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The added-value of non-nurse lecturers teaching on nursing programmes

being a Thesis submitted in part fulfilment for the Degree of Doctor of Philosophy in the Faculty of Education, University of Hull

by

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ABSTRACT

This thesis investigated the added-value of non-nurse lecturers teaching on nursing programmes. In doing this it attempted to answer the following research questions:

- To what extent is the contribution of non-nurse lecturers defined in both theory and practice?

- What is their potential role in providing 'added-value' to pre- and post-registration nurse education?

To counteract what was seen as a deficit model in considering the non-nurses' role, an added-value approach, as defined by Woodward (1993), informed the various approaches to collecting data and the overall structure.

The methodology reflected an interpretivist and critical paradigm, with the use of a number of data collection tools conforming to mixed methods research. The overall approach taken was phenomenological in nature and the data collected is largely qualitative.

Five surveys were conducted; including the collection of statistics on numbers of non-nurse lecturer posts and advertisements for nurse lecturers and researchers. Other surveys included; interviews with non-nurse lecturers and an online questionnaire for pre-registration nursing students. Official quality reviews were compared to look for differences between Higher Education Institutions, and elements of reflection were used throughout, alongside an extensive critique of supporting literature.

The thesis, due to its exploration of Nursing, Nurse Education and Higher Education, also explored the policy and philosophical context in some detail.

The non-nurse lecturers' present and future role was discussed comprehensively and resulted in the following recommendations:

- Non-nurse lecturers need to have an equal role in facilitating interprofessional learning and encouraging interprofessional working in practice;

- Non-nurses lecturers should be valued for their discipline knowledge, in the enabling of HE specific skills and the depth of information they can provide in relevant subject areas;

- Non-nurse lecturers can encourage a HE culture for nurse education including the importance of research and scholarly activity; and

- Non-nurse lecturers need to be seen to benefit the evolution of nursing in encouraging both nurses and students to question existing norms, and in contributing to nursing and health and social care policies.

GLOSSARY AND ABBREVIATIONS

Added-value (Definition by Woodward (1993). It involves measuring added-value with four approaches: Expert Systems, Students' Views, Objective Measurements and Systematic and Critical Appraisal)

CETL Centre for Excellence in Teaching and Learning Centre for Policy and Nursing Research (CPNR)

CPHVA Community Practitioners and Health Visitors Association

CPD Continuing Professional Development

CNAA Council for National and Academic Awards

DFEL Department of Employment and Learning (Now for HE The Department for Business, Innovation and Skills (**BIS**))

DH Department of Health

ENB English National Board for Nursing, Midwifery and Health Visiting

EQuIP Enhancing Quality in Partnership in Healthcare Education Quality Assurance Framework

EBL Enquiry-based Learning

HPC Health Professions Council

HEA Higher Education Authority

HEFCE Higher Education Funding Council for England

HEFCW Higher Education Funding Council for Wales

HE Higher Education

HEIs Higher Education Institutions

ILTHE Institute for Learning and Teaching in Higher Education (For-runner of the **HEA**)

IPL Interprofessional Learning

NCIHE National Committee of Inquiry into Higher Education

NHS National Health Service

NSS National Student Survey

NUS National Union of Students

Non-nurse Lecturer (A Higher Education Lecturer who works for the majority of their time in or with a Faculty, School or Department that provides pre- and post-registration nurse education programmes, and has not successfully completed a programme of study that allows them to register as a nurse)

Nurse Education (Pre- and Post- Registration nurse education which is situated in Higher Education Institutions)

NMC Nursing and Midwifery Council

PCFC Polytechnics and Colleges Finding Council

Post-registration nursing programme (A programme of study was is available after initial registration as a nurse)

Pre-registration nursing programme (A programme of study which when successfully completed allows registration as a nurse)

