attributes and particularly honesty were once more aligned with genuineness contributing to definitions of professional integrity evident in data and like the students who were involved lecturers connected this to the honesty to admit to mistakes:

> …being honest and kind of admitting that you might have got it wrong you did not see that side of it or you might have actually done something wrong you know in work you've over looked something etc. so honesty…
>
> Liz

However personally challenging this might be:

> …be honest when you are terrified and honest when you realise you have made a mistake…the importance of honesty, putting your hands up no matter what the consequences in contrast to lying or deceiving…
>
> Shirley

Chapter 4 has reported what professional integrity meant to the participants, the following chapter explores the enactment of professional integrity.

Chapter 5: Enactment

Enactment, the second of three themes which revealed professional integrity was evident in subthemes of Boundaries, Speaking up and Coping and resilience. These subthemes are explored in Chapter 5 of the thesis.

5.1 Boundaries

Interpretation of data showed that boundaries were a feature of students' and nurses' professional integrity. Professional parameters included rules, such as *The Code* (2008) and students were learning where to draw lines to inform their behaviour in a professional context which was new to them. Boundaries kept professional integrity intact as participants respected patients' and service users' privacy and independence, for example. Students gave examples of how they believed that through professional power nurses could either encroach on service users' autonomy or promote this. In this context maintaining boundaries seemed to be relevant to both the integrity of nurses' themselves and service users. Moreover, respecting boundaries was not always easy and required self-management and personal discipline both outside and within work contexts.

5.1.1 Students

Professional requirements particularly *The Code* (2008), legislation and policy provided boundaries for students.

> …following policies…you wouldn't just go on your own and think I am just going to do this today because I feel it is the best thing to do, there is always a code, the nursing code…and then you have got different policies you might have in place…safeguarding policies…
>
> Charlotte (Int.1)

Although not yet registered professionals students were mindful of possible consequences where boundaries were breached and this seemed to inform their behaviour: 'if you don't follow procedures or guidelines you could lose your PIN [Professional Identification Number]…' (Sally Int.2). However, professional requirements were not the whole story and personal beliefs that patients' interests should be prioritised also provided parameters for students' actions. Sophie (Int.1) thought that values and beliefs could affect the way *The Code* (2008) was interpreted:

> …this Code of Conduct that we have to abide by…I think it is important to recognise that there may be an element of subjectivity…each person is different and the way they interpret *The Code* the way they perceive

> *The Code*…the way that their past experiences and their beliefs and values…guide them…

A particular incident had brought to Charlotte's (Int.1) attention how she combined her personal beliefs and values with professional expectations to enact professional integrity. After leaving her placement for the day Charlotte caught sight of a patient crossing the road dangerously:

> I noticed him standing on a busy roundabout trying to cross…so I thought well what do I do? I was in the car on my own, I was outside of work time, I didn't want to break any confidentiality…he had crossed the road once and nearly got hit and then he crossed it again, so I stopped the car and I phoned back to the office straight away…and said what do I do?

As a student nurse Charlotte was considering factors additional to her previously held personal perspective:

> There…[were] a lot of issues there…I had my personal values and…nursing values, and confidentiality built in there as well.

She had discovered that personal values which informed her actions were consistent with the values of her professional role:

> …I did just treat it as if I was anybody, a member of the public,…if that was somebody I didn't know and I saw them I'd still be doing exactly the same. I'd still stop, I'd still make sure that they crossed the road safely and I'd still be calling the police to say there is this… [person] I am really concerned about…my personal values were, when I looked back on it all I thought I'd do the same if it was another member of the public…I'd do the same…having a professional relationship, I didn't want that person to think that I was interfering… I had all those things in my mind…because I knew him in a professional capacity, it…cross[ed] over with personal, because if it was a stranger I'd have got out and said 'Are you okay, can I help?'

However, being a student nurse created new boundaries for Charlotte's behaviour that she would not cross 'even for the greater good':

> But you know you've got confidentiality, you've got professional codes, there is no way I would have somebody in my car as a student, you know a patient that I had seen, taking him home, even if it was for the greater good…there…[are] a lot of things that link in there that just weren't suitable to cross and it could've damaged the therapeutic relationship also because…if the police did come and find him, if he knew I was the one there could've been an association, and that could've been really difficult…

It seemed that professional rules could complicate the expression of existing person-centred values for students.

Maintaining professional boundaries involved self-discipline and in an example of this Sophie (Int.2) avoided putting her own needs before those of patients by managing her emotions:

> … if I become really emotional about a placement…that is starting to tell me that I am too involved and the danger with becoming too involved is that then is it about the patient or is it about me?

While students viewed their personal and professional integrity as intertwined this was not the whole story, for some of them claimed that they held higher behavioural standards for themselves in professional contexts than personal ones. Charlotte (Int.2) differentiated between her behaviour inside and outside work letting things go – 'you let things go' – with her children that were not 'very health-promoting' implying that at work she would be less easy-going. Penny (FG.2), similarly, showed increased personal discipline in the work setting,

> ...I am more likely to be grumpy...in my personal life which I don't think is a very good display of respect...I let my personal integrity slip whereas...if I am at work I try and be very professional all the time. I try and uphold all of those values, so in my personal life I can be a bit hormonal, occasionally.

To maintain professional boundaries it could be necessary for students to separate their personal thoughts from professional obligations and to address ambivalent feelings. Sally (Int.2) was learning to manage herself within boundaries of professional practice where her personal beliefs about the actions of a patient conflicted with her professional beliefs that people should be treated non-judgmentally. Her self-management had involved preventing beliefs about a patient's past seeping into her behaviour towards him:

> …my beliefs that I think as a person obviously has to be separate to my beliefs as a nurse …because obviously I am providing a service to my patients…and whatever I think should not come into the way that I treat or interact with…a service user…My first placement…was a really big learning curve for me…I worked with…a sex offender… Oh God, that was difficult…I disagreed with…what that person had done personally, [but] that could not affect how I interacted or treated, you know, this person…

The discipline to maintain boundaries outside of their nursing roles was also significant and Clara (FG.1) spoke about this:

> …with the NMC I think it's acting when you are in, not just when you are in the nurse role, but in your social life as well, not going out doing criminal offences and things like that…

Students were conscious that they were still learning about the parameters of acting professionally and Sophie gave an example of how she had unwittingly

breached such boundaries by not realising the implications of a social media post. When this mistake was pointed out Sophie had felt 'mortified' and was receptive to feedback and adjusted her behaviour accordingly.

Although boundaries may imply rigidity, students thought that to act with integrity they must be flexible and gave examples of how they were learning to balance and negotiate competing requirements within their new roles. Charlotte, for example, was learning how to respond to patients' immediate needs within limitations provided by the wider context:

> ….policies and laws…and the codes what you can and can't do, so that does have an influence on…your decisions…it is just, trying to think about what the person [patient] wants and what is important to them, balancing it with what you can do within your restrictions, like if somebody [was] in a ward and they wanted to go on leave, you can't just let them go out on leave you have all these procedures…, but you do your best to try and fit in…what is more important to them…not just say, 'No, no you can't do that'…not having that kind of response trying to [think]…okay well if we can't do this, can we do that?
>
> Charlotte (Int.2)

Also relevant to a flexible approach, Sophie (Int.1) made the point that professional integrity required the discernment and courage to deviate from guidelines where this could be in a patient's interest:

> …sometimes it's having the courage to challenge paperwork…I'll give you an example, I felt huge tremendous admiration for a nurse who did not precisely follow protocol but had the courage to identify that this was a one-off situation and that sometimes protocol does not cover every situation there is…This was someone who was dying and they wanted desperately to die at home and they…were deteriorating…rapidly and the family wanted them to go home…she [the nurse] was trying to do this…fast discharge…there is a protocol she followed everything…but then she stumbled across the oxygen and it was going to take four hours for the oxygen to come and when she told this to the family they were devastated, they were really devastated, they wanted to go…so she let them go and said right I am making the decision…

Reinforcing the message that professional boundaries put patients first, the students believed that they should support peoples' independence wherever possible. This meant that they should not overstep interpersonal boundaries by being too directional or controlling and at times this could require them to set their own views to one side. Charlotte (Int.1) reported that she saw this as an essential part of self-management. As a Mental Health student involved in risk assessments, she aimed to avoid interfering with service users' goals by solely focusing on their concerning behaviours. In Charlotte's previously mentioned

example where she saw a patient crossing the road dangerously she had reviewed her immediate reactions and discussed the way forward with the team. Charlotte had asked herself: '…does [the service user] need to be admitted into hospital?' and went on to reason 'but that would have…a far more detrimental effect on his health'. She explained 'there were other things that we did instead…' this required Charlotte to resist initial instincts in favour of a more person-centred approach: She said 'For him that [hospitalisation] wouldn't have been the right thing to do…' and explained,

> …your instincts are…there is somebody up the road, they could get run over, you have got risks there, and you are thinking, ooh and then what happens if he gets run over and it's in the paper? Man with Parkinson's gets run over because community nurse lets him out and doesn't admit…

Charlotte spoke of her empathy for this person 'looking at things from that point of view not just seeing risk but actually seeing the person what's important to them…' and not compromising his autonomy further than necessary through hospital admission. For Charlotte this was 'balanced' approach which seemed to maintain her professional integrity and minimise encroachment on the patient's own personal boundaries.

Students' enactment of professional boundaries was influenced by documented rules and their own beliefs which centred on putting patients first. Maintaining such boundaries could involve both self-discipline and professional interpretation of the nursing situations encountered. Interpretation of data also suggested that part of students' professional integrity involved resisting breaching patients' own boundaries with implications for the integrity of people receiving care.

5.1.2 Mentors

Mentors emphasised that professional integrity involved putting the rules of *The Code* (2008) into practice. Boundaries which maintained respect for patients were again evident and Sarah focussed on respect for the privacy and dignity of service users. For example, she commented when mentoring a student nurse: 'I always check is that they don't know the person [service user] as a friend or [a friend's] Mum, Dad…' Sarah spoke about how boundaries of confidentiality respected service users' privacy:

> [Professional integrity involves] confidentiality…being aware of the boundaries…professional boundaries…being professional about what you see, and what you hear…

Like the students the mentors demonstrated that it was not only professional rules but also their beliefs and values which informed professional integrity. Sue said:

> I am very conscious of the expectations of me as a professional and I know the basics of most policies like the back of my hand, but it is about still believing in the concept of being able to help people and improve or help them improve their quality of life, to me it is more about that than all the admin…I wouldn't…be cavalier and just go off like…a maverick but you know if I am not true to myself and I don't still care about what I do and believe in what I do then there is no point being here…

Ben described how he had stepped outside the boundaries of usual practice to meet the needs of a patient whose operation had been postponed.

Sue had been challenged to such an extent by a recent service change that, feeling her integrity to be compromised, she had decided to leave her job:

> I…just accepted voluntary redundancy because I now feel, I am not personally struggling with what I do, I am struggling with the way service is because I don't think I can actually maintain my professional integrity and be true to what I believe I should be doing with the way the service is changing…

For Sue recent service changes meant that a line had been crossed which led her to believe that she could no longer maintain her integrity:

> I feel I can't be telling them [students] things that have made a difference to me, things that have made me a decent nurse, a decent person when I know they are not going to be able to do that themselves, because that sets them up to have a different expectation of what is the reality going to be.

Mentors suggested that practising with integrity required thoughtfulness and Sarah spoke of 'careful' practice to maintain boundaries where nurses could be in the 'spotlight':

> I feel out in the community you are more closely in the spotlight…because you are dealing with the person but you're on the door step and you have got the nosey neighbours and you know it is a different car, it is a different person at the door…and you have to be so careful…because you could so easily break that confidentiality and those boundaries…

Like Student Sally, Sue gave a particular example of how she needed to manage herself when working with a sex offender. Mentors also made reference to adhering to boundaries outside the practice context and Sarah gave an example of the dismissal of two staff following a breach of professional boundaries when using social media.

Self-discipline was only part of the picture and Sue mentioned that it was important to show humanity while working within professional parameters. She referred to skilfully creating therapeutic alliances:

> ...very normal and very relaxed without compromising your professional boundaries...you get people's respect by being very open…

Sue also described how, through one particular incident, she had discovered that, protecting students from her feelings may not be the best course to follow. Sue believed students could benefit from mentors and teams sharing their distress, for example after a person's suicide. She had learnt that rather than creating a wall behind which to hide her distress, one of the advantages of showing feelings to students could be that this demonstrated humanity and at the same time normalised distress that students might, themselves, be experiencing. Like other participants, Sue seemed to suggest that boundaries needed to be carefully considered and that rigidity did not necessarily equate to professional integrity.

Making a different point mentors described how maintaining boundaries which protected service users could also protect the involved professionals and Sarah saw maintaining confidentiality as part of her professional 'armour'

> ..it [maintaining confidentiality] is part of your armour in a sense that you take with you wherever you go…

She commented on a professional's vulnerability where lines were crossed:

> …boundaries that you have to adhere to, and you know that if you don't you are going to get pulled up by somebody or somebody is going to put in a complaint about you…you are aware that [if] you step over that boundary line you are in trouble.

Sue commented on helping students to learn to manage boundaries within professional relationships in which they remained safe:

> I had one student who…started to reveal far too much personal stuff and afterwards I said 'How did you feel that went? And she said 'Oh I felt you know, I felt quite comfortable' and I said 'A little bit too much information, just reign it in'…because you are almost sort of opening the doors…and you become vulnerable…

Part of the challenge of enacting professional integrity appeared to be the complexity and nuances of this. What seemed important was the care and self-discipline to put service users' interests at the centre of nursing whilst also keeping student nurses and nurses safe.

5.1.3 Lecturers

The self-discipline to maintain professional boundaries also surfaced in lecturers' testimony: Simon spoke about enacting professional requirements outside of the work context:

> ….we know that in our personal lives we can't behave how we would possibly like to sometimes, because that wouldn't demonstrate the professional integrity that the NMC [require]…

For Simon the boundaries of professional integrity, which involved accountability to *The Code,* could not be 'switch[ed] on and off like a tap'.

Like other participants lecturers thought that professional boundaries were not always straightforward and Tom, for example, spoke of difficulty when practice was on the 'fringes' of what could be deemed to be acceptable. Simon commented on how different approaches could lead to personal doubt:

> …it could be quite difficult if somebody acts with integrity but then the next person in the line doesn't behave with integrity because then you would start to question, well is my barometer of integrity too far one way if the other person is so far up in the other direction…

Again what was important was carefully interpretation of where the boundaries of professional integrity lay and acting in a safe and disciplined way to maintain these.

Professional boundaries connected to students speaking up where they believed patients' interests were compromised and it is this subtheme of the enactment of professional integrity which is reported next.

5.2 Speaking up

5.2.1 Students

A fundamental feature of students' professional integrity was described by Charlotte (Int.1) as 'if you have got an issue being able to speak up…' Anne's (Int.1) view that professional integrity required her to question where 'things' did 'not appear right' was typical of the other students and professional integrity could involve students asking themselves:

> …if you see something that is not right are you prepared to stand up to that, what you have seen?
>
> Anne (Int.1)

At times Sophie (Int.2) wanted answers to questions which 'red light' moments raised for her:

> …an uncomfortable feeling that to me is like a red light and I have to give that moment a lot of attention….so I stop and I think about what just happened and then I try and go and see why did I get that feeling, and what is it about the situation that made me feel uncomfortable, is there anything happening that shouldn't be happening? Sometimes I don't know, so I ask questions…

However, speaking up was often not straightforward for the students. Students' confidence to speak up was influenced by their novice status and the complicated nature of the practice situations which they encountered. Charlotte (Int.2) described reviewing her knowledge. She asked questions to clarify her thinking about how care which compromised a person's choice interacted with her knowledge and beliefs:

> I could…see that his choice was… being impacted upon just because he was in a ward…, but then you have got the health promotion side of things…and it is also looking at all the ethics and everything that comes into it. It's never very clear cut…the mentor was sort of very straight and down the line [and] so I was hang on a minute why? And I was…questioning…I…felt that certain things weren't necessarily right, that he should have been having more of a decision in things, so I needed to discuss that…

Students sought reassurance that the nursing they were involved with exhibited integrity, but had experienced difficulties gaining this. Sally's (Int.1) questions had 'opened a can of worms', for instance:

> I decided to talk to people…I know I probably upset people. I didn't do it maliciously…I was just genuinely talking to them…I was just asking for their experiences with him, but I know…it kind of opened a can of worms…

Anne (Int.1) thought potential consequences of speaking up could be 'ruffl[ing]…feathers', but for her showing integrity was 'being prepared to do that'. A view discussed in the following focus group (FG.2) extract:

> …it is difficult [to speak up]…because especially in placement I think…you don't really want to come in, you don't want to make waves
>
> Robert
>
> rock the boat
>
> Penny
>
> Yeah I think sometimes you have got to make a stand….
>
> Robert

Whether or not students felt able to speak up was contingent on circumstances and Sophie (Int.1) spoke about experiences which had led her to rationalise her inaction:

> ….I think [that] I was avoiding asking him anything. I could have just said 'So why do you feel that way?'…I was avoidant because I was scared of what he may say and I was scared that if he said something really homophobic I was scared that then I would have to challenge that or tell someone, and I was a first year student nurse and he was a consultant, and so I avoided, pretended I didn't even hear it and just said to myself oh well he treated the patient well, no patient was harmed in any way even if he does have these views you know he didn't express them in front of the patient...

Sally (Int.2) had also found it difficult to voice her opinion:

> I couldn't say anything, I kind of like I think they got the impression that I wasn't happy with the situation, but I just didn't feel that I could tell…

One factor in Sally's situation was reduced confidence in her own view when this did not seem to be shared by other team members. Sally had thought '[it might] just be me…they all seemed quite happy about it'. She also mistrusted possible responses to her point of view and had avoided personal exposure in the small team involved:

> …if that had been in a bigger placement would I have done something about it, probably would if I could…[have] stayed anonymous…

Students' vulnerability to others' opinions and responses influenced their confidence to enact professional integrity and like others Sophie (Int.1) was affected by the power staff could exert over students:

> Courage is…very needed especially when we are a student, it is really hard if you know people are evaluating you and you feel like you are in their hands and they have all this power over you….[to] have the courage to speak up can be really hard…

During her follow-up interview Sophie went on to describe a situation in which she had 'had to climb to the top' of herself:

> … there was an occasion when I really had to climb to the top of my very self in order to be able to have the courage to do something…and this was when I raised an incident and I followed the proper procedure…about a situation…of concern and…that was very, very hard for me to do because I felt I was very scared that they would give me a bad grade for doing it, that they would see me as a troublemaker…that they would just see me as a nuisance. I have heard all these rumours about people being blacklisted if they don't like them and they don't give them a job and I was very, very scared that that would happen….

The support, or lack of this, which students received could be an important factor in their confidence to speak up and Betty's (FG.1) account got to the heart of this:

> I had an incident…on my first placement, as a mature student…I know my own personality quite well but when I felt lacking in support, I didn't have a good mentor I didn't really know where to turn…I felt I let myself down and the patients down…

It was support from a friend on the course, also a member of the focus group, which eventually helped Betty to raise her concerns.

