

An investigation of professional integrity in pre-registration nurse education: a modified grounded theory research study

Background Acting with integrity is a central part of nursing practice. However, literature shows that professional integrity can be absent and where this is present it can face challenges. Governmental Inquiries have revealed deficits in the expression of nursing values which underpin professional integrity, in particular caring, compassionate and competent practice that maintains the dignity of patients. Evidence also suggests that it cannot be taken for granted that pre-registration education will have a positive impact on student nurses' ability to practice with integrity.

Objectives This research explored students', mentors' and lecturers' experiences of professional integrity in pre-registration nurse education.

Methodology A grounded theory approach was informed by the work of Charmaz (2004, 2006)

Context The study, which took place in a UK university, involved four fields of nursing practice: Adult, Children, Mental Health and Learning Disabilities.

Participants 12 student nurses, 5 practice-based mentors and 6 lecturers participated.

Findings Semi-structured interviews and focus groups revealed three main themes: meanings, enactment and growth of professional integrity.

Conclusions 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.

Background

"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'. Authors suggest 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 2008, Edgar & Pattison 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).

Demonstrating integrity is a central part of nursing practice (NMC 2015). However, professional integrity can be absent, or where present face challenges (Randle 2002, Maben *et al.* 2007, Cleary *et al.* 2013). During the last decade individual nurses and practice-communities have been implicated through high-profile inquiries which have demonstrated a lack of nursing integrity across specialities and within hospital, community and residential settings (Mencap 2007, PHSO 2011). This has culminated in further governmental inquiry and national recommendations (DH 2014, NAGPSE 2013). Reports demonstrate tolerance of attitudes which reflect an absence of nursing integrity and can become embedded and institutionalised (Francis 2013). The influence of pre and early post registration socialisation on professional integrity seems to vary (Fitzpatrick *et al.* 1996, Randle 2002, Mackintosh 2006) and authors caution that pre-registration nurse education may have a negative impact on students' integrity (Randle 2002, Mackintosh 2006).

Methodology

Research Design

The research design was informed by Charmaz's (2004, 2006) constructivist approach to grounded theory in which researchers and participants co-construct theory to account for the contexts, lives and meanings of those involved. 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). The premise that professional integrity is constructed as part of the social realities of those involved made grounded theory an appropriate methodology for the study. Co-construction of grounded theory involves prolonged engagement with participants and, for example, multiple interviews. For practical reasons Charmaz's (2004, 2006) approach was modified to involve discrete episodes of data collection over a shorter time period and no bold claims are made about the co-construction of theory.

However, expectations of grounded theory methodology were met: expectations ‘...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’ (Dey 2007:171)

Data collection

Data were collected from students, mentors and lecturers using semi-structured interviews and focus groups. Researchers using grounded theory set out to gain a thorough understanding of a phenomenon and the involvement of these participant groups contributed to this.

Charmaz (2006), comments on good fit between grounded theory and interviewing which is: ‘...open-ended yet directed, shaped yet emergent, and paced yet unrestricted’ (Charmaz 2006:28). 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. The two data collection methods complemented each other. Initial interviews with students were used to identify topic areas for exploration in later interviews and focus groups.

In summary, four students were each interviewed twice, five mentors were interviewed and two focus groups were conducted involving eight students. Interviews with six lecturers added an important additional perspective to the emergent findings. The final episode of data collection was the second focus group in which findings were tested out with students.

The participants were encouraged to tell their stories about their experiences of professional integrity and emerging themes were explored (Charmaz 2006). During the interviews and focus groups a series of broad, open questions focused on actions, thoughts, processes, experiences, feelings and interpretations. Accuracy was significant to data collection and analysis and the interviews and focus groups were audio-recorded and transcribed verbatim.

Ethical considerations

National Health Service and University approval processes were completed and relevant permissions granted prior to data collection (NIHR 2010, IRAS 2011). Procedures for gaining informed, voluntary oral and written consent promoted participants' autonomy and were integral to the research process. Participant confidentiality was protected with each participant given a pseudonym for the presentation of the data. The same principles were applied to the recruitment and involvement of mentors and lecturers.

Meetings with a cohort of student nurses were used to inform them about the research and invite their participation. This was followed up by the conversations with students in their smaller tutorial groups. As the researcher, I discussed the research relationship – participant/researcher – in an honest, open way with each potential participant explaining how this fitted with their own and my 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).

As a researcher within my own organisation I maintained 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. An insider position came with the challenges of maintaining role clarity, boundaries and the ethical management of power dynamics with students (Bradbury-Jones & Alcock 2010). As with other relationships establishing and maintaining trust was at the centre of my interactions with the participants. The participants were reassured that I was not seeking particular responses to questions and was genuinely open to hearing about their experiences and views, whatever these might be.