PCGs Primary Care Groups

PBL Problem-based Learning

QAA Quality Assurance Agency

RCT Randomised Control Trail

RAE Research Assessment Exercise

RCN Royal College of Nursing

SSCs Sector Skills Councils

SED Self Evaluation Document

SfH Skills for Health

SCOP Standing Conference on Principles (Now **GuildHE**)

SSRs Student Staff Ratios

THE Times Higher Education

TDA Training and Development Agency

UKCC United Kingdom Central Council for Nursing

WDCs Workforce Development Confederations (Now Strategic Health Authorities (**SHAs**)

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ACKNOWLEDGMENTS

CHAPTER 1

INTRODUCTION

1.1 Introduction

I decided to present my research in this thesis in an order that strives to mirror my overall approach to carrying out my doctoral studies. My motivation for starting, continuing and hopefully finishing this journey, my choice of topic and subsequent research questions, and the methodology all stem from my experience, education and value base. This 'opening out model', as discussed by Dunleavy (2003), attempts to allow the reader to be guided alongside me in this investigation, and therefore experience the findings as they emerge on the way.

My overall structure is conventional in its order of chapters so to conform to my readers' expectations (Dunleavy 2003), however, I have also attempted to engage the reader and allow for debate and discussion in what Rolfe (2009) defines as 'writing as'.

In order to structure these more personal sections I have used a reflective approach, initially informed by the work of Schön (1995), due to the healthcare relevance of my research, and guided by Kolb (1984) to provide structure, with his clarity of a process to take.

My study was developed to investigate the added-value of non-nurse lecturers teaching on nursing programmes. In doing this it attempts to answer the following research questions:

- To what extent is the contribution of non-nurse lecturers defined in both theory and practice?
- What is their potential role in providing 'added-value' to pre- and post-registration nurse education?

1.2 Reflections on my Situation in 2002

Ensuring a good start is essential and what better place to begin than my reflections on my situation in 2002. I was working as a lecturer in the Department of Nursing and Applied Health Studies (now the Department of Nursing and Midwifery) in the Faculty of Health and Social Care at the University of Hull. I had started work there in 1997 after working in various Health Promotion Services for many years. I had been trained as a Dental Therapist in the 1980s and had practised for some time, but moved to Health Promotion gradually through Dental Health Education. Although practitioners working in Health Promotion have a professional register (Public Health Register 2009) it is voluntary due to the varied nature of the discipline. Practitioners have very different backgrounds, some continuing to belong to other professions, some who become registered, and others who view the act of belonging to a profession as seeming to contradict with their value base. Therefore I arrived to teach in Higher Education (HE) with qualifications, experience of practice and teaching, but no professional identity.

I commenced work a year after most of the staff and the provision had moved from the Humberside College of Health. This was part of a gradual progression of moving the location of the teaching of nurses (the largest healthcare discipline) from Schools of Nursing into HE. Although, as Watson (2006) points out, the relationship of nursing and HE has been a long standing one, starting in the USA, and with the University of Edinburgh recruiting undergraduates in the 1960s. However, nurses were predominately trained in Nursing Schools in the United Kingdom, the last of which to move to HE was in 1996 (Carr 2007).

Nurse education policy and practice in reflection seemed to be in flux at this time. However, it does not take huge analytical effort to establish that this is and was the norm. My initial appointment as a lecturer in 1997 was to lead and teach the Certificate in Health Education, a qualification aimed at all disciplines who have a role in promoting health. The idea of shared learning to hopefully facilitate inter-disciplinary practice was coming to the fore. The Government's White Paper 'The New NHS' (Department of Health (DH) 1998$_a$), and its Green Paper, 'Our Healthier Nation' (DH 1998$_b$), both emphasised the importance of partnerships between professional groups, the voluntary sector and the community, in providing effective health and social care services. This was also reflected in the formation of Primary Care Groups (PCGs) who, with an emphasis on partnership between professionals and the community, would from April 1999 plan, provide and fund health services for the communities they serve (National Health Service (NHS) Executive 1998). This combination of the importance of shared learning and health promotion has continued (DH 2006), but other more powerful influences were moving my role in a different direction.