Sophie (Int.2) felt that more could be done to address students' worries about speaking up in preparation for future experiences:

> …I think that what would help student nurses more is…[to] clearly explain…at university…the support that we can give you and address all the worries you might have around…are they going take it out on me, are they going to see me as a trouble maker….? I found myself feeling very guilty for thinking that way because it is a selfish way, my moral beliefs made me think that it is selfish to think about me when this is not about me it is about the patient, but …when you it is your whole dream to become this nurse and people can have your dream in their hands and do what they want with it…or it feels like that to a student may be it is not like that, but sometimes it feels like that, these people have so much power over you…

Knowing that they ought to speak up could create a dilemma for students because taking the 'next step' of raising a concern was difficult: 'it is actually taking that next step and that is the hardest…you owe it to that person [patient]…to do something about it to keep them out of harm's way' (Sally Int.2).

It seemed that more than the support of individual staff members was relevant to students' confidence to voice concerns and they suggested that being included and valued in a practice team could impact on this. Sophie (Int.2) spoke about this,

> …students are sometimes just invisible and perhaps if they are more visible and they are seen as a valued member of the team then perhaps that will help them to have the courage to feel more valued and to feel that they can come forward and speak about the things that they think…

The students were unanimous that patients' needs ought to come first, but testimony showed that they negotiated a 'fine balance' between their own needs and the needs of others. Robert (FG.2) shared details of his conversation with another student and asked himself:

> …where does the line end before you put the patient completely ahead of yourself?…the way she saw it was if I raise this issue and I don't get support…I will fail the placement and I will have neglected my studies because I focused on this.

Through experience students had developed ways of speaking up in which they were most likely to influence others and which could be least compromising for themselves. Anne (Int.1) had learnt to use subtle approaches:

> …when I feel that professional integrity is being breached…I would go in a roundabout way and I would just gently challenge those people, rightly or wrongly, otherwise they would just get cheesed off and what right is it of yours to question…

Betty (FG.1) avoided a 'bull in a china shop' approach and gave an example of being 'diplomatic' and a strategy that could be used to 'get onside' with staff:

> …I think there is ways and means of going about things…you know there are ways politely that you could say something you know rather than going in and being a bit of a bull in a china shop…and get onside with the staff member…hopefully they'll learn from you if you go in with best practice….say for example you go to move the patient up the bed and the person you are working with doesn't use a slide sheet you know you can say it in a way that 'Oh have you got the slide sheet on your side? I haven't got it on this side' and getting them to use it…without actually saying 'Ooh you should be using a slide sheet' being a little bit a bit more diplomatic…

The style in which they spoke up had implications for the expression of students' integrity. Anne (Int.2) did not consider confrontation to be the most professional approach:

> I don't think it gets people anywhere to be confrontational….I think with integrity you can address things without being confrontational….if you are really confrontational then I don't feel that that's very professional and I think that there are other ways around dealing with a situation that needs to be dealt with other than being harsh and confrontational.

When they had raised concerns Anne and Sophie's integrity included considering the feelings of the staff who were involved. Anne (Int.2) said that in such circumstances,

> …we [student nurses] have to be assertive but you don't have to be confrontational, you can be professional, you can be looking after other people's feelings…you don't have to slap them down, or make them feel really uncomfortable and bad about themselves. They might be feeling bad about themselves anyway, so it is just all about I suppose looking after the other people, person's feelings within something that has to be addressed…

Sophie (Int.2) shared her positive experience of speaking up tactfully:

> I thought but how will that person feel being on the job for so many years having a student come in and tell her is that the right thing to do…I don't want to hurt her feelings…so when I talked to her about it…I was trying to be as kind as I could and say you know I was asking about… that dressing I was a bit confused…so I looked it up and I found this…and

> she said really ‘Oh gosh’, and she said ‘Oh well I will look it up, thank you for telling me because you know we are all learning’… she reacted so well…

At times it was difficult, and at worst distressing, for students to speak up when they had questions and concerns. The factors which appeared to most affect this were students’ doubts about the validity of their opinions and the vulnerability which they experienced in circumstances where practice staff had power and influence over their situations. Factors which helped students to speak up were: the support of others both external to and within inclusive practice teams and the skills to speak up in a professional manner.

5.2.2 Mentors

Mentors believed that they should enable students to speak up by preparation for future situations and by being accessible. For example, Cathy said:

> I set the scene right from the beginning and say ‘ask questions anytime…if you…can’t understand don’t be afraid to come… and if you still don’t…come back and say ‘I know you explained it, but’….

Sue reported how she outlined her expectations of students that they would share and check out their thinking where they had worries:

> …if something looks wrong mention it…the bottom line is it is your responsibility [to speak up] if you see something that is not right…but that doesn’t mean you go straight to the top, go to your line manager, go to your colleague say ‘How does that feel to you?’

She too set out to be approachable to students:

> …I will tell them never be afraid, if something feels wrong you need to bring it up, better to be told well there was no need or you got the wrong end of the stick than not bring it up…

Also speaking about engagement with students early in their placements, Ben talked about a local induction scheme in which students were made aware of the different avenues through which they could share their views:

> …locally we have a group induction for the students…so they actually get to know, to meet their Link lecturer, they get to meet their peers … [from] a different cohort, which I think is a good networking opportunity. We…say to students as part of it you have a mentor, you have an associate mentor, you have two people that oversee the area…you also have the Band Sixes, so we actually give a tiered approach to people that they can approach…

Mentors commented on how they supported students to be heard within the wider practice-team and Mark had supported a student who expressed a view which was not popular with other team members:

> …with the previous student I have…she suggested something and… it wasn't…taken very kindly, but…I said to her yeah you are doing the right thing you need to carry on…you are right and I'll support you all the way…

Cathy had encouraged a student to email the team manager with his views:

> ….my recent student, very early on in the placement, came to a team away day…and picked up an aspect of maybe trying to do something differently or better, so I suggested to the student that he email the team manager with that suggestion. I would have stepped in if I had thought that that it might have been perceived as a bit silly may be or whatever but it didn't seem like that. I thought it was a good way to generate….a contribution but also a connection as well.

The mentors believed that they should build students' confidence to speak up. Mark said:

> I think that we as mentors should be making sure that students are encouraged to…have their own…the confidence to be able to do, to say…you know you need to report this we need to do it properly…

Mentors' perspectives that including students in the team and building their confidence could support students to speak up overlapped with the views of the students. The mentors attached particular importance to 'setting the scene' from early in students' placements and the accessibility and approachability of practice-based staff.

5.2.3 Lecturers

Lecturers also spoke about how they enabled students to ask questions and raise concerns where necessary. This involved setting the scene and taking active steps to be accessible and approachable. Kim spoke about this:

> …you set the scene…'if you have got any questions that's okay, if you don't understand that's okay, there is no such thing as a stupid question if anyone has got any issues my contact details are…'

Shirley encouraged students to trust their instincts and to persist to raise even 'the slightest concern' and she prepared students to face future situations by directing them who to speak to:

> …I talk frequently about the importance of if they [students] have got the slightest concern whatsoever…[to] listen to their intuitive gut feelings…if their mentor on the ward is not around to speak to another senior member of staff and don't ever let anything just drop…

Tom believed that students' preparation for practice should address potential challenges to them speaking up in a balanced way and he thought that they may be influenced by high-profile media cases:

> …. it is actually explaining not just the accountability of it [speaking up] but…the process… [clarifying that] it doesn't mean the whole house of cards comes tumbling down, sometimes only minor things need to be put in place to change…They (students) have a lot of…media reports or other reports where if somebody had behaved without integrity…and any support system [for the person raising a concern] doesn't seem to be forthcoming or they experience hostility from the group because they have kind of broken ranks…we need to give them a balanced picture of that…

Liz spoke about how she explored the terms used, motives and feelings involved in raising concerns with groups of students:

> …perception[s] of raising concerns or whistleblowing…the terms used and everything…there are odd motives for whistleblowing…personal gain, or they don't like somebody…but…the right motives….having that courage and…thinking about how they would feel themselves having raised a concern…

Like mentors the lecturers' goal was to create environments in which students felt able to speak up where they had worries or dilemmas. What seemed important was to reduce students' feelings of vulnerability and increase their confidence by establishing trusting relationships. Kim's methods to achieve this included personal disclosure, an approach evident elsewhere in the data:

> …create an environment that is safe and supportive…by being willing to engage with answering those questions in a non-defensive way by illustrating I guess where you have perhaps been in those situations yourself…by sharing and going 'Oh my goodness I remember you know when I was a newly qualified staff nurse I got in a real muddle'…being real with people…I think if you want them [students] to be able [to be] in a dialogue about things that are particularly difficult, personally and professionally challenging or make them vulnerable, makes you vulnerable…

Lecturers' testimony focused on preparing and enabling students to speak up. Their strategies included being honest, non-judgmental and prepared to demonstrate their own vulnerabilities. They acknowledged that students' feelings could include being fearful of the consequences of their disclosures and this appeared to make the support which was offered in these circumstances particularly important. In this small sample whilst the views of students and registrants had much in common students' reports suggested that in practice more could be done to help them to speak up on behalf of patients and service users which could be an area of difficulty for them. The final subtheme of the enactment of professional integrity was students' coping and resilience

5.3 Coping and resilience

5.3.1 Students

Sophie (Int.1) had some advice for those embarking on nursing studies:

> …day on day…my admiration for nurses just grows and grows…and I don't think most…of the public know how much emotional investment, how much sacrifice…physical, mental, psychological, nurses have to put into their job…they are accounting, responding to everyone, they are responding to patients, they are responding to managers, they are responding to families, they are responding to colleagues...and they are doing it every day and circadian rhythms [are] all messed up and all kinds of things but they are still doing it…it is really hard, really hard so if you want to start nursing my advice would be first really work on your mental well being, on your coping ways, on your personal resilience.

Students were unanimous that acting with professional integrity could be 'hard' and required them to cope with trying circumstances. Betty (FG.1) connected feeling stressed, pressured and upset to losing her integrity:

> I lost my integrity somewhere along the way I knew what I wanted to do in an ideal world but when I was under pressure, stressed, upset…suddenly I lost my way…

Personal survival had become Betty's priority during one of her placements with consequences for her ability to speak up where she had concerns: 'I had to just get through it and at the time it was for my own survival rather than what I was witnessing for others'.

To act with integrity it could be necessary for students to cope with difficult feelings and Anne (Int.1) spoke about the emotional 'rollercoaster' of being a student nurse, an expression also used by Sonia (FG.1). The demands of being a student nurse had become overwhelming for Sophie (Int.2):

> …the demands of personal life the situations happening people dying people needing looking after, plus full time placements, plus coursework ... it's just been too much…

Focus group (FG.1) students reported that such feelings were commonly experienced:

> …there is not one nurse in our cohort who has had a day and thought…can I get through today?
>
> Clara
>
> I told the year ones that when I worked with them in their teaching sessions…you will cry…you will question yourself…we all have haven't we…at some point?
>
> Betty

it's the pressure of it

Clara

then you go home and…you…reflect and think, get everything in perspective …and then you suddenly find a new energy from somewhere, or you don't, and you generally…find that new energy but you just sometimes have to go down to be able

Betty

to come up

Clara

What appeared to be important was that students found ways in which to cope and move forward. Sophie (Int.1) talked about strategies she used to manage her emotions to do her best for others:

> …in this placement I walk home I don't go by bus because this is the time when I go through the day in my head and I go over the things that have happened…especially the things that have touched me the most, like if someone has died or certain things…have been more…emotional, having a Mum of 32 with cancer with children coming in…sometimes [I] cry all the way home, that is therapeutic for me, and then I give myself permission to go home and just switch off…I am not saying that I can always do that, it is a work in progress…when the thoughts about work pop back into my head when I am at home I am thinking no, no…you are not allowed you gave your best now you have got to leave it there, because otherwise you are not going to do your best for your patients and you are not going to do your best for your family.

Theoretical learning on the course together with feelings of struggling had lead Sophie (Int.2) to develop strategies to improve her wellbeing which she believed would have positive consequences for her ability to cope and her integrity:

> [the]… first time I thought…I can't do this [the course]…coincided with a wellbeing [teaching] session that we had and you know we were talking about things like do you notice the world around you and do you do this and do you do that and…I started to think well I don't do this, I don't do that …what if I give it a go?…I have got myself into this self-discipline…I will get up at a certain time and I would do yoga, I would go for a run…I just started to feel so much better and I started to realise that when I looked after myself, my spiritual needs more, went to church more, and I did all these things that I felt better…

Through her learning on the course Sophie (Int.2) had connected professional integrity to personal wellbeing and she thought that being a 'heroic' nurse was not the best approach:

> I think that it is very important to look after our wellbeing…I have met these really heroic nurses that are working even though they are suffering from serious back pain, or this, or that, or are really stressed out and let's be honest even though our intention's good…when we are not well ourselves we cannot provide optimum care and sometimes it is best to recognise that…[rather] than…to be irritable or…not have the capacity to focus or recognise to the same ability as somebody who is feeling really healthy, really well.

Alongside personal methods of coping, supportive relationships with practice staff, lecturers, peers and those in their personal lives seemed to help students to stand up for patients. Moreover, the absence of supportive relationships could disable, or postpone actions in which students acted to protect patients' interests. Clara's (FG.1) testimony showed that such support could not be taken for granted as it was not only students, but also registered nurses who were under pressure in demanding healthcare environments:

> You have only got to walk through some wards to see people…struggling …that stress and emotional distress in staff members which obviously if they are distressed and questioning their own integrity they can't help us.

Robert (FG.2) recognised that support had to be tailored to the individual student:

> …I think that is integral to my professional integrity that you have problems that you have to overcome and sometimes some people need more support than others…support needs to be flexible…I mean there… [are] some people I have seen throughout this training I am aware that they will be fantastic nurses but they need to overcome some coping issues which they have…

The support of mentors and practice teams were particularly relevant to whether or not students felt able to cope and Sonia (FG.1) spoke about the benefits of reassurance in the practice context: 'I think to me that it is about reassurance how to have it [professional integrity] in that rollercoaster'. Betty (FG.1) had felt overwhelmed and unsupported with negative implications for her integrity:

> …it is hard out there… it is really hard and having had…integrity questioned by myself when there was overwhelming issues…it is quite challenging when you do lack that support from your mentor, with members of staff, or you can't find your way out it is really tricky to stick with your own integrity. Sometimes you think it is there, you think it is definitely there, you are a good person and you're trying really hard but actually when you lose that whole support around you…it's really hard…

Penny (FG.2) commented on how crucial mentors' support could be:

> I think on placement because you are, you can be so isolated I think mentors play a huge role and affect your professional integrity.

And Sophie (Int.1) described the sense of security which she gained from her mentors:

> I have had really amazing mentors…they are like the rock to students they are the frame that students latch on and they can branch from there and learn things from there. If I have had a really bad mentor my frame would be shaky…

Lecturers also featured in students support networks and Deborah (FG.2) mentioned her Academic Adviser saying 'I just talked to her loads this week'. Robert (FG.2) also valued his relationship with his Academic Adviser as part of a wider support network:

> I get in really well with my AA I think I might not be here at the moment if I did not have that relationship so I certainly, yeah, it is really, really important to have support networks…

Sophie (Int.2) also commented on how her Academic Adviser had helped her to cope. Part of Sophie's integrity was taking action to prevent her own challenges impacting on patients' experiences:

> I've had to do things like speaking to my Academic Adviser and crying and doing a lot of things that kind of lead to me to where I am now which is see I did overcome, I did manage it and it was possible to…do something but the important thing is to recognise that so it doesn't impact on the patients…

Although students were aware of and benefited from the other avenues of support, they could feel alone with their dilemmas and peer support could be a way to alleviate this. In a focus group (FG.1) Betty, Clara and Monica reported having a 'little gossip' with each other and adjusting their points of view during such interactions. Monica spoke of how she valued the support available from Betty and Clara: 'I would feel able to talk to either of you two if I had a problem to get advice and support...definitely'. Together with Sonia, Betty commented on the value of reciprocal support from other nursing students within their placements.

> ...I have actually developed a relationship with two Year 3s on my ward now…and they have been great support…
>
> Betty

> …last year some different students [students from different cohorts placed together], it was really helpful…and I think vice versa because…I talked to her, encouraged her, [said] 'Don't worry, that is what I would do now', or even pushing people…[in] the right direction
>
> Sonia

Sophie (Int.1) had gained support within her Enquiry-based learning tutorial group and Sally (Int.2) gave an example of this speaking about how she resolved feelings which had been worrying her for sometime:

> …I needed to talk…where else could I talk about it? I couldn't go home and tell my children, I don't have anybody else I could've told, so I had this opportunity and it was interesting that people thought the same thing as I did so I now no longer feel alone…eight weeks I'd sat on that and I hadn't spoken to anybody about it because I didn't know who to…

Deborah (FG.2) was also comforted by having student nurses around who could share and understand her perspectives better than others, in this case her mother:

> I think I find a lot of comfort in having student nurses around people going through the same thing, because even though I am quite close to my Mum, I can go and talk to my Mum, sometimes she doesn't get it whereas I can talk to student nurses who have had really similar experiences…

As Deborah's comments suggest family and friends outside the course played a role in students' professional integrity. Sally (Int.2) spoke about how her children motivated her: 'my children they give me drive to carry on'. Sally (Int.2) also suggested that she tailored her approaches to seek support to her particular circumstances and needs:

> …you have different sorts of friends some…you trust…with your secrets, some you'd trust…if you want to talk to for emotional support, some you'd trust you know that you're great friends with because you have the same things in common…it's just going to the right person, finding that right person…making a judgment…

For Sophie (Int.1) self awareness and putting down roots which included developing support networks in a new setting was an important part of weathering any 'high winds' or 'storms' that she might encounter:

> …for me at first it can be hard because coming here from a different country because you are like a tree and you took all your roots and you have to gain your roots in a different ground and the roots are not fully underground, and so you are more susceptible to high winds and storms but at least I am aware of that. It helps having a having a fantastic EBL [Enquiry-based learning] group sharing your experiences with other students that are in the same situation as you that but also having family and friends…

Coping and bouncing back when situations became tough was a crucial part of acting with professional integrity for these students. Developing coping strategies could be significant as were support networks which helped students to meet the demands of professional integrity.

5.3.2 Mentors

Mentors also spoke about a need to cope with factors which could jeopardise their integrity

> I think it is some of the constraints that jeopardise integrity….things like being excessively busy…overloaded with work…not fully supported maybe…
>
> Cathy

Like students mentors adopted personal approaches to maintain professional integrity. Ben, for example, spoke about his strategy to remain positive in a 'difficult climate':

> ….you can see those frowns on people's faces, just trying to keep a positive approach looking at the positives you know the pot is half full rather than half empty…it is actually keeping positive I think…helps, instils integrity. I think as soon as you lose that…there is always a danger integrity can rather than being positive can turn to shades of grey…so I think you need to still in these difficult times…maintain that because it is the patients that actually need to be cared for…they need successful outcomes in a difficult climate.