It was important to put the participants' needs before the research and to maintain the psychological safety of those involved. During the interviews non-verbal behaviours were observed to notice any sign of tension and where potentially difficult

conversations took place the researcher checked with participants that they were comfortable to continue. Plans included that, if it was evident that participants may benefit from further support, they would be signposted to existing School and University resources.

A particular risk was that interviewees could misunderstand the boundaries of confidentiality of the research and/or be unwittingly encouraged to make a disclosure which they might later regret. 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 through university procedures, should it arise.

Data Analysis

Thematic analysis of data used the constant comparative method and involved a series of analytical steps. Firstly verbatim transcripts were coded 'line-by-line' in a process which named each segment of data (Charmaz 2006, p.50). This line-by-line coding followed Charmaz's (2006, p.49) advice, citing Glaser's (1978) lead; she recommends the use of gerunds, to '...gain a strong sense of action and sequence...' within data analysis. This began to reveal processes that were taking place within the participants' accounts. The coding which remained faithful to the data included some '*in vivo* codes' (Charmaz 2006, p.55), which used the participants' own words. The different properties of the codes began to align to illustrate participants' meanings of professional integrity, analyse the stories which they offered, provide rationales for their actions and interpretations and note events and situational factors. Initial coding was followed by more selective 'focused coding' which began to synthesise, integrate and make sense of the data (Charmaz 2006, p.59). I immersed myself within the data through reading and re-reading and detailed consideration of what was being said. Transcripts were annotated, reflexive notes made and reflective supervisory conversations took place. Patterns between emergent categories and broader themes arose through constant refinement and comparison using matrices of data from the various interviews and focus groups.

Following Charmaz's (2006) lead insights were also enriched by examining particular incidents and examples where students, mentors and lecturers described professional integrity. Throughout these processes completeness and not consensus was the goal and attention was paid to variation and exceptions in the data.

Findings

Three themes of professional integrity emerged: meanings, enactment and growth. Each theme was illuminated by three subthemes.

Meanings

People at the centre

At the core of professional integrity was the students' belief that other peoples' individual needs should be at the centre of their actions. Professional integrity was expressed through students' relationships with patients, relationships which Anne 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...and that nursing relationship is just fundamental. So that relationship is part, as far as I am concerned, is part of professional integrity.

Like the students mentors shared the principle of placing people at the centre of their practice. Professional integrity was embedded in everyday practice and Mark, a mentor, spoke about integrity as a 'thread' running through nursing practice. Professional integrity meant acting with humanity and this was summed up in lecturer Simon's comment: '...treat people as human beings that is where it [professional integrity] comes from'

Complexity: Not clear cut

Professional integrity involved students doing 'the right thing' and this could be complex. Student nurse Anne 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...

For these students actions which characterised doing the right thing were not 'set in stone' or 'clear cut'

...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?...you have to weigh everything up...

Charlotte

Mentors and lecturers confirmed the students' views that professional integrity was complicated and involved. Uncertainty could be expected and, at least some, flexibility seemed to be required.

Genuineness: A lot to live up to

Professional integrity was evident in participants' descriptions of how their beliefs connected to their actions across settings and in different circumstances. Student Charlotte commented on the genuine nature of her practice:

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

Professional integrity could be 'a lot to live up to' for these students and Anne spoke about this:

...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.

As part of being genuine the participants spoke about how their personal and professional integrity were intertwined. A picture of professional integrity included students' genuine and internalised facets and the mentors and lecturers' views supported this.

Enactment

Boundaries

Students were learning where to draw lines to inform their behaviour in a professional context which was new to them.

Professional requirements, 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

Students were mindful of possible consequences where boundaries were breached and this informed their behaviour. However, professional requirements were not the whole story and 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. Sophie 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...

Like students, mentors and lecturers thought that maintaining professional boundaries was not always straightforward and mentor Sarah spoke of 'careful' practice to maintain boundaries where nurses could be in the 'spotlight'. What seemed to be important was careful interpretation of where the boundaries of professional integrity lay and acting in a safe and disciplined way to maintain these.

Speaking up

A fundamental feature of students' professional integrity was speaking up on behalf of patients. Anne's view that professional integrity required her to question where 'things' did 'not appear right' was typical of the other students. However, speaking up was often not straightforward for the students and their confidence was influenced by their novice status and the complicated nature of the practice situations which they encountered. Students sought reassurance that the nursing they were involved with exhibited integrity, but had experienced difficulties gaining this. For instance, Sally's questions had 'opened a can of worms' and Anne thought potential consequences of speaking up could be 'ruffl[ing]...feathers'. 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.