Sue also spoke about the importance of using coping strategies to maintain her integrity:

> [if]….you can't cope with something get out of the situation, buy yourself some time, talk to somebody you know, it is alright to be angry…but don't hold it or let it out to the patient talk to somebody you know. We talk to one another and that is why our team is so precious, because we all support one another if somebody wants to have a rant. I mean yesterday…I was very, very angry about something... I said… 'I feel like sending a global email with just f off on it', she [a colleague] said 'Don't do that let's go out in the car park...'

Cathy's view reflected that of Student Sophie when she specifically mentioned that students should learn to look after themselves:

> …maintaining wellbeing for yourself and I think…learning to look after yourself as a student nurse who then becomes a registered nurse is a vital part of practice…

Mentors thought that it was part of their role to support students to cope with any factors which might be impinging on their expression of professional integrity and to create an environment in which each student could do their best. Sue gave a particular example of how she had supported a student to cope with the nursing environment:

> I mean I don't have any hard and fast ways of working with people [students], I just kind of suck it and see really and you know depending how they are. If they are really timid, and I remember we had one girl last year who you never would have imagined it, she was terrified of

> going on the ward, she was outgoing, confident she was lovely…articulate, terrified of the ward. So we kind of did a bit of a graded approach to that…and at the end of it I think I said to her towards her last day 'Are you still afraid of going on the ward?' And she said 'No' and…I don't know why I was...'

Data also suggested that mentors believed that the way in which they interacted with students showed their own integrity. Mark stated that it was important to 'see' the student for 'who they are and ensure that you are…supportive and you listen to them' and Cathy spoke about how she examined her practice as a mentor:

> …there were a number of things that made the student different to most other students…and I tried my best to understand…what was happening for the student…outside of work…and how much of that… influenced…how the student was behaving and also examined myself in terms of was I creating the right kind of placement the right kind of rapport… with the student.

Within the subtheme of coping and resilience mentors' views connected with those of the students. Like the students, mentors believed that acting with integrity involved the ability to face challenges and to cope. The mentors also thought that their approaches could have implications for each student's ability to succeed.

5.3.3 Lecturers

Lecturers also commented on the ability to remain resilient in challenging circumstances and Simon spoke of the potential unpopularity of showcasing opinions as part of professional integrity, something which he believed required personal strength:

> …with integrity it's tough because you have to nail your colours to the mast and I think that has its own challenges because sometimes people see you as being a trouble-maker almost, because if you want to uphold the professional standard sometimes people don't like that because it at odds with what they are being asked to do, but I would never let anybody undermine my own professional integrity to the expense of the patients so I have always been quite strong but I don't think everybody is…

Lecturers hoped that if students were correctly prepared they would be able to flourish in healthcare environments where they would inevitably face challenges and Alastair commented on this:

> …there are a whole range of things that students are facing that perhaps weren't faced in any, so much magnitude…before…There…[are] some real challenges out there for them, but they are challenges to be overcome and…I think hopeful the right prepared student will flourish in

> that kind of environment but it isn't going to be easy because you have got to have a lot of professional confidence…in…[your] self…to be able to deal with some of those situations and expectations that service users have and other professionals as well, so it is not an easy life…

Alastair spoke about the widespread challenges of contemporary nursing practice and the responsibilities of nurse educators to prepare student nurses to 'thrive' in their future careers. He thought that the course needed to be 'special' to achieve this and that these intentions were part of his own integrity:

> …the challenges are that we are in a fairly high state of flux as a profession and I think we are preparing nurses…for a very difficult [situation]…at the moment political, socially, economically…we haven't just got to put a person who can do a set of skills out there…they have got to go into a very difficult area very much under public scrutiny, very much under government scrutiny…they are going to be subjected to a multitude of experiences some of which are not going to be good ones, happy ones…and I think…we can help and support the student work in that kind of world. So this type of course has to be special in a way to produce somebody who is going thrive in that environment and not be pulled down by it, because that to me I wouldn't have any integrity…

Tom thought that helping students to understand themselves may prevent longer-term consequences such as 'burnout':

> …I think we need to do more understanding yourself…unpacking how you feel…unpacking what's happening and I think supervision is important in terms of maintaining integrity, stopping burnout, keeping people focused, but I think yeah part of it is how we kind of encompass that into kind of the student's journey…

Coping could relate to students looking after themselves physically in the moment as well as developing ongoing strategies. Shirley, for example, encouraged students to take responsibility for their own wellbeing in practice and connected this to delivering care which demonstrated professional integrity:

> …one the students brought up about the importance of drinking and…I said…when you are on the go and if you are doing a long shift you do get dehydrated so we…talked about well what can happen you can get irritable you lose the ability to make decisions…so we talked about the importance of thinking about what happens to us and any impact on patients. No patient ever…deserves to have a nurse that is snappy or rude and it might be because their blood sugar's low and they are desperate for a drink…so it is about thinking very seriously about how you look after yourself, and how then that impacts on your patients…

Lecturers' explanations of the support which they offered students were similar not only to the type of support which students valued, but also to the kinds of relationships described by mentors. Like mentors, lecturers thought that their

respect for students' individuality was important. Alistair described how he demonstrated his own integrity through treating students as individuals. He adopted 'humanistic approaches' and explained that 'integrity...is to be...aware that every student…[is] an individual, every individual has a different style of learning requirement and everyone has a story to bring...' Other lecturers also spoke of their collaborative practice with students and Simon mentioned how he put students at the centre of his actions similar to his approach to working with service users as a nurse. Tom also drew this parallel seeing his work both as a practitioner and as a lecturer as collaborative. Like mentors, lecturers seemed to believe that their relationships with students could both demonstrate their own integrity and influence students' ability to demonstrate professional integrity. Students, mentors and lecturers suggested the relevance of support and positive relationships to students' ability to cope and enact professional integrity.

In subthemes of the enactment of professional integrity the data suggests that students exhibit personal discipline to thoughtfully manage boundaries which keep patients' welfare at the centre of practice and to speak up where necessary, even though this can be difficult and is influenced by circumstances. Evidence suggests that to maintain boundaries and speak up students overcome personal challenges and this connects to their ability to cope and bounce-back in difficult circumstances. A final findings chapter presents evidence of the growth of professional integrity.

Chapter 6: Growth

> …thinking about integrity…I've been debating with myself a bit, is it something that you can actually learn or is it inherent in a person?...It's not an easy one to answer. I think that integrity can be nurtured…
>
> Cathy (Mentor)

The final theme of the findings – Growth – comprised of three subthemes: Learning from experience, Social learning and Knowledge and understanding. Together with learning in the School and practice settings life circumstances contributed to students' professional integrity. Moreover, students connected differences in their current position and that of being a registrant with the need for ongoing personal growth.

6.1 Learning from experience

6.1.1 Students

> I heard an analogy recently about planting a seed and the way I see it is that when I was fifteen my family, my friends, my teachers may have planted those seeds of integrity, but then you water them and they grow and grow and grow and if you stop watering them they die…I really relate to that.
>
> Anne (Int.1)

A metaphor for the integrity of student nurses arose from data; that of a flower in which professional integrity could, depending on circumstances, either flourish or wither. The development of professional integrity was also seen as a personal journey of life, previous work and recent professional experiences:

> …a journey...that is how I see it. It [professional integrity] is forever…growing and I can't see ever being able to sit here and say 'Oh yes I have got all that professional integrity behind me', because that is never going to be. It's like personal integrity...it grows all of the time there is never an ending...there is always room to learn...for it to evolve and get deeper.
>
> Anne (Int.1)

The question of innate characteristics arose and students not only believed that professional integrity was developmental, but also that this built on 'natural' abilities:

> …it has…got to fit in with how I am as a person because that's not going to change vastly, my skills can develop…but I think you are either a natural communicator, you can build on that [but] some people find it easier than others.
>
> Charlotte (Int.2)

The predominant view was that professional integrity could both be influenced by intrinsic elements and be enhanced by learning and development.

> You can develop it [professional integrity], but I also think it comes from within you. I do believe…people change…so I do think you can develop it, but…for me it very much comes from inside…
>
> Anne (Int.2)

Overlapping testimony suggested that characteristics which students brought to nurse education, the seeds of professional integrity, mattered to the nature of its growth. However, it was through future learning that such 'seeds' flourished. Sally (Int.1) had long held a positive attitude to learning from experience, but this was not always easy:

> I have always been somebody who believes that you learn, that you should learn, from experience…regardless of how hard…

Integrity did not simply exist as an inert quality and this required students to work hard. Robert (FG.2) pointed out that progression could involve resisting the urge to be satisfied with one's current position:

> The momentum…it is quite easy to stand there in your own sort of practice and professional integrity…, but you have always got to be well aware to keep yourself moving forward…

Anne likened the effort involved to 'housekeeping your personal integrity' and she saw it as a job of work to maintain and enhance integrity within the life situations encountered. For Anne (Int.1) professional growth involved 'putting in your heart and soul'. The following overview shared by Robert (FG.2) suggested that alongside personal integrity commitment to becoming a nurse could affect professional growth:

> …you have got to want to be a nurse…there is no point in trying to be a nurse if you don't…you've got to want to embody a certain role…you develop your own personal integrity first you have got to…embody your roles and then it is almost like you slot into a space of professional integrity.

Alongside the belief that they must keep 'moving forward' students thought that their previous grounding influenced the growth of professional integrity:

> ….everything has a massive impact on me you know down to when I used to work in a bank when I was 17, 18…it goes right back…to where I am now…it's years of working as well and years of being in education it all has an impact definitely.
>
> Anne (Int.2)

Penny (FG.2) suggested that what might not be taken on board earlier in life could later come to the fore and grow during work experiences:

> You have got to have a basis like a foundation of knowing yourself and apply that to…being in employment…like as kids we all get taught what is right and what is wrong, honesty, and we might not pick up…on it but you then apply that to your first job or your fourth job or your seventeenth job or whatever and it grows as you go…

However, previous learning was not always seen positively and Sophie (Int.2) commented on this:

> ….perhaps it would be best if we came with a blank slate….but the truth is that we all have a past and a personality…whether we consider it or not, whether we are aware of it or not…

Sally (Int.2) was also concerned about how previous experience might influence her in the future. She thought that negative experiences may have consequences for her confidence beyond a particular placement:

> ….it is kind of like that is going to affect my grade and passing my placement which obviously is going to have a detrimental effect then on my confidence because it is going to teach me never to speak out again.

The students looked back on their learning since commencing nurse education. Penny's (FG.2) observations of situations lead her to think about how she would respond in her future practice:

> …I wonder how I would have reacted in that circumstance and then apply that to the next time… [I am] in that situation or a similar situation, so a journey all the way constantly changing…

Peter (FG.2) summed up students' shared belief that their professional integrity had grown most through practical experiences:

> I think I learnt ninety-nine percent of the things that I know now in placement rather than in School…I think that is just the way I learn, through experience, I don't know I can't really be told like what to do I need to go and do it.

Charlotte (Int.1) spoke about how her professional integrity benefited from 'learning on the job' and practice provided context for Sally's (Int.1) theoretical learning:

> …going to practice helps me…I tend to think…I can remember a lecture on this…I'll re-read it and it'll come back to me because I find it difficult you know to take in at the time so I think…that …actually doing things has helped me.

Important insights about professional integrity arose from the students' practice experiences. One of Sally's (Int.1) lessons was that professional integrity could involve her not accepting others' practice at face value.

> I would question things a lot more…when I first started out at my first placement and the gentleman was you know showing his challenging behaviours a lot of people said that is just the way he is you know, he shouldn't be here, and things like that, then I accepted that because of who they were…

Comparing their placement experiences could also contribute to students' growth of professional integrity and Robert (FG.2) mentioned this:

> I think it [professional integrity] is different from my experience…different in different areas of practice…I have been in the hospital, I have been in community nursing and I have done a respite care home and I would say that it is different in all of those places…

Students' professional integrity continued to be influenced by experiences outside the programme. It was through one such experience that Penny (FG.2) had learnt to take her time and think through the potential consequences of her actions:

> I think if I had talked around the issue with those involved more or sought more professional help without necessarily involving social services I think we could have come to similar solutions….Doing my best would've been to slow down and look at the bigger picture. I did what was considered the right thing, but if I had…not jumped in with both feet which I am prone to do, I know it is not my best attribute…

Penny concluded '…you can't know these things until you have been through them…professional integrity I think a lot of it is based on experience'.

Part of professional integrity for these students was the personal discoveries which they were making about themselves and Sophie (Int.1) explained this:

> I have discovered that I am a very emotional person…I was such a spontaneous person and that is changing about me I am now giving things a lot more thought…I am a really passionate person…and…I have noticed, I didn't notice this before I started my nurse training, but I have discovered that sometimes that…can be a bit intimidating… [to] people. I discovered that I don't need to argue my point of view to death, I can find middle ground…I have to cool off passion now and otherwise I am going to miss what this person's point of view is, and I have to listen to that so that I can understand where my convictions fit with that person's convictions and understand the whole picture otherwise I will just have passion and not the whole picture.

Betty (FG.1) had also made personal changes and she was surprised by the impact of her growing professional integrity on her personality:

> I suppose as a mature student I didn't realise how much this course would open me up to change. I thought I was pretty much developed as a person, my personality, but learning along the way and having to actually look inside and thinking gosh you know…I have to develop my own courage and that I can make a change to that patient's life.

Sophie (Int.2) offered a particular example of changes in how she expressed herself to put patients' needs first:

> I mean I can clearly remember examples where I've had to change my personality…The culture where I come from…we are very touchy and we are very expressive…I started to learn…how…it can be a bit intimidating someone just grabbing hold of your hand and although my intentions were good…I started to see that actually…maybe that person is feeling a bit bothered by it…[and this] made me realise that I was relying a lot on physical touch to create a connection with someone, and so it made me work harder…, instead of using something that had…been natural and second nature to me…I had to think very, very hard, it is almost like trying to re-condition your being…., it just made me change and it…made me work harder at using my words to try and comfort a person instead of using touch.

As well as looking back to inform future actions students looked forward to professional growth. For example, Sophie (Int.1) was concerned that she should learn how to manage her time to 'balance' patient-centred approaches and other requirements of a busy work load:

> …the balance between patient-centred and task-centred seems very hard to achieve, I haven't been able to achieve it yet and…my first year was very much patient-focused…but I am now finding they are expecting me to try and find that balance, you have to get through the workload and you have to be able to understand time, so it's something that I am still learning.

Although students spoke optimistically about their future growth they also felt that professional integrity could be lost. For instance, Charlotte (Int.1) spoke about a 'slippery slope' suggesting the importance of keeping a grip on professional integrity which could decline and Clara (FG.2) gave an example in which she had been urged not to lose her patient-centred attitude:

> [the staff member said]…you are the first person that has actually…[taken] the time to be with that lady and…actually listen to what she has to say, and we're so busy and please carry on, and don't lose that…that caring supportive listening to the patient, don't lose that along the way, she said, because…nursing students do get quite hardened to I have got to get this done. I know…they'll say you have got to prioritise, but you can always have time to be nursing and supporting and encouraging, don't lose that along the way…

Betty (FG.1) had experienced this loss of her integrity in a practice-based situation where she had felt threatened: 'I lost my integrity somewhere along the way…suddenly I lost my way…'

In essence, the students agreed with each other that professional integrity was developmental. Developing their professional integrity involved building on

attributes which they brought to nurse education and was influenced by experiences both prior to and during nursing studies. From the perspectives of these students growing and maintaining professional integrity involved opportunities, threat and ongoing personal investment.

6.1.2 Mentors

The mentors' views mirrored students' belief that professional integrity was developmental. Sarah, for example, thought that her personal history, upbringing and education were relevant. Her professional integrity was informed by,

> …history and background…and…the way I have been brought up…how you are taught to respect other people…probably your grounding and the education you have had through your training and your years of experience and what you've been through and what you've shared with your colleagues…and hopefully continuing to sort of grow.

Another mentor Mark connected his own professional growth to his work to develop students' professionalism and integrity:

> …we are all sort of evolving…as a mentor and also as a Sign-off mentor. I need to be…developing my role as a nurse all the time and…I am moving and I am bringing along the students as well to make sure that they are continuously developing…so that student has a positive experience, and that positive experience…you know will give them confidence that their professionalism will develop and through that integrity…there is a continuum…

Mentors also shared students' view that individuals brought characteristics relevant to professional integrity to their education and that this grew during pre-registration courses. In Mark's opinion students' backgrounds influenced their practice and could inform his actions as a mentor:

> …life experiences…that impacts on…[a student's] practice and also because of that you might identify areas where the person might as a professional think something negatively but they need to be positive so it's…observing and communication really to ensure that…integrity is developing…

One particular factor which mentors took into account was the stage of students' learning on the course:

> …development across the placement…where a student is in their training…their first placement…I think…that's quite different to a student midway or [in] their final placement…so I think…sort of personal growth their development.
>
> Cathy

Like students themselves, mentors held a developmental view of professional integrity and learning from experience contributed to this.

6.1.3 Lecturers

Lecturers believed that professional integrity combined characteristics which students brought to nurse education with growth from this point onwards. Kim drew on personal experience in which she had embarked on a nursing career with a 'template' of integrity 'incremental[ly]' expanded through her professional development. Kim's experience had also taught her that some students arrived with 'bucket loads' of integrity, but that others could 'struggle':

> …I certainly would say through the years experience of meeting an awful lot of people that aspire to be nurses, are nurses or become nurses or not being nurses I…subscribe to a certain degree to the sense that…inherently some peoples' personality predisposes them to working comfortably within the expectations of the professional kind of code…and other people struggle with that …

Alastair had also encountered 'natural' differences in students' development of professional integrity:

> …a slow process for some [students] and others it just seems to come quite naturally…it is not something you can guarantee it has to come as much from themselves…

Tom's comments that changes could take place in students' expression of professional integrity were typical of the other lecturers:

> I've seen that…[students]…really have been not displaying very good levels of integrity, but have within three years really changed and really developed and I think part of that is the learning process.

The growth of professional integrity was seen to be a dynamic process that did 'not happen overnight' and was not heralded by a 'big bang' arrival and Alastair spoke about the gradual development and fluidity of his own professional integrity:

> I suppose it…is such a gradual process but if I look back, because I have been qualified a long time, I have always had it but it has never been static. How I operated with professional integrity 20 years ago is not how I operate now. So it is a growing dynamic process of change and adaptation and personal growth and experience, but keeping as I said that integrity, and belief in what you do, and why you do it and who you do it for. So I feel although it has been there all the time it is not the same as it was.

By sharing his own experiences Simon set out to reassure students that the developmental process of professional integrity could take time:

> …evolving and developing and I think if you can show the students that when you were a student, or you know when you were learning you actually developed…because I think some students panic…I say it's not like being hit with a Harry Potter wand you know it is something that grows…

Although they were signed up to the belief that professional integrity was developmental this did not mean that lecturers believed that the requirements of this could be achieved by every student. Liz suggested that there were advantages of students being withdrawn from the programme quickly should this seem to be a likely outcome. Kim suggested limitations to what could be achieved in some circumstances. She outlined the challenge:

> …it is just too difficult for some people [students] too painful, too challenging, too undermining of their sense of self and who they are, and everything that has gone before, and that's why sometimes we try and facilitate, but they are unable to engage with that or perhaps sometimes we don't have the time or resource or skills to work through that with them and they are not…ready, able to do that in the timeframe we have…

Like the students, lecturers spoke about not only the growth, but also the risks of losing professional integrity. For example, Liz mentioned the need to empathise with people and nurses' development of immunity to suffering:

> I think of it as nurses in practice sometimes become immune to suffering it sounds a bit of a big deal, but because we see it all the time you know there is sort of degree of protection really but you must never become immune to suffering…without sort of peeling off all our layers you have got to just empathise…

And Tom thought that professional integrity could require students to 'stick to their guns' and fight for what they believe in once qualified:

> ...when you have you have qualified [professional integrity is] where you …stick to your guns because you really believe something is really worth promoting and you fight and you advocate that happening…

Social learning connected to students' learning from experience and this is reported next.

6.2 Social Learning

6.2.1 Students

When they were asked about influences on their professional integrity students highlighted learning by observing the behaviour of others. Penny (FG.2) used the term 'social modelling' and spoke about how she set out to incorporate new aspects of behaviour into her own approach:

> ….just different things that you have seen along the way, social modelling goes a long way, you see how people react to somebody using one attitude and somebody using a different attitude, and you think actually I think that worked better, I am going to aim for that one…

Sally (Int.1) had learnt by seeing others make mistakes:

> …to learn by others…so if you see somebody make a mistake, obviously people do make mistakes…, you learn from them how to ratify any mistakes that are made so then obviously, hopefully you wouldn't make that mistake again.

Family, friends and people encountered during the course were role models for the students and Sophie (Int.2) said that,

> …role modelling plays such a big part in integrity…I think the biggest chunk of my integrity, values came from observing and growing up with people that had a lot of integrity….

And Anne (Int.2) made comments which were typical of the other students' points of view:

> I am motivated by other people…because they inspire me and there are maybe parts of them that…I think they do that really well and [I ask myself] how could I…incorporate that into my life…

People in students' lives planted 'seeds' of professional integrity in them prior to nursing studies and making this point Sophie (Int.1) spoke about her grandmother's influence:

> …she was such a fantastic person and such an amazing role model…she was this really inspirational person, so, so wise…she was always so kind and helpful to everyone, and such a great example, and she always said to me…treat people with respect and live by the values that I have taught you, and so I have tried to do that.

Students' professional integrity was influenced by people in different contexts and Sophie (Int.2) spoke about her early influences at the university:

> There… [are] a lot of inspirational people at this university that I have looked at…heard them speak and thought I want to be like you…the first people to kind of mould my opinion were right here [in the School]…there are things that people have said that are still in my mind…almost like you know these mantras….lecturers have said things that have really, really stayed with me and I just thought wow I admire you I want to be like you…

Following on from these initial experiences on her course, Sophie was open to the influences of the various people she encountered in practice settings and this included patients who she admired and related to:

> …going into placement you then have a chance to meet some amazing people. There are patients that…you think how do they cope with this, and this, and this, and this and they are still positive in going forward?

> How is this Mum who knows she is dying still trying to cheer up everyone around…her children, her husband…and she is the same age as me…? So you learn from everyone around you, the patients, the mentors…so many people can inspire…you can learn from a stranger to a patient to a doctor to a nurse if you let…[them] so many people can inspire you.

To benefit their practice, students brought together aspects of behaviour collected from their observations of others. In a focus group Robert (FG.2) described life as a 'patchwork' in which his professional actions were informed by the approaches of family members:

> I think life is like a bit of a patchwork…my Dad…there is part of his personality that I really value, he is very polite, and I have tried…, because I…can be a bit blunt…, professionally I have really got to emphasis just…watching the words and being really polite to people, establishing a good therapeutic relationship, and a relationship in general …that is something I like to aspire to…I think I had a bit of an early start because my Mum is a nurse…professionally I have seen the way she acts I always try to model myself after her…

Penny (FG.2) developed Robert's ideas:

> I definitely go with being a patchwork of different professionals that I have worked with. [I have thought] I never want to be a nurse like that…or that is really amazing, I would like to aspire to be like that…

Other students suggested that professional integrity was more than stitching together patches of other peoples' behaviour. Anne did not 'want to become' her role models but to incorporate behaviour which inspired her into her own approach:

> I don't want to become them, but…there aspects of what they do that I would find…really good for myself and for the people that I work with. So I love role models because I find them inspirational….the ones that I have found I never forget…and I suppose parts of them are incorporated into how I work and my integrity…
>
> Anne (Int.2)

Students were discerning about which aspects of others' behaviours they took on and Charlotte's (Int.1) comments suggest that modelling herself on the behaviour of others was an active process in which she 'suss[ed]…out' how to act based on her observations:

> [professional integrity]…can be built on because you…have role models when you are out in placement, particular ones you think yes I would love to be like you, or perhaps I wouldn't quite be like you…and then you suss it out for yourself…

Charlotte's (Int.2) learning included dissecting what was 'really good' and 'not so good' in the actions of those she observed during her placements and she aimed to apply such insights in her future practice:

> Observing others and how other people do things as well, perhaps you learn ways of doing things, or you might learn not so good ways of doing things, and you can pull apart well what was not so good about that, and what was really good about that and then try and bear that in mind next time you do something…

In a similar way, Sally (Int.1) filtered aspects of others' behaviour which she combined with her own viewpoints to develop 'a good system' of behaving with professional integrity:

> Role models, the people I come to contact with at placement, at any of my placements, at university, people that I know…that are nurses, that you speak to and things like that…you learn from them, not necessarily good points, but then obviously you filter it out…okay that is not what I want to be, that is not how I will do that, I will follow these people and then have a good system…and also what I believe to be right.

Students were not only positively affected by what they considered to be good practice, but also could be 'spur[ed]' on to do better on by 'bad practice':

> If I see bad practice it inspires me to make my practice even better and my integrity to be even better. I don't fall in with their bad practice…it spurs me on to I am not, that is not what I want to be like, and that is not how I want to be…so in a positive way if I see what I consider not a very good team or somebody within that team you know negatively impacting on it, it inspires me to be better.
>
> Anne (Int.2)

However, Charlotte (Int.1) thought that poor role models could threaten professional integrity where the fundamentals of this were not already in place:

> …if you haven't got much integrity and you've then got a bad role model you can then see where things go down the slippery slope for people…

Robert (FG.2) also thought that students could be susceptible to the way mentors and practice-staff viewed professional integrity differently '…your mentors or who you are with maybe they view it differently so that is why you think it is different'. He suggested that behaviours could 'rub off' between individuals and could see how aspects of integrity could falter making reference to Francis (2013):

> …mentors you do see how that affects your personal practice…because ...you do rub off on each other…like the way you deal with each other does affect how you deal with other people; respect should be integral but you can just see how a breakdown of respect can exponentially

> increase over certain placement areas like you see in the Francis report where it just grows, and grows and grows…

It was not only individuals, but also teams which provided models for professional integrity. Anne (Int.2) spoke about how she had been inspired by the team she was learning with. A team which functioned effectively in challenging circumstances:

> …the team that I am in…they all work closely together… they all work so well together, so to watch them work is inspiring in itself. How they all get on, they have fun, they are very professional,…they go that extra mile…, they are so overworked it is unbelievable…, but you know they don't whinge and moan and groan, you know they get on with it. They will say they are overworked and they will ask for help…, but…it does not impact on the patient…, it's absolutely fantastic so this placement out of all of them has had the most impact on me, it really has.

Providing a less positive example, Penny (FG.2) spoke about how in one of her placements individual members of the team had influenced each other:

> I thought that they could… [have] been more respectful to the patients, I think because the situation didn't change a lot and they didn't have that respect for upper management they didn't have as greater respect for the patients as they could have had and they were feeding of each other.

Also speaking about team environments Sophie (Int.2) shared her belief that communication between staff could affect professional integrity with positive consequences for patient experiences:

> …I think role modelling plays…a huge, huge part and also not just with the patients with each other…if people are honest and congruent and come to each other…'You did this wrong', or 'Well done you have done this right', or 'That was amazing' or 'Can you help me with this?' 'Yes of course I can' or 'I can't at the moment but I'll try later'. If there is an environment where people have integrity towards one another…that will show onto the patients as well…

Students seemed confident that one of the biggest influences on their professional integrity was their learning from others' everyday practice, a view shared by the registered nurses who took part in the study.

6.2.2 Mentors

Similar to the students, mentors held the view that to grow professional integrity students learnt from others' behaviours. Ben spoke about his influence on students' integrity. He suggested that integrity could be difficult to grasp and that practical demonstration of this was valuable for students' learning:

> …my own role modelling…more than anything else [it] is actually…trying to develop their integrity [students] because a lot of it is quite soft…rather than hard material, I think.

Like the students, Cathy looked back to her own professional training and made judgments about what to take forward into her own practice. As a mentor she 'shape[d]' her learning from others in an 'up-to-date' way for students' benefit.

> I think that integrity can be nurtured by positive examples and positive experiences…even if that experience is a negative one, I think again, I do say this to students…that they can learn as much from adverse examples as much as good ones sometimes more actually…I remember distinctly in my training about experiencing different professionals, mostly nurses, and being full of admiration for some and wanting to take aspects of them into me, into my practice, and being very clear…some of the things that I saw and heard I very much wanted to reject and I've tried to sort of shape that up in an up-to-date way for students now…

Mentors also spoke about how practice-teams could provide a model for the growth of students' professional integrity. Ben made the point that students could be influenced by team behaviours outside of what was planned and managed:

> …you have got the written curriculum, you have got the practice, you have got the unwritten curriculum…people and social interaction and stuff like that. I am from a predominantly ward based setting…those communications which can go on…in corridors, in…rooms, beverages bay, they influence students, and I think if not appropriately managed they can damage your integrity just like that...

Ben said that team members' behaviour within informal encounters could be a negative influence if this was not managed:

> …because what you may actually say when you are working with a student, it can be a throw away comment that you may make on a lunch break, or something else like that, or you hear other people make, you know as a team, devalues sometimes if you are not careful, or can risk devaluing personal integrity or integrity of the team as well. So it is actually thinking about how you act, how you refer to patients all those sorts of issues…I think are all vitally important…

The students' and mentors' views aligned to suggest positive benefits of individual and team modelling for the growth of students' professional integrity.

6.2.3 Lecturers

Once more, lecturers thought that social learning played a key role in the growth of professional integrity and influencing students through their own behaviours was important to them:

> …try and demonstrate it [professional integrity]…first and foremost…we try and tell them and explain and articulate, but I think it is more importantly about that integration through our own behaviours [that]…is the most influential.
>
> Kim

To achieve this Alistair said that professional integrity should permeate 'everything' that lecturers did from early in students' nursing education:

> The most important ways [to develop professional integrity in students]…working by example so they [the students] are immediately aware from day one that they are entering a professional body…and I think that message has to be continued in everything we do, and everything we say and everything we send them, because essentially three years goes very quickly…so literally from the moment they walk through that door…they know they are on a professional course and I think that should be constantly in their mind…not because we are constantly going on about it, but because of how we are…in everything we do and everything we say and everything we send.

Kim shared her thinking about herself as a model of integrity and her impressions which had been influenced by students:

> …you would like to think that you are someone that they [students] hold in regard, therefore they want to emulate or acquire or develop some of the attributes…that they associate with you…the impression I glean from the students is that they value…[lecturers who] remain passionate and principled and committed to what we do, and they want to join the club…

Lecturers gave examples of how they modelled professional integrity in different contexts. Shirley, for example, spoke about her work in the classroom:

> …my work in the classroom…I like to think that I am a good role model of professional behaviour and I lay out…what is expected from all of us in the School in terms of professional student behaviour…if you had a particular incident in the classroom…for instance, you have a student that makes a remark that is somewhat offensive, they don't realise what they have said…I had [it] recently, it…did cause offense and therefore I had to pick that up…, because I couldn't let that go…

Simon spoke about how he modelled humanity in his interactions with a student on a one-to-one basis. An approach which he hoped would translate into students' behaviour:

> …through professionally being honest with her [a student]…you hope that rubs off when they then deal with situations, so I think actually you teach them humanity...

Like the other participants, lecturers valued collective modelling of integrity. Shirley spoke of a 'whole school' approach and Liz commented on the significance of modelling professional integrity in University processes:

> I think role modelling by us is important…you know how we behave and again that is through the whole organisation how we treat them [the students] the rules and regulations.

Lecturers' belief that modelling was significant connected to their view that telling students about how to behave with professional integrity was insufficient: '…I think that is critical…actually showing what is essentially right in terms of good practice…' (Simon). Simon had learnt this through teaching student nurses:

> …getting them [students]…to actually watch examples of not only bad but good integrity…dignity is also what I am interested in and what I observe [is that] I can stand and teach about dignity until the cows come home, but if I can show those students what is good practice in relation to dignity and what is poor practice in relation to dignity it is that thing, it challenges their inner thoughts…I show them the Virginia McKenna film where she has actually put it into like a little film and the minute they actually see something happens they start crying or it makes them feel really angry or it challenges them…

Tom specifically mentioned 'vicarious learning' which he thought was both relevant to students' learning in practice and could be strengthened by knowledge gained in the School setting:

> I think a lot of it [the growth of professional integrity] is by vicarious learning…I think a lot of students learn by reflecting on what they see, so in terms of integrity if they see one of the nurses or one of the staff doing something really well they are more liable to model themselves on that behaviour. What we need to do here is make sure they get the underpinning evidence-base…the theory of why that person is behaving like that so 'right those skills you've liked where did they come from, how can you develop…?'

Simon's views connect to a final subtheme of the growth of professional integrity: knowledge and understanding.

6.3 Knowledge and understanding

6.3.1 Students

Students' professional integrity grew through increased knowledge and understanding which influenced their thoughts, feelings and actions in the situations encountered.

> …those things that I've learnt before are like a framework…then there is new information coming in and it's almost like a puzzle…every new bit of information fits in to that puzzle and sometimes you learn things that don't fit in with that puzzle and you think…but they are saying that this is important…but I always thought this, so how does that [fit]? And then

> sometimes you have to change and you have to realise…something that you maybe hadn't considered before…
>
> Sophie (Int.2)

Sophie entered nurse education with a framework of previous learning and was puzzling out new ways to view situations informed by learning on the course. Her new knowledge seemed to interact with or replace her previous understandings to create a personal picture of nursing practice which demonstrated professional integrity.

Newly developed knowledge and understanding led Monica (FG.1) to look beyond first impressions:

> ….I have developed in the last year and knowledge, understanding what's happening rather than just thinking oh that's what that is…

Students saw 'knowing why' they were acting in certain ways and having an evidence-base for their practice as part of the growth of professional integrity:

> What helps me with integrity? Well I suppose again it's acknowledging about knowing why you do what you do, so…evidence-based…
>
> Charlotte (Int.1)

Clara (FG.1) thought in depth about situations and also mentioned the evidence-base of her practice as she sought increased understanding:

> It is being able to kind of evidence-base what you are doing and what you are seeing go[ing] deeper…informing, processing of the situation that you have seen…trying to find the evidence-base is the main bit of it just being able to think about what happened.

Students mentioned professional body requirements as an area of knowledge and understanding relevant to professional integrity. Sonia (FG.1), for example, spoke about 'opening up your mind' to such regulations through education:

> …education, opening up your mind to…the NMC codes and why they are there and what happens, I think that's a standard of professional integrity and knowledge is a big part of it and I think it develops your nursing integrity through the knowledge…

To act with professional integrity is appeared important that students developed a breadth of knowledge, and as an example of this Sally (Int.1) spoke about following multiple policies and procedures which overlapped but could be distinct in different contexts:

> …making sure that you follow all the policies, procedures that are set up in each practice setting….every setting does things slightly differently although you are governed by the same body certain procedures are different, depending on the setting…the field that you are in…if you are in

> a hospital setting…that's going be slightly different to if you are in a community setting.

Students commented on the most important ways in which their knowledge had grown and, although their activities in School were mentioned, what stood out was students' development during practice-based experiences. Deborah (FG.2) described the relationship between gaining and applying knowledge in the School and the practice context:

> I think it [School] is where you learn the basics and then…you can go and step it up in placement and then come back and reflect on it in School again…so you kind of get the base and then come back and reflect…

Students linked their reading to the development of their professional integrity. They seemed motivated to read to better understand practice circumstances.

> When you go into a different area and you start reading, reading around illnesses that people you are going to be seeing [have]…you kind of notice more things, and then you look at the assessment process, and the sort of treatments and what things the nurses might be saying or doing.
>
> Charlotte (Int.1)

Learning from reading combined with students' learning from practice-based staff. Sophie (Int.1) explained how her knowledge had grown in this way:

> At first people can tell me all this information and just a little bit stays and then you read and then a little bit more, and a little bit more and it just starts to grow.

And after encountering a particular patient's situation Sally (Int.1) gave this example,

> I read around…why people display challenging behaviour…after reading…and talking to the Staff Nurses and support workers I could …understand and there was lots of different factors that if it had been different may not have lead to that person being sectioned, you know, so it was…really interesting…I do think that by learning and watching and listening and talking to people that all helps…

Sophie (Int.2) was conscious of gaps in her knowledge and felt on firmer ground with the expression of her personal integrity than her professional integrity:

> …what I see as unacceptable in a place of work I see as unacceptable in my personal life…perhaps I am a bit stronger in my personal life than I am in my professional life because I am so acutely aware that I am a student and there is so much I need to know…

However, together with her personal values Sophie's growing professional knowledge had influenced her confidence to challenge practice. As a novice

Sophie (Int.2) reported how she had checked out her thinking and 'look[ed] up' literature relevant to a particular situation to 'arm' herself before expressing a concern:

> …as a not very knowledgeable person, because I am still a student, I was just a second year student still learning, the first thing that came into play for me, it was my personal morals and beliefs that kicked in and said to me this is wrong and then when…this felt wrong…[I] look[ed] up how does that fit in with local policy, national policy, legality…[to] see what felt wrong to my values and beliefs is actually wrong in terms of ethics and codes of conduct and laws and policies and then armed with that information…

In a different example, Sophie (Int.2) explained how knowledge of wound care led her to question her mentor's practice:

> I knew that that dressing is not supposed to be used in bleeding…wounds…, because it draws up more blood, and it keeps it wet, and hinders coagulation and…the process of healing…so I asked… is this the right dressing for…bleeding wounds? And she said yes and…because I am just a student I doubted myself and I just kind of waited until I got home and then went and looked it up and, and realised no it was not the right dressing for bleeding…

Although doubting herself after her mentor's initial responses Sophie was not reassured and again 'looked it up' to confirm her understanding. Sophie explained how she had returned to her mentor to re-state her point with positive consequences for both patient-care and her learning.

Their growing knowledge and understanding informed students' confidence and ability to act with professional integrity in the many and varied situations where this was required. Mentors and lecturers had key roles to play in this growth and their perspectives follow.

6.3.2 Mentors

Mentors spoke about facilitative approaches in which they took and created opportunities to develop students' professional integrity. Such approaches aimed to build confidence and encourage students to apply and extend their knowledge and understanding. Mark mentioned how he tried 'to tease out things…from…students…to encourage them and to build them up'.