The mentors and lecturers attached particular importance to 'setting the scene' from early in students' placements and the accessibility and approachability of staff as factors which could support students to speak up. Lecturer 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...'

Coping and resilience

Students were unanimous that acting with professional integrity could be 'hard' and required them to cope with trying circumstances. To act with integrity it could be necessary for students to cope with difficult feelings and Anne spoke about the emotional 'rollercoaster' of being a student nurse. The demands of being a student nurse had become overwhelming for Sophie:

...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...

Sophie had some advice for those embarking on nursing studies:

...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.

Student Betty had felt overwhelmed and unsupported with negative implications for her integrity:

...it is hard out there...it is really hard...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...

Like the students, mentors and lecturers believed that acting with integrity involved the ability to face challenges and to cope. The support which students received was seen to be one vital component of this. Mentors thought that their approaches and relationships with students could have implications for each student's ability to succeed and lecturer Alistair, for example, described how he demonstrated his own integrity through treating students as individuals.

Growth

Learning from experience

Integrity did not simply exist as an inert quality and this required students to work hard. Robert 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. Like students, mentors held a developmental view of professional integrity and learning from experience contributed to this. Moreover, Lecturers believed that professional integrity combined characteristics which students brought to nurse education with growth from this point onwards.

Social Learning

When they were asked about influences on their professional integrity students highlighted learning by observing the behaviour of others. Student Penny, for example, 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...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...

Students were discerning about which aspects of others' behaviours they took on and Charlotte's 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...

Knowledge and understanding

Students' professional integrity grew through increased knowledge and understanding which influenced their thoughts, feelings and actions in the situations encountered. In one example of this Sophie 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?

Mentors spoke about facilitative approaches in which they took and created opportunities to develop students' professional integrity, and 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...

Like other mentors who were interviewed Sue made opportunities to develop and apply knowledge in a 'practical' way. What seemed to be important was creating safe opportunities for students to apply and develop their knowledge and understanding in real-life situations. Lecturers also spoke about facilitative approaches and creating safe learning environments; environments where students could explore and apply their knowledge and understanding of professional integrity.

Discussion and conclusion

In this study professional integrity gained meaning through practical application which placed people's needs at the centre of nursing actions. Professional integrity showed itself to be complex, multifaceted and contextual as evident within literature (Laabs 2008, Tyreman 2011).

Factors which may influence student nurses' professional integrity are: the selection of students most likely to exhibit person-centred values, professional knowledge and the internalisation of nursing values (McClellan 2011). This research suggests that 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 (Fitzpatrick *et al.* 1996, McClean 2011).

Students could benefit from 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. Moreover, as previously described by McClean (2011) at curriculum level may be more effective than piecemeal attempts to develop relevant knowledge

For students to make the most of their experiences the multiple dimensions of professional integrity will be explicit, and explored, in classrooms. As Curtis *et al.* (2012) suggest time should be set aside to dissect and examine professional integrity and to combine student's personal and professional experiences to benefit its growth

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). Integrity is not dogmatic and includes openness and problem-solving contingent on circumstances (Edgar & Pattison 2011, Tyreman 2011). Students should 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. Learning and course assessment which encourages initiative, imagination and creativity, within professional boundaries, could be beneficial for students' expression of professional integrity (Nolan 2013). Assessment orientates students to important areas of learning, can promote clear and high standards and involves influential feedback (Gibbs 2010). What may be significant is assessment activities which award academic credit for students' honest evaluation of challenges, opportunities and learning connected to their integrity (Hargreaves 2004, Sellman 2007).

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 (Levett-Jones & Lathlean 2009:346). Mentors and lecturers can play a key role in students' confidence to speak up by building trusting relationships with the learners that they work with. 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.

The expression of professional integrity can be connected to students' ability to cope with psychological demands and stress (McIntosh & Sheppy 2013, Thomas *et al.* 2012). Pre-registration education that supports the development of coping strategies may positively influence students' present and later practice (McAllister & McKinnon 2009).

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.

Limitations

One limitation of the study is the use of a small convenience sample. However, participants included students, mentors, lecturers and all four fields of nursing practice and these heterogeneous factors contributed to the breadth of perspectives within the research. A limitation of interviewing is that this method does not facilitate investigation of what participants actually do, but rather how they talk about this. In this research interviews and focus groups were used to explore and interpret the meanings which student nurses, mentors and lecturers attached to their experiences of professional, not available through for example observation.

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