Mentorship included helping students to transfer theoretical principles to everyday practice:

> …it is being conscious of the fact that they [students] can achieve academically, but it is then transferring that into a practice area…

Cathy saw a difference between a 'text-book' approach and the reality of nursing with integrity:

> I get a feel of whether it [the student's] is [a] very text-book approach…I am a great believer in adapting every interaction once you've got a feel of the patient…, because expectations are different and I encourage students to be confident to adapt…and if it means sitting there with a pile of dogs on your lap…, if it means drinking a cup of tea out of not the cleanest cup in the world sometimes that can create an instant massive bond…it is not just working on the bits that tick the boxes in the little booklet its showing them that you can be very humane and very normal…

Mentors set out to help students to unravel the complexity of professional integrity and Ben spoke about 'trying to unpick…professional integrity, what it actually looks like in practice for mentors and for students'. He thought that learning about this could be opportunistic and perhaps not explicit as professional integrity was not fully covered by any one learning outcome or skill alone:

> …[professional integrity] is often sort of embedded within a lot of the skills and outcomes the students actually have to achieve as oppose to an outcome in itself really. Developing it I think is just on an opportunist basis…

Like other mentors who were interviewed Sue made opportunities to develop and apply knowledge in a 'practical' way. Her comments again reflected the breadth of students' learning relevant to their professional integrity:

> We do encourage them quite a lot to look it up for themselves…let them get a sort of perspective of…the diagnosis…and how it affects the person and then sort of explore it in a more practical way…ask them … 'so how do you think it impacts on their life, how do you think it impacts on their sleep, on their social life, on their ability to work or their interaction with members of the public?'…encouraging them to look for things for themselves…but then bring it back so it is not just find that information and accept it as being gospel, bring it back and then we will have a chat about it…

Mentors thought that they may benefit students' professional integrity by facilitating changes in their viewpoints and behaviours. Cathy commented on how this could take place informally as well as part of more defined processes:

> ….I think by having discussions with students, informal and in sense more shaped in terms of interviews…, changing maybe how they perceive something changing the way they think about something…and then moving on to changing behaviours as well…

Mentors set out to guide students to own professional integrity. When she was asked about her advice to other mentors Sue replied:

> …you are there to guide, you are there to keep them on the right track they are not being trained to be mirror images of you…

Ben thought that it was important to 'empower' students and Mark explained that,

> …you let the student be themselves and through them being themselves they'll develop their own sort of like integrity professionally and you as a mentor when you are with your student you can say to them…'How do you think you could have done it better?', and it's about developing, improving the person's sort of like integrity out of them personally, rather than…me saying we need to be professional about this and it is…about working with the person to develop their integrity…

Ben's view on creating a ward environment conducive to the growth of professional integrity was typical of other mentors. His practice was to,

> …give them [students] the opportunity and create the environment….where there…[are] questions, where there is debate on what is the right thing, because it is not always clear cut, it is actually having an opportunity to discuss it. It might be on something very small, it might be something major…I had a wound dressing, for example, what is the right thing in this environment with the resources that you…have, do we need to get expert help? You know all these types of relatively small-scale debate[s], but big impact for the patient…

In her community nursing role, Cathy aimed to be thorough and to harness all opportunities to guide the development of students' knowledge:

> I mean I think that I try to…discuss every aspect of practice and so because I work as a community nurse…I try to do one-to-one…pre-discussion before a visit…setting the scene getting the student to read health records looking at any related information…about that person's diagnosis and presentation…try to guide the student in terms of what I am trying to achieve from the visit…what I'll be observing and then post-visit discussions and then follow that through in terms of any wider or complex discussion…back in the office or in the car…after the visit and then extend that out to maybe directing the student to look up things on the computer…

What seemed to be important was creating safe opportunities for students to apply and develop their knowledge and understanding in real-life situations. For example, to practise how to keep patients at the centre of their actions when nursing time was precious and Ben summed this up:

> I had the opportunity to actually enable…[the student] to complete drug rounds for a shift: morning, lunchtime, evening and all the challenges that that actually managed to bring up, and how that impacted on their time management. We had some great conversations about we have to make

> the best use of conversations with patients, at the right time, just to make sure that we are actually able to deliver…care…I thought I would take a step-back give them the opportunity, give them the experience, but give them that safety-net.

A vital facet of these students' developing professional integrity was the practical application and extension of their knowledge and understanding and mentors played a crucial part in this.

6.3.3 Lecturers

Many of the points made by the lecturers overlapped with those raised by the mentors, such as the significance of facilitative approaches and creating safe learning environments; environments where students could explore and apply their knowledge and understanding of professional integrity. Tom summarised the challenge to be educating students to the point of view that acting with professional integrity was both 'accessible' and 'maintainable'. To achieve this lecturers provided frameworks and principles which they hoped would inform students' thinking.

Shirley stated that it was important to avoid assumptions about what a student might already know or understand, and for Kim the educational starting point was to explore meanings of professional integrity and take advantage of various teaching and learning situations to embed NMC requirements in students' thinking:

> …to explain, illustrate…verbally articulate what…[professional integrity] might mean…whether that is in the context of specific conversations you might have with advisees, or…in the context…a large lecture theatre for 200 people, you offer reiteration…of the NMCs parameters…

Shirley and Liz both mentioned providing students with ethics theory and like Kim Liz spoke about helping students to establish the meanings of integrity:

> …in the very first…introduction to ethics we actually unpick the meanings of words that get banded about, do a sort of word association one of the words that comes up is integrity and if it doesn't come up I make sure it does and we look at the meaning of that…

For Liz it was significant that students were provided with the 'tools to act with integrity' and in her opinion '…just like you have theory for physiology you actually do need ethics theory…'

While frameworks and tools were relevant helping students to recognise and manage the complexity of professional integrity was also important and Liz advised,

> …not rushing in with rigid set rules…you know these are the rules and we'll stick to them like this…

In her view

> …applying ethics theory gives you very structured flexibility and justified flexibility.

Lecturers set out to educate students to be open and flexible but not paralysed by the complexity of acting with professional integrity. Kim explained the steps which she took to develop students' understanding of the interaction between underpinning principles of professional integrity and the complexity of this:

> …helping them [the students] work out that there is sometimes not one right thing to do, that there are a number of acceptable things to do of which experienced practice, custom, the context might suggest one would be preferable…I think it's about helping them understand the variables that have to be accommodated as part of…decision-making. So I think it is about trying to give them a set of principles that hopefully at any given time they can perhaps…start with, systematically consider…Trying to help them apply a framework, an approach to unravel what is essentially an intangible, complex concept and giving them some rules, or at least principles…, starting by being quite concrete and just getting it embedded and then actually sometimes saying well it is not quite that easy and then adding to the levels of discussion.

Simon's approach to enabling students to find a way forward was to clarify one main principle and emphasise professional body expectations that the service user is 'the central person of importance':

> I always say to the students that if in the worst case scenario things go wrong and you are referred to the NMC, or whatever, they will always place the service user as the central person of importance…they are not interested in who said do this, because you as a person are accountable for what you do, and I think the critical thing with integrity is being able to have a rationale for what you are actually doing and if you can have a sound rationale based upon the principles of *The Code* I don't think that you can go far wrong, so when I am with students that is how, I try to go back to that…the service user.

Like mentors, for lecturers developing students' professional integrity was a facilitative activity which was much more that informing students how to behave. Shirley commented that students' professional integrity was fed by educational experiences created by lecturers:

> I think it [professional integrity] is something…you have to feed with your teaching and learning all the time…throughout the programme, because they're developing and their knowledge grows…

Liz mentioned that student nurses were adult learners and implied that being critical or overly directive would 'turn people off':

> …they are adult learners so you have got to be kind of enabling them to make their choices you can't be standing there saying 'If I ever hear that anyone' I mean that would just turn people off…you have to give them a whole balanced view…

Again similar to mentors' testimony, lecturers spoke of opportunistic and facilitative approaches in a variety of settings. Such approaches included allowing time for students to reach personal solutions:

> I think those discussions…you can come in with some guidance I think what you have to be careful of is that when students are trying to work out what the right thing…you just don't go in there and say well obviously it is that…and they don't have opportunity to work it through because otherwise they are not going to have that confidence to actually determine what they think is right and carry it through and they are always going to be sitting on the fence...
>
> Shirley

Once more reflecting mentors' viewpoints lecturers aimed to create safe learning environments where students could explore and apply their own knowledge and understanding. Shirley spoke about her student-centred work to foster understanding of professional integrity in different contexts:

> …it is very important to make time [to explore professional integrity] in the classroom, because it is a safe confidential area especially when you are a small group to discuss the right thing, as well as perhaps when you are visiting students on placement, or in tutorials. Sometimes they can…work it out for themselves, but they just need some confirmation and some validation of what they are thinking, but other students you might need to ask them more probing questions to get them to think about what is right and wrong and how you balance it up and again you that comes back down to understanding…

Tom offered an example of how developmental opportunities, such as role play, could enable students to safely build up their knowledge and skills making mistakes along the way:

> …it's giving people [students] the opportunity to make mistakes, but to develop…In role play scenarios…I have been involved when somebody has…said they are putting the service user first and in the actual role of the service user I didn't feel like I was first…that…is how you…get the person to reflect and improve and want to change rather than feeling that this is the School we have told you and we expect this behaviour so they

> are making enforced changes without making them stick or making them last, making the cognitive changes.

Complementing mentors' practice which focused on the application of theoretical learning to practice lecturers applied the theory which they taught to practice and avoided being 'overly ideological' (Alastair). Alastair commented that it was important that he and fellow lecturers had their 'feet in the field'.

Students', mentors' and lecturers' testimony revealed patterns which provide evidence of the roles of learning from experience, social learning and developing knowledge and understanding for student nurses' growth of professional integrity. Three chapters have summarised the broad scope of the research findings. The final chapter of the thesis, Chapter 7, explores the implications of these findings for professional practice in pre-registration nurse education.

Chapter 7: Discussion and conclusions

7.1 Chapter introduction

Chapter 7 integrates findings and literature to explore implications for practice in nurse education at UEA. Professional integrity was revealed to be multifaceted, multidimensional and dynamic. The students in this study drew on attributes, skills and knowledge to express their integrity in context (Calhoun 1995, Tyreman 2011). Students' qualities at selection seem to be relevant to their subsequent value-based practice (Callwood *et al.* 2012, Pitt *et al.* 2014), but findings and literature suggest opportunities to foster professional integrity during pre-registration studies (McLean 2011, Scott 2014). A model of professional integrity arose from findings and Chapter 7 describes this model and explores how it could be used in pre-registration nurse education. A metaphor of growing seeds of integrity occurred in data and nurse education can both make and take opportunities to nurture these seeds. Lecturers and practice-based staff can support students' integrity to flourish, or contribute to a context in which this might wither. This metaphor may encourage students, mentors and lecturers to seize opportunities for growth of integrity which permeates personal and professional lives.

7.2 A model of professional integrity

A model of professional integrity arose from the research (see Diagram 1.3). This visual representation is made up of the six subthemes of professional integrity revealed by findings.

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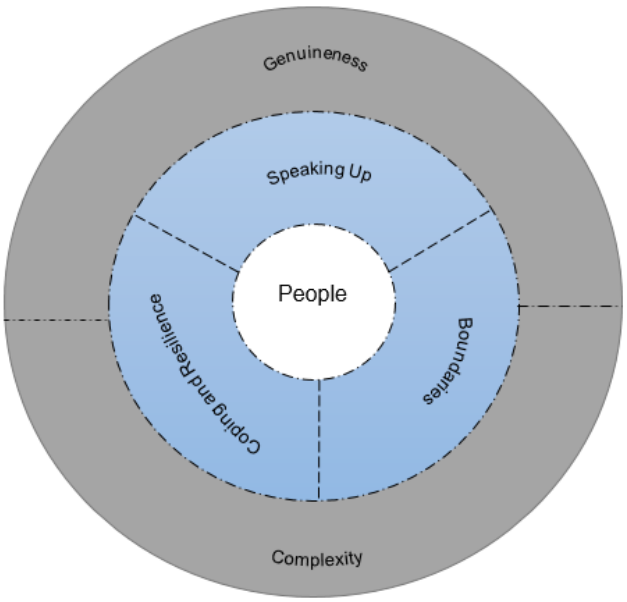

Diagram 1.3
Model of Professional Integrity

Professional integrity can be intangible and a difficult concept to grasp. The model illustrates and organises the parts of professional integrity to increase understanding. People are the centre of the model, and genuineness and complexity engulf its other parts. Genuineness reflects the internalised nature, depth and scope of professional integrity described by participants, whilst complexity directs attention to its complicated nature. In this model, people at the centre, genuineness and complexity are accompanied by subthemes of enacting professional integrity: boundaries, speaking up and coping and resilience. The multidimensional nature of professional integrity gains meaning through enactment. Breaks in lines between each of the model's parts represent their interconnectedness.

Fostering professional integrity begins by investing in those who are genuinely committed to being involved in the complications of nursing practice. One recruitment goal is to select students with the most potential to express and sustain integrity (Wood 2010, Callwood *et al.* 2012). Pre-registration recruitment involves local decisions about the modes and focus of student selection. By clarifying and summarising professional integrity, the model directs admission officers, and faculty, to areas for assessment during student selection. Moreover, by capturing the meaning of professional integrity the model may contribute to marketing materials which inform applicants' aspirations and decisions about studying nursing (Rodgers *et al.* 2013).

Students' knowledge and understanding influences their expression of professional integrity. Planning at curriculum level may be more effective than piecemeal attempts to develop relevant knowledge and understanding and the skills involved in showing integrity (McClean 2011). Nursing curricula face competing demands and the model is a framework through which learning activities map, combine and can be prioritised to meet educational standards (NMC 2010).

Learning from experience is fundamental to students' professional integrity. However, professional integrity can be invisible or even absent in practice. The students in my study learnt most about professional integrity in practice settings, but these environments are pressured and demanding. For students to make the most of their experiences the multiple dimensions of professional integrity will be explicit, and explored, in classrooms. To this end, the model offers

structure, cues and direction for lecturers and students to thoughtfully address the dilemmas of practice.

Students' vicarious learning is a vital part of developing professional integrity. In classrooms, time should be set aside to dissect and examine professional integrity and to combine student's personal and professional experiences to benefit its growth (Curtis *et al.* 2012). As one part of fostering professional integrity, education promotes students' experiential learning from peers. Roberts (2010), explores the lecturer's role in such learning and recommends that 'teacher and learner engage as partners in a quest for knowledge and form a community of enquiry'. Guided by the model students can be supported by teaching staff, and each other, to examine and re-synthesis the details of their experiences, and to explore how integrity could be maintained in real-life scenarios which they draw from, both their own, and each others' actual practice experiences (Cleary & Horsfall 2013).

Before professional registration can take place robust assessment must confirm student nurses' fitness to practise (NMC 2010). Assessment orientates students to important areas of learning, can promote clear and high standards and involves influential feedback (Gibbs 2010). The model has potential to underpin formative and summative assessment which integrates theoretical and practice-based learning. For example, linked to particular learning outcomes, students could evaluate experiences, and literature, around a particular facet of their integrity. The model presents a framework to underpin reflective activities. Activities which gain academic credit for students' honest evaluation of challenges, opportunities and learning connected to their integrity (Hargreaves 2004, Sellman 2007). The model lends itself to use in written and oral assessments. It could inform self and peer-assessment, as well as judgements made by teaching staff, including mentors. Assessment drives students' priorities, and changing, or refining, assessments is an economical way to influence learning (Gibbs 2010).

Mentors' behaviour affects students' enactment of professional integrity and has implications for these students' current and future practice. The model draws attention to aspects of mentorship. For example, courageous and supportive mentors influence students' experiences where concerns are raised, and this may contribute to the willingness of these students to speak up in the future

(Francis 2015). NMC requirements for approved mentorship courses, annual updating and Triennial Review of the quality of mentorship practice all provide opportunities to feature and apply the model of professional integrity (NMC 2006 revised 2008). Moreover, in my research, mentors not only spoke about students' professional integrity, but also about their own. Mentors may choose to make the model one focus of personal reflective activities, for example as part of supervision meetings, or to contribute to NMC (2016) revalidation requirements. Implementation of the model will aim to influence mentors' confidence to explain and demonstrate professional integrity to students.

The registrants in my study prioritised the demonstration of professional integrity to students, but this faces challenges (Cleary *et al.* 2013). For example, the expression of professional integrity in universities is not always positive (Arhin & Jones 2009, Cleary *et al.* 2011). For these reasons, the model could be used to inform discussions about, and exploration and evaluation of, individual academic staff behaviours and/or to what extent Higher Education policy, procedure or practice demonstrate or enable professional integrity.

A model of professional integrity derived from findings informs student selection, curriculum planning and everyday teaching and learning activities. This educational tool focuses students' and registrants' evaluation of their experiences, behaviour and understanding relevant to the expression of integrity. My ideas for the practical application of the model of professional integrity will be developed and refined through discourse and future practice.

The three sections which follow explore educational interventions connected to each subtheme of the enactment of professional integrity: boundaries, speaking up and coping and resilience. Consideration is given to how local nurse education can promote students' professional integrity by influencing their experiences, social learning and knowledge and understanding.

7.3 **Boundaries**

The findings and literature suggest factors which may influence students' boundaries of professional integrity: the selection of students most likely to exhibit person-centred values, professional knowledge, personal discipline and internalised nursing values. Students' flexible and problem-solving attitudes, confident decision-making and positive interpersonal behaviour are also

relevant. Nurturing students' potential to sustain integrity may benefit from educational interventions which address the complexity of healthcare situations. These interventions can involve classroom activities, positive role models – such as good mentors – and supportive opportunities to practise person-centred skills in pressurised healthcare environments.

Once on the programme, a starting point for students' knowledge of professional integrity is an understanding of NMC requirements and the implications of breaching these. Findings suggest that the nature and function of *The Code* (NMC 2008) is effectively integrated into students' learning, and it would be concerning if this was not so: *The Code* (NMC 2008) is integral to educational standards (NMC 2010a). However, findings also show that professional integrity can be intangible and rarely explicit in everyday practice, with the suggestion that this could be easier to define by its absence. During the research students, mentors and lecturers seemed to appreciate the chance to share views and experiences about professional integrity and suggested that this clarified their thinking. Students could benefit from more overt opportunities to explore what professional integrity means to them; for example, by considering the interaction of personal values, professional requirements and the challenges which they may face when enacting such values.

Students' personal discipline appeared essential to the expression of professional integrity and evidence suggests that problematic behaviour during healthcare education may be an indicator of future practice (Papadakis *et al.* 2004). One of the keys to promoting personal discipline maybe students' understanding of Fitness to Practise requirements, which include expectations that nurses exhibit professional behaviour across contexts (NMC 2010b, 2013 revised 2015). Learning opportunities can creatively demonstrate NMC processes, and in HSC one such well evaluated activity simulates an NMC Fitness to Practise Panel (Bates 2013). Students benefit from clear expectations about their self-discipline and feedback about unprofessional behaviours (Boon & Turner 2004). Where students breach professional expectations, experiences of firm and fair pre-registration management of their behaviour may encourage improved self control. Requirements for professional behaviour can be built into both student assessment and consistent local procedures in which School and University processes are aligned, and which

are agreed between HE and practice partners (Tee & Jowett 2009, Unsworth 2011, NMC 2013 revised 2015). Tee and Jowett (2009) suggest that processes should be designed to promote self-monitoring, but hold students to account where professional parameters are breached. With support and direction students may revise unwanted behaviours to demonstrate professional integrity. However, concerns over public protection must be prioritised over student progression and where Fitness to Practise is not assured this will lead to discontinuation from nursing studies (NMC 2010b, NMC 2013 revised 2015).

A particular area evident in findings was the use of social media.

> Social media include a mixture of Web-based technologies and services such as blogs, microblogs (e.g. Twitter), social video sharing services (e.g. Youtube), text messaging (e.g. Wikis), virtual worlds (e.g. Second Life) and social networking services (e.g. Facebook, Myspace)'
>
> (Nyangeni *et al.* 2015:1)

Commonplace communication via social media is influenced by cost-effectiveness and convenience (Nyangeni *et al.* 2015, Westrick 2016). Nursing students from a millennial generation have grown up with this technology (Westrick 2016), but it should not be assumed that they are aware of the professional risks involved (Westrick 2016).

Professional guidance and literature summarise risks of social media in nursing (Nyangeni *et al.* 2015, NMC 2015c, Westrick 2016). Particular risks to individuals' integrity include: disclosure of information which is less likely to be shared face-to-face, over confidence about privacy settings, underestimation of permanency and poorly thought through posts (Westrick 2016). Regardless of positive motivations, social media is open to misinterpretation, misrepresentation, widely dispersed and immediately available. Screen shots, for example, can present material out of context and leave an indelible electronic footprint (Sinclair *et al* 2015, Westrick 2016). Such risks are increased by myths about the impermanence and privacy of electronic communication (Westrick 2016). Guidance cautions registrants and students to think before they post and to be aware of the implications of their social media history (NMC 2015c). Historical posts may affect future judgements about an individual's integrity and employment (Levati 2014, Nyangeni *et al.* 2015, NMC 2015c). Novice students are vulnerable to making errors and Ashton (2016)

views inexperience in terminating patient relationships as one challenge which they face.

Student nurses and nurses do not always fully understand the risks to the public, services and themselves from their social networking activities (Nyangeni *et al.* 2015, Levati 2014). Nyangeni *et al.* (2015:3) revealed two themes: 'no awareness of responsible use of social media' and 'blurred boundaries between private and public roles and a lack of accountability'. In contrast, Levati's (2014) nurse participants' behaviours suggested awareness of the risks involved. However, Levati (2014) also found blurring of personal and professional lives could lead to ethical concerns. Nurse education's relationships with service providers may also be negatively influenced by such activities (Westrick 2016).

The challenges of social media are balanced by the opportunities which this offers (Sinclair *et al.* 2015, Tower *et al.* 2015). My findings show that support can influence students' ability to maintain professional boundaries and social media can contribute to support where students are: 'managing confusion', 'managing stress' and/or 'seeking clarification'. Social media enables 'information sharing' and may build a sense of community (Tower *et al.* 2015:1132-1133). Twitter chat, for example, can be valuable for hearing students' voices and for mentors and lecturers to join students in debate about current experiences (Sinclair *et al.* 2015).

Nurturing professional integrity involves education which addresses ethical, legal and professional issues raised by social media (Levati 2015, Westrick 2016). As with other boundaries of professional integrity, students should be conversant with professional guidance and local policies (Westrick 2016, NMC 2015c). Students can be encouraged to be knowledgeable about platforms which they use (NMC 2015c), and myths about social media can be dispelled (Westrick 2016). Knowledge and understanding of 'e-professionalism' will be reinforced by students' opportunities to enact this (Westrick 2016). Electronic reminders of professional boundaries can be shared before, for example microblogs, and students encouraged '…to prepare and gather thoughts and opinions' before posting (Sinclair et *al.* 2015:509). Academics can model good practice in electronic forums where students may also learn from their peers (Tower *et al.* 2015). Nyangeni *et al.* (2015) suggest staff training, as some may

not be familiar with using social media. Ongoing discourse will be important as the nature and scope of social media constantly evolves (NMC 2015c). Finally, where students, and or nurses, breach professional boundaries through their use of social media it is important that the consequences of this are known, formative feedback is offered and where necessary disciplinary action taken (Nyangeni *et al.* 2015, Westrick 2016).

The development of professional integrity involves more than telling students how to behave and one educational goal is the internalisation of healthcare values (DH 2012b, McClean 2011). Findings show progress in students' understanding of themselves and nursing priorities which unite to influence their professional integrity. Moreover, it seems that reflective practice which combines facets of self-awareness and nursing knowledge contributes to professional growth (Edgar & Pattison 2011). McAllister and McKinnon (2009) give an example of reflective '[i]dentity building work' in nurse education and suggest exploration of questions such as: 'Who am I with this new professional identity? What do I [b]elieve in? What are my aspirations? What will I stand up for?' (McAllister and McKinnon 2009:375). Students' boundaries of professional integrity may develop through reflective activities which help them to internalise nursing values as part of growing professional identities (McLean 2011).

Findings suggests that patients may benefit from nurses' boundaries which are flexible, and that integrity is not dogmatic and includes openness and problem-solving contingent on circumstances. This finding is supported by literature (Edgar & Pattison 2011, Tyreman 2011). Professional integrity seems unlikely to be characterised by rigid practice in which nurses keep their own hands clean where this could be at the expense of patients' experiences (Calhoun 1995, Pask 1995, Tyreman 2011). Students can be educated to a view that while maverick practice is likely to be undesirable, and may be dangerous, professional integrity does not simply equate to conformity. Therefore, learning and course assessment which encourages initiative, imagination and creativity, within professional boundaries, could be beneficial for students' expression of professional integrity (Meal & Timmons 2012, Nolan 2013, Francis 2013, NMC 2015a). However, although participants' integrity involved flexibility and the right ways of acting were not 'set in stone' consistent nursing values were also evident. Such values are reflected in literature and suggest that for professional

integrity there are some lines which should not be crossed (DH 2012b, NMC 2015a).

Students are faced with, for example, '[c]onfronting the 'real world' of health care' and '[m]aking a commitment to practice with integrity', but findings and literature also suggest that their confidence can be insufficient for them to take an ethical stance (Clark Callister *et al.* 2009:503). One function of education seems to be to increase students' confidence to make decisions and move forward in situations in a way which exhibits their integrity. To foster professional integrity educational interventions will aim to develop '*phronesis*' defined as '[p]ractical reason [which] ensures that the nurse works from the right motives, at the right time, in the right way and to the right degree' (Scott 2014:177). Pre-registration preparation can contribute to these outcomes through explicit opportunities to explore processes of professional integrity which could otherwise remain hidden and difficult to grasp. Findings suggest that professional integrity can be taken for granted in practice and that the opportunities for students to reason and debate the ethical issues associated with their practice could be limited. The most beneficial teaching methods are likely to be those which surface students' insights into the many contributory factors to ethical nursing and benefit students' professional wisdom and integrity (Curtis 2014).

Increasing students' confidence to make decisions which maintain their integrity appears to have a number of facets and developing knowledge of underpinning ethical principles and frameworks is likely to be part of this. Moreover, it may be a missed opportunity that such principles were not stated in *The Code* when this was revised (Pattison & Wainwright 2010, Unsworth 2011, NMC 2015a). Particularly, as this professional document is at the centre of nurses' pre-registration education and later practice. However, knowledge of theoretical principles does not fully address the problem, and teaching of ethical decision-making can be abstract and inadequately apply theory to commonplace practice experiences (Hardingham 2004, Beckett *et al.* 2007, Cleary & Horsfall 2013). Once more this suggests that reflective practice may be an important part of enabling students to manage the challenges of acting with integrity (Edgar & Pattison 2011, Cleary & Horsfall 2013). Student nurses' ethical decision-making may benefit from activities which promote understanding and application of

ethical principles, and skills of decision-making and reflection. These activities could be accompanied by course assessment that encourages practical reasoning which is relevant to everyday, albeit complicated, practice experience.

Students were involved in transferring learning from experiences in different contexts to their nursing practice. This included trying to establish a fit between growing professional insights and the challenges which they could face to express professional integrity (Randle 2002, Thomas et *al.* 2012). Findings show that mentors and lecturers attend to the relationship between theoretical knowledge and practical realities and this may contribute to students' integration of their learning across settings. Although their investigation was not about boundaries or professional integrity in particular, Curtis *et al*. (2012) report challenges which student nurses can face to integrate learning from their personal lives, professional theory and practice experiences. Curtis *et al.* (2012) also describe how students balance their professional ideals against practice realities in a process which involves dissonance. This process contributed to students' feelings of vulnerability and uncertainty about where the parameters of their practice lay (Curtis *et al.* 2012). Educational interventions which provide space to make sense of relationships between learning from different contexts may expose uncertainties and help to develop students' self-belief. The aim is that students can integrate learning from various experiences to develop their confidence to exhibit and to value practice which shows integrity.

Findings and literature demonstrate that positive interpersonal behaviour is central to student nurses' and nurses' integrity (Ekeberg 2011). Besser-Jones (2008:375) states:

> [t]he more an agent experiences and sustains positive social interaction, the more she evolves as a moral being, for, in order to maintain such social interactions, she must regulate her conduct upon the recognition of the needs of others.

Relationships with others seem to play a role in motivating and reinforcing integrity (Besser-Jones 2008). Students connected practice interventions which treat people as individuals and, where possible, uphold patients' autonomy to professional integrity. (There are particular considerations when working with patients who may lack capacity and this was particularly evident in the mental

health and learning disability students' testimony, but the scope of this chapter does not allow for this to be addressed here). Put simply it seems that where nurses act in a manner which breaches another person's integrity they may be likely to breach their own. However, students do not always observe nurses' practising emotional engagement with patients and can be uncertain about the boundaries for this (Curtis 2014). Student nurses may also undervalue their achievements which involve complex interpersonal care (Beckett *et al.* 2007).

Students' interpersonal boundaries seem to be a vital part of their professional integrity and education can promote their understanding of the interaction between maintaining patients' integrity and the expression of their own. It is significant for their moral practice that students understand the potential impact of their interpersonal behaviour on patients' or service users' experiences (Beckett *et al.* 2007, Ekeberg 2011, Maben *et al.* 2012, Griffiths *et al.* 2012*,* Curtis 2014). Moreover, to nurture professional integrity education will reinforce students' dispositions both to deliver and to value effective relational care (Beckett *et al.* 2007, Eley *et al*. 2012). One contribution to promoting value-based practice in this area may be integrating service users' views into students' learning (Simons *et al.* 2010, NMC 2013 revised 2015). When involving service users in education it is important that arrangements are carefully thought through, reciprocally advantageous and model professional integrity (Simons *et al.* 2010, O'Donnell & Gormley 2013).

In addition to students' increased knowledge and learning from their experiences social learning contributed to their understanding of professional integrity in action. Although students were discerning about which behaviour they chose to model, the demonstration of good practice was inspiring. The students were explicit that most of their learning about professional integrity took place in nursing practice and they were influenced by the approaches of mentors and teams in this setting. What appeared helpful was practical demonstration of nursing boundaries. Sanderse (2012) suggests that role models can play an important part in moral and character education. Price and Price (2009) argue that role modelling in nursing is not fully harnessed and should be purposeful and planned, whereas Wright and Carrese (2002:638) found that in medical education role modelling was a conscious activity in which being a 'strong' clinician was required but not sufficient on its own: teaching and

interpersonal skills were also necessary. Pertinent to the growth of professional integrity in healthcare Wright and Carrese (2002:640) associate role models' attributes with, for example, a '*Positive outlook', 'Commitment to excellence and growth'* and '*Integrity* related to being ethical and principled, being true to one's values and being genuine.' They also report the importance of multiple role models for effective healthcare education. Findings and literature suggest that role models may foster professional integrity in students (McLean 2011), particularly in practice settings (Fitzpatrick *et al.* 1996). Role modeling can be incidental, but is more than a by-product of practice and has a number of facets. The development of integrity may benefit from more attention to the quality and conscious function of student nurses' multiple role models.

Students' positive practical experiences of practising the skills involved, is important. For example, one challenge of acting with professional integrity which students faced was to remain person-centred in busy healthcare environments. Opportunities to explore the interaction between person-centred care and nursing in pressurised and seemingly task-orientated environments maybe important for sustained professional boundaries (Curtis 2012). McAllister and McKinnon (2009:376) mention the function of '…mentors or supervisors who are equipped to support neophyte autonomy and also to interrupt neophytes if they are at risk of making errors…' Providing sufficient real-life experiences for students to practise maintaining person-centred skills, in a range of demanding contexts, seems to be relevant. In such settings supportive role models will exhibit high standards and provide effective safety-nets for students' practice. Careful consideration of students' practice experience pathways during their course may contribute to the development of skills relevant to maintaining boundaries of professional integrity.

7.4 Speaking up

Expressing concerns about nursing practice for the benefit of patients can be complicated for students and it is unlikely that this will ever be straightforward (Francis 2015). As novices with limited knowledge and experience, and who are being assessed, students can feel particularly vulnerable to others' influences, power and team dynamics (Randle 2002, Levett-Jones & Lathlean 2008, 2009, Francis 2015). Once students are registered nurses the process of speaking up for patients may continue to be difficult for them, or may become

more difficult or challenging for different reasons (Kelly 1998, Maben *et al.* 2007, Mooney 2007). Registrants do not have the same opportunities as students to retreat from particular practice environments and to access independent university support structures. Evidence has shown that NHS staff are challenged to speak up by fears of personal repercussions and beliefs that this is futile (Francis 2015). Notwithstanding these considerations, speaking up for patients is a vital area of healthcare practice which has implications for public safety. Students may look at situations with fresh perspectives and raise concerns that provide important insights into patients' experiences (NAGPSE 2013, Francis 2015). Furthermore, early career influences may affect students' likelihood to speak up for patients in future practice. All of this focuses attention on the importance of developing nurses' abilities to speak up for patients in pre-registration education.

As a starting point, students' knowledge of how to raise concerns about healthcare practice should include professional requirements, local policy and legislation (DH 2013a, NMC 2015b, PIDA 1998 amended 2016). Supplementing this with an historical perspective of nursing practice may enable students to contrast past hierarchical conformity based practice with current practice, which no longer expects students' uncritical compliance with others' ways of working (Levett-Jones & Lathlean 2009). To support this contemporary pre-registration requirements expect students to grow in professional insight, think creatively, analytically and to develop their abilities to constructively challenge others' practice (NMC 2010a). Where concerns are raised about healthcare practice reduced expectations to accept the status quo are positive; although there are questions about the extent to which such cultural changes are embedded (Levett-Jones & Lathlean 2009, Francis 2015), and arguably, moves away from hierarchical structures and modes of professional discipline may have some disadvantages, such as less robust management of individuals' practice.

Knowledge of professional requirements, policy and history will not be sufficient to provide students with insight into the challenges which they may face when speaking up for patients (Francis 2015). Therefore, students could also benefit from sessions which explore motives for, feelings about and threats to healthcare staff's ability to raise concerns. Such sessions would cover potential consequences for patients and staff where student nurses and nurses speak

up, or do not speak up (PCAW 2015, Francis 2015). The aim is that students become conversant with drivers for and barriers to this vital area of practice. One threat to students' likelihood of speaking up is the human tendency to conform (Paley 2014). Connected to this Levett-Jones & Lathlean (2009) revealed that the desire to be accepted in practice communities could be stronger for student nurses than the motivation to deliver high quality care. Given this we – nursing lecturers – need to be honest with students about the challenges which they may face and foster a courageous approach (DH 2012b).

Speaking up on behalf of patients is an action which may set students outside social norms (Randle 2002, Francis 2015). Social psychology suggests factors which may affect individuals' social cognition and behaviour in circumstances where their integrity is challenged (Paley 2014). Although such influences are always likely to be present students' awareness of their own human and personal vulnerabilities, for example to social pressure, may help to prepare them for situations where their integrity is challenged (Levett-Jones & Lathlean 2009). Therefore, learning and assessment activities designed to surface students' understanding of their own and others' behaviour, for instance as a group member, may be advantageous for their future insights into risks to their ability to speak up on behalf of patients. While it is important not to underestimate the impact of environmental and cultural factors on students' and nurses' open expression of views and integrity (Maben 2007, Lipscomb & Ishmael 2009, Francis 2013), education and professional insights into such pressures may, at least to some extent, be empowering. In particular, students' awareness of the risks of their future compliance, for example in environments where uncaring practice may have become institutionalised (Francis 2013), could be beneficial. Pre-registration teaching can set out to prepare students for the challenges of speaking up for patients in a balanced way and still hold them to account to do so where necessary (NMC 2015b).

Together with increased knowledge and understanding my findings and the literature suggest the value of developing students' skills to speak up where they have concerns, for example assertiveness skills. Skills based workshops could offer students opportunities to learn and practise techniques such as offering constructive feedback and criticism (Levett-Jones & Lathlean 2009). Through their experiences students who were involved in the research had

developed interpersonal skills, techniques and confidence which helped them to effectively challenge others' practice. These students had tested out and used strategies to be heard for the benefit of patient care. It seems that current students could share their experiences, advice and skills connected to practising courageously with their peers, and that students could benefit from each others' positive practice and learning.

University based teaching and assessment strategies which encourage honest expression may also reinforce students' professional integrity. There is a danger that healthcare students learn to play the game for the benefit of their course achievements, and that this might be at the expense of their integrity (Clouder 2003). Students' integrity could benefit from learning and teaching strategies which encourage them to reveal, rather than hide, any unhelpful beliefs and motives which they might have so that these can be addressed prior to professional registration (Sellman 2007). One area for attention may be student assessment. Students' actions and learning can become assessment driven and Hargreaves (2004) suggests that approaches which attach academic credit to reflective practice may reduce open expression. On the other hand being reflective seems to be at the core of acting with integrity (Edgar & Pattison 2011). Therefore, teaching and learning strategies, including assessment, which reward students' honest disclosures, evidence of self-awareness, professional growth through tackling difficulties and initiatives for future development could be productive. For example, students' reflections and plans which include insights into potential threats to integrity and personal efforts to practice courageously may benefit their future ability to speak up for patients.

On their own interventions that involve particular university based approaches oversimplify the challenge of enabling students to speak up on behalf of patients. This is because findings and previous evidence show that students' practice experiences affect their self-belief, confidence and learning (Levett-Jones & Lathlean 2008, 2009, Thomas *et al.* 2012). In particular my findings and the literature suggest that it may be students' experiences of being valued, understood and belonging in practice settings which could be significant (Levett-Jones & Lathlean 2008). And that in turn these experiences may influence students' likelihood to raise concerns (Levett-Jones & Lathlean 2009). Levett-Jones and Lathlean (2009:346) define belongingness:

> …a deeply personal and contextually mediated experience
> that evolves in response to the degree to which an individual feels (a) secure, accepted, included, valued and respected by a defined group, (b) connected with or integral to the group, and (c) that their professional and/or personal values are in harmony with those of the group.

Students' confidence to speak up seems to be affected by their experiences of belongingness within a practice team and their support networks could play a part in this. However, my findings show that students can feel isolated during practice experiences, particularly early in their learning which suggests the importance of interventions in this area. Actions which positively influence students' feelings of belongingness in practice teams may contribute to their ability to speak up. Findings suggest that mentors can play a key role in students' confidence to speak up by building trusting relationships with the learners that they work with. Moreover, previous evidence indicates that the most important influence on students' sense of belonging in practice teams can be '…the interpersonal relationships forged with the registered nurses that students work…with on a day-to-day basis…' (Levett-Jones & Lathlean 2009:346). In particular, my findings suggest mentors play a role in facilitating students' acceptance in the wider practice team which may benefit their sense of belongingness. Relevant practical interventions could comprise: effective practice induction which develops students' support networks, students' involvement in team activities beyond everyday care delivery, making opportunities for students to learn from – and develop relationships with – team members who hold various roles including team leaders and managers and involvement with practice-based educators.

Good quality mentorship appears to be relevant to students' learning about how to nurse courageously, and as one part of this students' ability to speak up where they might have concerns. Mentor preparation, annual updating and Triennial Review of the quality of mentors' practice could provide scope to focus on their understanding of and views about the impact of their relationships and mentorship behaviours on students' willingness and ability to raise concerns. (NMC 2006 revised 2008). Such quality assurance and monitoring activities also provide opportunities to explore the power dynamics involved in assessment activities and options to build safeguards and objectivity into these processes for example, Link Lecturer involvement, co-mentorship arrangements and supervision which reviews, supports and develops mentorship practice.

Findings also suggest that accessible support which is independent of the nursing practice environment could be crucial to students' feelings of security and confidence to speak up. Practical steps which provide students with information and support external to practice environments could be significant. Such steps may involve students' effective preparation for practice which includes sign-posting of support mechanisms, Link Lecturers accessibility, information about Personal Advisers' availability, lecturers' proactive approaches to students to check on progress and any worries – not only face-to-face but also via telephone and/or email – and opportunities for discussions between students and lecturers away from the practice context.

The support of their peers and friends played a role in students' ability to speak up and this suggests interventions which build peer interaction separate from formal learning opportunities. When thinking about peer support Houghton (2014:2371) comments on the risk of forming 'parallel communit[ies]', described by Roberts (2009). Such communities may separate students from other beneficial sources of support in practice environments (Roberts 2009, Houghton 2014). However, my findings indicate that students' peer support can be crucial and this is a view reflected elsewhere. Roberts (2009) concludes that students' friendships fostered during practice-based experiences help their learning and in Jackson *et. al.*'s (2011) study it was the support of their peers which helped students resist threatening environmental factors such as intimidation. Gaining support and discovering the value of developing and accessing support networks, internal and external to the nursing practice environment, maybe an important feature of students' learning about raising concerns in nursing practice. (The discussion in this chapter will return to the value of building support networks the context of students' coping and resilience).

Support to stand up for others seems to be significant throughout pre-registration experiences and nursing careers (Francis 2015), but early in students' nursing programmes where they are adapting to a new professional role this support maybe particularly important (Houghton 2014). Findings indicate that support could be critical where students doubt the validity of their concerns, are inexperienced and therefore most likely to be doubted by others, or struggle to decipher what can be managed in situ and what needs to be escalated. Interventions from lecturers and practice staff can set the scene for

the expression of any future concerns and take practical steps to ensure the accessibility and approachability of such support. Educational approaches could also encourage students to value their early responses to patients' situations, which are not yet professionally socialised (Mackintosh 2006, Morse *et al.* 2006, Beckett *et al.* 2007). Moreover, students' fresh perspectives as they enter practice areas could be significant to patient safety (NAGPSE 2013, Francis 2015). Patients and students may benefit from educational approaches which encourage and support students to trust their natural instincts and outsider perspectives; persist to seek clarification where they feel worried and seek further reassurance if they feel unsatisfied (NMC 2015b). Perhaps, where concerns about practice could be addressed by others who are more experienced, and professionally accountable, the burden of this should not fall on students. However, pre-registration direct involvement in speaking up for patients could be beneficial for students' confidence and future practice.

Students' ability to raise concerns about nursing practice is not only dependent on personal factors, but also on the cultures of the practice areas in which they are learning. Moreover, in partnership with healthcare organisations universities are accountable for providing positive student practice learning environments (NMC 2012 revised 2015, QAA 2014). One part of the quality monitoring processes associated with this requires local Educational Audit which must take place at least biennially (NMC 2012 revised 2015). Such audit includes a review of care delivery and team factors which are likely to impact on the learning environment. To contribute to insights into students' likely experiences where they might need to raise concerns about nursing practice audit can review concrete examples of if, when and how recent concerns have been raised, and the associated outcomes including the impact of the experience on those concerned. Furthermore, lecturers involved in both educational audits and everyday Link Lecturer activities ought to be mindful of any worrying indicators about local culture which may influence staff and students' confidence to openly express any concerns that they might have. For example, indicators that covert rules for practice conflict with espoused philosophies (Maben *et al.* 2007). Other internal and external audits, such as Care Quality Commission reports (CQC 2016), may also indicate cultural norms. The effectiveness of the quality assurance processes connected to practice-based education may be significant

to students' ability to speak up for patients and learning about this during their pre-registration experiences.

7.5 Coping and resilience

What emerged from the data was that the expression of professional integrity could be connected to students' ability to cope with psychological demands and stress (McIntosh & Sheppy 2013). Moreover, previous evidence suggests that stress and coping can influence student nurses' resilience to care (Thomas *et al.* 2012). For their professional integrity students were weighing up their personal needs and the needs of patients, and literature suggests that students and nurses balance professional ideals with the reality of practice (Randle 2002, Clouder 2003, Maben *et al.* 2006, 2007, Curtis 2012). Students wanted to fit in, be accepted, not to 'rock the boat' or make waves, experiences mirrored by other research findings (Randle 2002, Clouder 2003, Levett-Jones & Lathlean 2008). Evans and Kelly (2004:478) describe one of four student coping measures as '[t]rying to stay out of trouble' and this could conflict with the expression of integrity. What seems clear is that the confidence to face external threats and stand up for their patients may require student nurses to cope with and bounce back in challenging circumstances. Pre-registration education that supports the development of coping strategies may affect students' present and later practice (McAllister & McKinnon 2009).

It is, however, important to be realistic about what can be achieved by individuals. Holding individuals to account for system failures is unhelpful (Iles 2011), and education is not a panacea for all (Maben *et al*. 2007). There is no suggestion that facing situations where they may feel vulnerable or threatened will become easy for these future registrants. The challenge involves how pre-registration education can equip students with knowledge, skills and attitudes to help them cope with stressful situations in current and future roles, a goal supported in literature (Gibbons 2010, McAllister & McKinnon 2009).

Lazarus and Folkman's (1984) 'transactional model of stress' is often cited in nursing literature and provides a way to understand the process of coping (for example, Evans & Kelly 2004, McIntosh & Sheppy 2013, Dalhquist *et al*. 2008, Gibbons 2010). This model defines coping as '[c]onstantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person' (Lazarus

& Folkman 1984:141). It suggests that students' primary appraisal of challenges is followed by secondary appraisal in which they consider their resources or deficits to cope. Coping approaches are seen to be emotion-focused or problem-focused (Evans & Kelly 2004, McIntosh & Sheppy 2013). In Lazarus and Folkman's (1984, 1987) model cognitive appraisal and emotions are integral to individuals' coping responses. Coping is one part of student nurses' resilience and resilience is characterised by the ability ''to bounce or spring back'' (Smith *et al*. 2008:194). Resilience has been described as 'self-righting tendencies' of the person, 'both the capacity to be bent without breaking and the capacity, once bent, to spring back' (Valliant 1993:285). Drawing on a metaphor which arose in the data, an organic stem grown from seeds of professional integrity may be threatened as it bends and flexes in prevailing winds, but the goal is to strengthen its chances of thriving. Nurse education may offer students chances to develop their abilities to appraise situations positively and develop emotion-focused and problem-focused strategies which contribute to their likelihood of coping and bouncing back where challenged. Positive experiences of professional socialisation could influence students' development of adaptive survival strategies which may play a part in their integrity being less at risk.

The influence of pre-registration education on nurses' ability to cope and express professional integrity begins at student selection which can consider an individual's potential to cope and show resilience. As previously mentioned, some evidence suggests that personal qualities remain unchanged over the three years of nurse preparation (Pitt *et al.* 2014). Therefore, selection considerations go beyond academic ability and values. Callwood *et al*. (2012:835) sum-up the function of effective recruitment as follows: 'The personal attributes of these fledgling practitioners will influence how they respond to and meet the challenges they face in clinical practice'. Dispositional factors are relevant in recruitment to healthcare practice and McAllister and McKinnon (2009) list attributes of individuals who could be more resilient as: pro-social behaviour, empathy, positive self-image, optimism and the ability to organise daily responsibilities.

Managing emotions seems to be a key facet of students' integrity and low emotional resilience is associated with burnout and distress (Hughes 2015). Emotional intelligence (EI) '…is a type of social intelligence that involves a

person's ability to monitor their own and others' emotions, to discriminate among them and to use that information to guide their thinking and actions' (Por *et al.* 2011:855). Emotional intelligence connected to self-awareness and relational skills is relevant to professional integrity (Callwood *et al*. 2012). Although the assessment of emotional intelligence at student selection is challenging subsequent interpersonal skills training may not be able to develop this quickly and sufficiently prior to registration (Callwood *et al*. 2012, Cadman & Brewer 2001).

In nursing, professional integrity may benefit from pre-registration selection focused on a number of areas which affect resilience: self-management, optimistic outlook and emotional intelligence. Published accounts suggest methods of selecting applicants who demonstrate the best potential to enact professional integrity (Callwood *et al.* 2012, Francis 2013). Eva *et al.* (2004:603) comment on a 'blueprinting process' which defines characteristics to be sought within selection; most relevant are desirable stable qualities which are likely to exhibit in multiple and varied healthcare circumstances (Albanese *et al.* 2003). Evidence of the success of selection methods such as Mini Multiple-interviews suggests the opportunity to integrate facets of coping and resilience with approaches which assess the other characteristics sought in applicants to healthcare education (Callwood *et al.* 2012, Patterson *et al.* 2012).

Once recruited to their nursing course, findings reveal practical ways in which students coped for professional integrity. These included creating space and time to think through the personal and professional implications of stressful situations and harnessing and developing their support networks. Students' behaviour and thinking involved their commitment to act with integrity, managing conscience, recognising human fallibility and avoiding approaches which expected heroism or martyrdom. The majority of students' learning about professional integrity took place during practice experiences. The classroom cannot mirror the complexity of nursing practice and educational standards which require fifty-percent of pre-registration education to be practice-based seem valuable for the growth of professional integrity (NMC 2010a). Students learn to cope with the reality of everyday nursing practice in practice. However, my research suggests that to enable students to have the best chance of

enacting and sustaining professional integrity there are other aspects of pre-registration education which could be improved.

Without underestimating the other factors involved, explicitly connecting students' coping abilities to professional integrity could direct students', mentors' and lecturers' attention to the enhancement of knowledge and strategies relevant to this. Although not focused on integrity as such McAllister and McKinnon (2009) argue that inadequate attention is paid to resilience in pre-registration healthcare education where there is strong indication that this is needed:

> [I]f students are not prepared for the emotional and cognitive labour involved in caring, then the work can become a burden, leading to stress, burnout and neglect.
>
> (McAllister and McKinnon 2009:372)

Nursing curricula brim with content but enhancing particular knowledge and understanding may be beneficial to students' resilience, build confidence and support feelings of being in control (McAllister &McKinnon 2009). Pre-registration education includes behavioural sciences and students can be encouraged to apply growing understanding of patients' ways of coping to their own behaviours and practice (McAllister & Mckinnon 2009). McAllister and McKinnon (2009) connect positive psychology to students' resilience. For example, students can be encouraged to apply theory to personal experiences to normalise these and reduce feelings of being isolated, personally at fault or inadequate in challenging circumstances. Visual resources may support this, for example the *youtube* clip of a student nurse at RCN Congress (2013) who graphically shared her poem to encapsulate the challenges to cope faced by student nurses. Promoting positive thinking patterns and providing students with tools to help may also be beneficial. McAllister and McKinnon (2009) mention Seligman's (1998) positive psychology and theory of learned optimism. Psychology must retain a vital place in curricula where competing content and champions of other material may challenge this.

National strategy and evidence-based practice are key parts of contemporary pre-registration education and to reflect professional and NHS expectations multifaceted education about positive coping strategies should be integral to students' pre-registration learning. The connections which students, mentors

and lecturers made between nurses' physical and psychological health and wellbeing and patients' experiences are evident in NHS strategy (Boorman 2009). Moreover, students' knowledge of research findings relevant to coping may encourage them to think about their self-management. For example, knowledge which suggests the positive significance of student nurses' dispositional control, support and self-efficacy for coping, and which promotes strategies other than avoidance coping, which could predict burnout (Gibbons 2010). The education of student nurses can expose the shortcomings of maladaptive avoidance coping which could, for instance include use of substances such as alcohol as a strategy to deal with feelings and experiences (Gibbons 2010). To promote more positive strategies focused literature can be easily shared with students, for instance, The Foresight Report (2008) *Mental Capital and Wellbeing Making the most of ourselves in the 21st Century* offers clear guidelines for promoting psychological health: Connect, Be active, Take notice, Keep learning and Give.

Integrating knowledge about coping and resilience into students' understanding of themselves and their practice may be a positive step forward, but providing information alone is insufficient for behavioural change (McAllister and McKinnon 2009). It is necessary that where possible students are practically enabled to strengthen their abilities to keep people, particularly patients and service users, at the centre of their actions. Providing a healthy course, which is both testing and supportive, can be a challenge alongside preparation of students for the demanding reality of practice. But the university life of healthcare students should offer balance and value opportunities beyond course experiences. Looking beyond the programme and fostering students' broader opportunities and perspectives may have positive benefits for their resilience and integrity.

Findings combine with literature to support explicit attention to strategies by which practice-based mentors and lecturers can influence students' self-efficacy and coping. The concept of 'self-efficacy' is characterised by '…a belief that you can perform adequately in a particular situation' with '[y]our sense of personal competence' influencing your how you think that things are going, your drive to engage and succeed and how you actually perform (Banyard 1996:176). Self-efficacy and personal achievement have been positively correlated with student

nurses' ability to cope (Evans & Kelly 2004, Gibbons 2010), and findings suggest that students' feelings of being valued and validated could be a factor in the expression of their integrity. Therefore, strategies which build on these areas become relevant for education to foster professional integrity. Facets of practice-based mentors' and lecturers' behaviour impacted on the confidence of the students. Mentors and lecturers recognised this and believed that the steps which they took to create developmental and supportive environments may promote professional integrity. Gibbons (2010) suggests the potential impact of even lecturers' smallest-scale interactions on students' self-efficacy beliefs. It would seem that supportive approaches which recognise the value of existing personal attributes and take a developmental approach may increase self-efficacy beliefs and enable students to grow. Gibbons (2010) describes the role of classroom interactions, student feedback and teaching and learning strategies for building students' self-efficacy. Particular aspects of practice suggested by my research and supported by Gibbons (2010) include attention to getting to know students as individuals and validating contributions and achievements. McAllsiter and McKinnon (2009) describe positive learning environments which can build resilience as: caring and learner centred, having high positive expectations, placed within strong supportive social communities and offering supportive peer relationships. What could also be relevant is teaching strategies where students have increased control over their learning, and which build students' sense of competence and confidence. In this way autonomous learning activities which are valued and rewarded could, perhaps, influence coping abilities, with positive implications for professional integrity. Highlighting the relevance of these human factors which may promote students' professional integrity could be significant in times where practice demands are high, cohort numbers are growing, and teaching strategies are being modernised to include less face-to-face contact.

Supportive developmental approaches overlap with methods that promote student nurses' self-discipline and autonomy which are components of effective coping and professional integrity. Maben *et al.* (2012) found that nurses' sense of being in control of their work interacted with other environmental factors to influence patients' experiences. Environmental factors such as resources should not be underestimated but ways to build students' personal sense of being in control and taking control of their situations could be beneficial. As

mentioned earlier in the chapter, literature suggests the importance of providing clear parameters for behaviour and addressing professional expectations and misdemeanours in preparation for healthcare practice (Boon & Turner 2004, Papadakis *et al.* 2004). Moreover, the NMC's (2015a) approach emphasises the accountability of individual nurses. Promoting students to take responsibility for their own wellbeing and encouraging self-discipline, both as role models to colleagues and patients and for the benefit of performance, are identified outcomes of pre-registration education (NMC 2010a). Encouraging personal discipline involves providing a strong framework of expectations and local Fitness to Practise policies and procedures which are developmental and have high and consistent expectations (Tee and Jowett 2009). Such procedures expect students to be responsible for acting with integrity, hold them to account where this does not happen and enable personal growth. Strategies such as these may serve to mitigate avoidance coping which could impact on student wellbeing and future practice.

Education for the sustainability of professional integrity could also focus on students' abilities to recognise and cope with emotions. Findings suggest the success of students' course experiences for promoting personal discoveries about themselves and personal change which were beneficial for their integrity. Growing self-awareness may help students to cope and build on aspects of their personalities such as 'determination and hardiness' (Evans and Kelly 2004:480). Emotional intelligence has been connected to value-based nursing practice, professional practice, coping and resilience to care (Por *et al.* 2011, Thomas *et al.* 2012, Rankin 2013). Por *et al.* (2011) advocate the development of emotional intelligence skills and suggest that recognising emotions connected to stress can lead to constructive problem solving. One approach which fosters students' confidence to manage emotions and builds on existing resources is suggested by Dahlqvist *et al*. (2008). Dahlqvist *et al*. (2008:476) describe interwoven, complex and personal comfort strategies used by healthcare students to 'effect relaxation and gain strength' (Dahlqvist *et al*. 2008:476). They found two main themes of coping: ingressing and trangressing. Ingressing involved personal strategies to contain feelings and trangressing strategies in which students transcended initial feelings to gain perspective, meaning and connection beyond their individual experiences. Dahlqvist *el al.* (2008) recommended workshops which support healthcare students to share

and explore their self-comforting strategies. Professional integrity involves building on natural abilities and encouraging students to harness existing strategies could contribute to self-efficacy and benefit future practice.

Enhancing students' ability to cope and to exhibit professional integrity is multifaceted and support is another important component of this. The findings suggest that the support of others, both internal and external to the programme, maybe critical to students' ability to cope and maintain professional integrity. Moreover, research connects belongingness with student nurses' feelings of being valued and supported (Levett-Jones & Lathlean 2008). Previous evidence also describes a relationship between students' coping strategies and the support available where if either is inefficient this is likely to compromise the other's effectiveness (Gibbons 2010). Gibbons' (2010) research suggests that the support which students receive in nursing practice situations influences their ability to cope whatever other mechanisms they may have in place. Support is likely to influence students' sense of self-efficacy and therefore ability to cope.

Findings and previous evidence indicate the nature of valuable support for students. Although not based on coping or professional integrity specifically, similar to my findings, Roberts (2009) found the benefit of peer relationships for student nurses' development. In this study students gained from 'being in the same boat' and 'ask anything' cultures which existed between them (Roberts 2009:369). Also like my research, other findings have indicated the role of external support in coping (Evans & Kelly 2004, Dahlqvist *et al*. 2008, Gibbons 2010). Educational interventions which encourage students to use existing and build new support structures may be significant to professional integrity. Therefore, it could be important to retain and develop local practices which place novice and more experienced students in practice learning situations together, involve students in Peer Assisted Learning (PALs) approaches and deliver events in which students may widen their support networks. The investment in support structures such as mentorship, Personal Adviser and Link lecturer roles could also be significant and should consider the accessibility and quality of support offered, for example, whether this is developmental and empowers students to become confident, autonomous and maintain high standards.

Findings suggest that students' professional integrity benefits from experiential learning in which role models play a part. Through their attitudes and learning students were discerning about which aspects of others' practice to adopt and this critical approach should be encouraged. Literature indicates that positive role models can impact on professional socialisation (Fitzpatrick *et al.*'s 1996, Houghton 2014) and practice-based mentorship emphasises 'the unique relationship between student and mentor' for novices' professional development (Houghton 2014:2370). Mentors are in an ideal position to model coping and integrity for student nurses. Supportive relationships could demonstrate how mentors, and lecturers, take responsibility for and manage their own wellbeing and use positive emotion and problem-focused coping strategies. McAllister and McKinnon (2009) suggest the importance of showing students what resilient behaviour and professional growth can look like through modelling and shared strategies on how to flourish in healthcare workplaces. One method to inspire students, promoted by these authors, is the involvement of 'fulfilled elders' in educational exchanges (McAllister and McKinnon 2009:376).

The enhancement of coping for professional integrity is not only the business of individuals, but also influenced by the local environment. Boorman (2009) and HSE (2008) suggest that physical and psychological wellbeing are promoted through leadership and managerial responsibilities, suggestions which can be applied in both HE and NHS contexts. Literature also outlines environmental pressures which may impact on nursing lecturers and indicates the potential negative impact of workplace culture on professional integrity (Cleary *at al.* 2013). Healthcare environments may risk normalising practice which lacks integrity (Francis 2013), but so too can university cultures (Cleary *et al.* 2013). The scope of this chapter does not allow for detailed discussion of the impact of culture on coping and professional integrity. However, perhaps supportive HE and practice-based environments could influence staff coping through high quality leadership and promoting staff self-efficacy. Such contexts show features which overlap with circumstances where integrity is fostered: environments where individuals feel accountable, supported, empowered, secure, and believe that they work in just situations (Evans 2012, Francis 2013).

7.6 Final comment

This research has investigated students', mentors' and lecturers' local experiences of professional integrity in pre-registration nurse education. Findings and literature combine to suggest the way forward, with educational interventions connected to providing positive opportunities for students to develop professional integrity by gaining significant knowledge and understanding and through their experiences and the modelling of others. Particular areas for the attention of pre-registration education are students' enactment of nursing boundaries, ability to speak up for patients and coping and resilience. Returning to the event which confirmed my decision to investigate professional integrity, after implementing the model and interventions arising from my research I expect final year students to know and understand the meanings of integrity, but should questions about this arise, at this or any other stage, I am well equipped to respond. Now I am confident to answer the question 'What is integrity Jane?'

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Appendix I

Nursing and Midwifery Council (NMC) definition of good character

Good character is important and is central to the code in that nurses and midwives must be honest and trustworthy. Good character is based on an individual's conduct, behaviour and attitude. It also takes account of any convictions, cautions or pending charges that are likely to be incompatible with professional registration. A person's character must be sufficiently good for them to be capable of safe and effective practice without supervision.

(NMC 2010b:8)

Appendix II

Ethical approval and considerations

In order to progress the investigation in line with the University's requirements a Research Proposal was submitted to the School of Education and Lifelong Learning's Research and Ethics Committee (EDU REC) (UEA 2011). This proposal outlined the research's rationale and intentions and summarised its methodology, methods and sample. The proposal gave particular attention to ethical issues including those of consent, confidentiality and data storage. A Study Information Sheet (SIS) (Appendix III) and a Consent Form (Appendix IV) were provided to the Committee for its consideration. The Committee approved the project with the minor amendment that the SIS be revised to indicate to the participants that the first point for any complaint about the research was the Head of School of EDU rather than the Head of School local to their studies, as initially identified. Alongside UEA's ethical approval, the participation of NHS employees – practice-based mentors – within the project required that NHS research governance standards were met (IRAS 2011, UEA 2011). To meet these requirements I completed the Integrated Research Application System (IRAS) process and obtained NHS Research and Development (R & D) Governance approval to proceed. The relevant documents were endorsed by my Supervisor and the University's Research and Enterprise Department (REN) which also provided me with a certificate of insurance. As part of this process I submitted IRAS R & D and Research Governance Site Specific (SS1) forms to the Trust Research and Development Departments of two of the local NHS Foundation Trusts in which mentors were employed. Also through these processes, I was declared fit to undertake the research by the University's Occupational Health Department (OH) and the Human Resources Division provided information to inform my NHS Research Passport which also required examination of my enhanced clearance from the Disclosure and Barring Service (NIHR 2010). Finally, as part of my personal preparation to undertake the research I attended Good Clinical Practice Training (GCP) in July, 2012 and completed web-based NHS Information Governance (IG) training.

To enable the research to go ahead actions also took place within the nursing practice organisations involved. Senior nurse gatekeepers in both NHS Foundation Trusts offered their approval for the research and I attended one of the

organisation's Research and Governance Committees to clarify certain aspects of the investigation. This lead to improvements in the lay-out of the project's Consent Form to ensure that it met Good Clinical Practice research requirements (Appendix IV) and further clarification of the point up until which participants could withdraw from the project on the SIS. Subsequent to this the opportunity for participants to withdraw at any stage of the project was made clear, and should this have occurred it was agreed that no data would be used from this/these participant/s up until submission of the thesis (Appendix III). In addition the research proposal was revised to indicate that there would be at least twenty-four hours between participants' initial consent and engagement in the study. This provided a cooling-off period of reflection between initial agreement and participation in the research. At the end of these processes I received honorary contracts with both NHS Foundation Trusts involved enabling me to engage in the research.

The REC and IRAS processes identified potential benefits of the research for participants. The benefits were: an opportunity to explore professional development and practice as a pre-registration student, mentor or lecturer; space within an interview or focus group setting to reflect on and to be heard about a vital aspect of nursing practice; enhanced understanding of the research process through personal participation and an opportunity to contribute to evidence to underpin future nurse education. It was also significant that these students were in a position, before completing the programme, to take advantage of any new insights which may result from their participation in the research, and I considered the stage of cohorts on the course before students were invited to participate. In an unsolicited way, participants confirmed the benefits of their involvement and at the end of her interview one student commented:

> …it [the research interview] is really good because it gets me thinking, and it makes me reflect…it is a really good way of looking back and…[questioning] are there any areas there that are lacking in what I have just said…it is very good for me...it is an opportunity to really think about what I have done, what I am doing and where I am going…

As well as identifying potential benefits, the research's burden and potential risks to participants were addressed. The steps taken to minimise burden and risks set out to both encourage participation and ensure the ethical nature of the research. A non-maleficent approach sought to avoid making unnecessary requests from students

who may already feel burdened (Charmaz 2004). The disruption to participants' other activities was minimised as interviews were not too lengthy and carried out in convenient locations. Procedures for gaining informed, voluntary oral and written consent promoted participants' autonomy and were integral to the research process. Relevant to this, the intrusion of interviews on other aspects of the students' experience was minimised by confidentiality and adherence to the Caldicott Principles (DH 1997). Participant anonymity was protected with each participant given a pseudonym for the presentation of the data (Appendix VII). Participants' role – student, mentor, lecturer – year of the course and field of nursing are evident within the analysis and participants were fully aware of this. What is more, consideration was given to confidentiality when the locations of the meetings were arranged. As another consideration and for the effective management of my boundaries as an insider researcher, interviewees did not include students with whom I was already engaged in significant work, for example, as their Personal Adviser or current teacher. These features of the investigation set out to prevent participants' disclosures influencing others' judgments or actions outside the research process.

In this way possible risks and burdens informed participants' consent to take part in the research. Importantly, participants were enabled to make their own informed judgments regarding any personal implications of engagement with the research. During the design of the SIS and my discussions with potential participants, attention was given to providing enough information without overloading prospective interviewees. The research relationship – participant/researcher – was discussed in an honest, open way with participants explaining how this fitted with our other roles within the School; the parameters of confidentiality were clearly explained and individuals were supported to identify and explore the potential advantages and disadvantages of involvement (Bradbury-Jones & Alcock 2010). Interviews were arranged for as soon as possible after initial discussions, but at least twenty-four hours later to allow a cooling-off period of further consideration about participation. For ethical practice interviewees were also enabled to influence events at the time of interview, therefore the purpose and understanding of participation was re-visited and clarified, confidentiality was discussed, and permission to record the interactions with the opportunity to stop at any time within the process re-stated.

A particular risk was that interviewees could misunderstand the boundaries of confidentially of the research and/or be unwittingly encouraged to make a disclosure which they might later regret. After supervisory discussion and in order to ensure informed consent for participation the following was included on the SIS (Appendix III):

> Importantly owing to the researcher's professional accountability, if issues of illegal or unsafe practice or significant failures to uphold professional standards were revealed these would be addressed by discussion with my Supervisor and action as required by School or University policies.This would be discussed with the participant concerned.

In addition to providing written information during the processes of gaining informed, voluntary consent I discussed with each participant the potential exposure of unsafe practice, or significant failures to uphold professional standards, and the subsequent requirement to manage these through existing School, University and/or partnership organisation policies and procedures; these standards, policies and procedures were known to participants and all students had signed programme conditions committing to upholding *The Code* (NMC 2008) on commencement of their course. Our discussions took place in quiet, private environments within the School before interviews were conducted. The participants seemed to have a good understanding of the parameters of confidentiality. In the case of students this was related to the learning which had already taken place on their programme. Mentors were bound by *The Code* (NMC 2008), guided by the NMC (2010 revised 2013) *Raising and Escalating Concerns in Practice* document and required to meet the relevant *Standards for Teaching Learning and Assessment* (NMC 2006 revised 2008) which included an annual update relating to their accountabilities. It was made clear to the participants that, in the event that a disclosure required further action separate from the research project and owing to my accountabilities as a registered nurse and University employee, this would be addressed openly with the participant and appropriate School/University policy and procedures followed. This was re-visited and participant understanding of this clarified prior to proceeding with each interview. In this way the boundaries of confidentially were explicitly established. In research such as this which sought disclosure it was ethically important to ensure that those involved fully understood the potential for issues to arise which may have immediate professional implications for themselves or others. This meant that it was vital to be

clear and unambiguous prior to data collection how this matter would be managed, should it arise.

Ethical considerations were integral to the interviews. It was important to ensure that the emphasis on discussions was a positive experience for each participant and remained within the parameters of the research. Moreover, I was conscious of maintaining the psychological safety of those involved where the content became sensitive and/or emotional. Should the discussion become uncomfortable I felt confident about my skills to manage this sensitively, putting the participants' needs before the research. During the interviews I observed the non-verbal behaviours of the participants to notice any sign of tension and during the focus groups I was also mindful of the influence that students might have on each other. I checked with participants that they were comfortable to continue when potentially difficult subject matter was raised. Although this did not turn out to be needed, my plans included that, if it was evident that participants may benefit from further support, they would be signposted to existing School and University resources. In addition I did not lead or interrogate during the interviews but rather allowed participants to set the pace by taking an encouraging approach. At the end of each interview I checked the participant's wellbeing and offered an opportunity for any additions or questions to be provided once more to promote autonomy. It was in this manner that my experience, knowledge and skills were used to make the interviews a positive experience whilst remaining within the boundaries of the research.

The comprehensive IRAS procedures also required consideration of potential risks to the researcher and I was able to identify that meetings with the participants were expected to be in easily accessible public buildings and that there were no anticipated physical risks associated with the undertaking research. While challenges were inherent to the responsibility of implementing and managing the research, this was taking place in the context of excellent organisational, peer and supervisory support.

Appendix III

Study Information Sheet
Exploring the development of professional integrity in local nurse education

Thank you for considering participating in this research which I am undertaking as part of my Doctorate in Education studies at the University of East Anglia. The project will explore issues related to the development of professional integrity within pre-registration nurse education locally. Professional integrity is required of nurses and outlined in their ethical code of practice (Nursing and Midwifery Council 2008).

Initial questions for exploration are:

- How do individuals describe professional integrity in contemporary nursing practice?
- What are the experiences and processes developing, recognising and maintaining professional integrity in pre-registration student nurses?
- What are the challenges and opportunities experienced locally in developing professional integrity in pre-registration student nurses?
- How are challenges and opportunities related to the development of integrity in pre-registration student nurses currently addressed/realised?

It is planned that the study explores these areas within recorded individual and group interviews. Interviews will take place at a mutually convenient venue. Individual interviews are expected to last one hour with a second interview carried out approximately three months later. Group interviews will last up to one hour and a half on one occasion for each group.

I will use my experience, knowledge and skills to make the interviews a positive experience. Any upsetting discussion will be managed sensitively with sign-posting to further direct support where this could be beneficial. Importantly owing to the researcher's professional accountability, if issues of illegal or unsafe practice or significant failures to uphold professional standards were revealed these would be addressed by discussion with my Supervisor and action as required by School or University policies. This would be discussed with the participant concerned.

Students, mentors and lecturers involved in pre-registration nursing education will be invited to take part. There will also be analysis of some of the key documents that relate to this research enquiry, for example, course handbooks and the Nursing and Midwifery Council's Code (2008).

After completing initial interviews I plan to analyse the data obtained to inform future interviews aiming to gain a full picture of experiences in this area which will represent the project's findings. Participants' involvement in the research will remain confidential and contributions will not be attributed to individuals but rather to groups such as lecturers, students (year of the course and field/branch of nursing may be evident within the analysis) or mentors. Data will be securely stored.

Consideration will also be given to current documents, NMC hearing reports, policy and literature related to professional integrity in nursing. At the end of a project a report will be produced and it is anticipated that this will inform future practice in this area.

Should you wish to withdraw your consent to participate in the project at any stage this will be facilitated and no data collected from you will be used within the study. This will apply until the submission of the thesis associated with this work in September 2014. Any complaints regarding the conduct of the research should initially be made to the Head of School, School of Education and Lifelong at the University of East Anglia.

Researcher's contact details:
E.Jane Blowers- e.blowers@uea.ac.uk
Telephone-01603 597025

Head of School's contact details
Dr. Nalini Boodhoo- n.boodhoo@uea.ac.uk
School of Education & Lifelong Learning
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(Version 2)

Appendix IV

Exploring the development of professional integrity in local nurse education

Consent Form Student Interviews

Please initial all boxes

1) I confirm that I have read and understand the information sheet (version 2) for the above study. ☐

2) I understand that my participation is voluntary and that I am free to withdraw at any time without my rights being affected by this. ☐

3) I agree to participate in two individual interviews which will explore my experiences relation to the development of professional integrity in pre-registration student nurses. ☐

4) I agree to take part in the above study. ☐

Name of participant

Date

Signature

Participant contact details- I can be contacted at:

Email:

Telephone:

Name of the person taking consent

Date

Signature

Consent form date of issue
Consent form version number [Version 2]

Appendix V

Interview Guide/Student Nurse Participants Interview 1

The NMC Code uses the term integrity. I would like to explore the concept of integrity with you.

Initial open-ended questions

At what stage of your course are you?
In relation to everyday life can you tell me about a situation in which you think integrity was lacking, for example, what you have heard in the media or press?
How would you define integrity?
How would you define integrity in nursing?
How have you developed/are you developing your professional integrity as a nurse?
When did you first notice that you felt like a nurse?
What was this like?
Who/what influenced this?
What has happened that has been most relevant/important as you develop professional integrity?
How has this or other events influenced your actions/what you do/how you are now?

Intermediate questions

How have your thoughts and feelings about professional nursing changed?
What are typical ways in which your actions have changed since being of this course?
What has influenced these changes?
What are the most important lessons that you have learned regarding professional integrity?
How have you learnt these lessons?
Where do you see yourself in a year's time/at the end of the course?
What helps you to be a student nurse with integrity?
Who has/ what has been the most helpful?

Ending questions

What do you think are the most important ways to develop professional integrity?
How did you discover this?
How have your views/actions changed?
How have you grown professionally as a future registered nurse?
What advice would you offer to others pursuing nursing?
Has anything occurred to you during interview that you would like to add?
Is there anything I should know or understand better?
Is there anything you want to ask me?

Developed from Charmaz 2006:30-31

Appendix VI

Coding approach: examples of Initial and Focused Coding

Initial Coding: Initial coding from Student Nurse Anne's first interview began to demonstrate what professional integrity meant to her.

Interview data	Initial codes
Integrity in nursing I think again very much as a nurse you are put in such a position of trust, umm you work with the most vulnerable of people. So that trustworthiness and honesty has to be a major part of integrity, it has to be, I can't see how it can't be to be honest, alongside that doing what is right for the patient or the client or the service user or whatever term you want to use, it really is doing everything to the best of your ability, and again I come back to doing what is right and not cutting corners, you can't cut corners with peoples' lives whether they come in for something minor or whether they come in for something really major. It's striving to do what is right not cutting corners, being honest being truthful telling the truth, and more, basically that is how I see it, because you are in such a position where somebody a patient will just put their absolute trust in you and actually it can be quite frightening because the patients, the people, put their trust in you they see you as a nurse and they don't question your honesty and your trustworthiness, it is a lot to live up to but that to me is what integrity is.	Being in a position of trust Doing what is right for the person receiving services Using different names – patient, carer, service user Not cutting corners Feeling responsible for peoples' lives Being important whatever the scale of the need for care Patients offering unquestioning trust to nurses Being in a position of trust can be frightening Being a lot to live up to

Codes from this interview combined with codes from Anne's follow-up interview and other interviews to reveal patterns in data.

Focused Coding

The process of focused coding compared, contrasted and combined initial codes to reveal patterns in the data. The following example is from Mentor Cathy's interview.

Theme	Subtheme	Focused codes
Meanings	People at the centre	Thinking empathy is a huge part of professional integrity Learning and telling students that patients very quickly recognise the different approaches of nurses Patients having a sense of who understands their needs. Patients not being rushed
	Genuineness	Defining professional integrity as something that is sustained even if there is nobody around to observe it Knowing if you haven't done enough, and that staying with you whether you are a mentor or a student
	Complexity	Professional integrity being a difficult concept for people to put into words Being bandied about as a term without full understanding Integrity not being easy to pull apart Encouraging students to develop balanced views, to see that things are complex not always clear cut Sometimes considering so many things when working with people making a decision/reaching a conclusion becomes difficult The simplicity of a student's thinking being helpful

Appendix VII

Participant pseudonyms

Students individual interviews	Students Focus Group 1	Students Focus Group 2	Mentors	Lecturers
Anne	Sonia	Peter	Sarah	Kim
Charlotte	Betty	Deborah	Cathy	Shirley
Sally	Clara	Robert	Sue	Tom
Sophie	Monica	Penny	Mark	Simon
			Ben	Liz
				Alistair