In 2002 I was getting pressure (quite rightly) from my Department to become more involved with the other areas of being an HE academic: especially those concerning scholarly activity. Up until then teaching had been seen as my major role, and although I had carried out research for dissertations, and had attended conferences, I had not contemplated publishing or doing presentations.

Also at this time my role started to change. The inter-disciplinary nature of the student body was disappearing, especially with the influx of a substantial increase in

pre-registration nurse training. This was due to some extent to the 'Dearing Report' (Dearing 1997) and the effects of the implementation of the Government's 'Making a difference' Policy (DH 1999), which had a target of a major expansion of the workforce to 6000 additional nurse training places in the following 3 years. 'Making a difference' also raised concerns about the practical skills of newly qualified nurses since the implementation of 'Project 2000' nurse training in the 1980s (United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) 1986), and led to the commissioning of a new review of nurse education called 'Fitness for Practice' (UKCC 1999). There was still the acknowledgement of the importance of the partnership between HE and nursing, but a more competence-based model of education was being suggested, with a stronger role for service providers.

1.3 A History of Nurse Education

To attempt to provide a concrete history of nurse education and the role of the lecturer with all the Policies, Acts, etc. would be, I suggest, merely an inferior copy of the many books and journal articles already in circulation. I have attempted to discuss what I consider are the relevant milestones of both dates and policy, using of course other writers' views on the way. My focus is not a social history but to try and put my research in context for the reader, especially with regards to the changes in my role in the early part of the 21st century. The, at times, indefinable labyrinth of the twists and turns of workforce policy, especially with regards to the NHS, is a minefield in itself.

The Nursing and Midwifery Council (NMC) (2009) provides a useful summary of the historical context and progression of nurse education in relation to becoming a

registered discipline. They discuss that although there was support for nursing to be registered as far back as 1860, when the first organised training came about, and Midwives became registered in 1902, actual registration did not happen until 1919 after the creation of the College of Nursing in 1916 (Forerunner of the Royal College of Nursing (RCN)).

The Briggs Report in 1972 (produced for the Briggs committee set up in 1970 because of pressure from the RCN), and the subsequent, if rather delayed, 'Nurses, Midwives and Health Visitors Act' in 1979 eventually unified differing bodies and views providing new legislation to support nurse education. Nurse education remained largely in Schools of Nursing attached to Hospitals, with some Degree training existing in HE (Watson 2006).

In the 1980s the education and registration of nurses became the responsibility of two separate bodies, the UKCC for standards and registration, and for education and training the English National Board for Nursing, Midwifery and Health Visiting (ENB). In 2003 both roles came together under the auspices of the NMC. The RCN still exists as a representative organisation for its members.

1.4 Nurse Education and Higher Education

The move of nurse education in its entirety into HE in the late 1990s became a debated issue on its potential effects on the education and practice of nurses. Some writers at this time saw the move of professional training back to HE as it going back to its medieval inheritance of training professionals; however, with the acknowledgement of wider society impinging on academic interests (Barnett

(1997). This is also reflected in the power of outside professional bodies influencing the curriculum (Becher and Kogan 1992). Eraut (1994) suggested that HE needed to enhance its role in professional education beyond knowledge creation, to passing on the skills to the professions themselves through research, problem solving and reflection. Taylor (1997) suggested at the time that "professional education is in crisis as educators have to make difficult choices about priorities and withstand a multitude of conflicting and competing pressures" (p.20). She suggests that the answer is to prepare learners to become independent both in learning and in practice. Eraut (1994) had concerns about how little is known on what is being learnt in both initial and subsequent training and how this is applied in practice.

Day and Hadfield (1996), Watson and Taylor (1998) and Garbett (1997) all suggested that HE had to change its culture, not just to enable the training of professionals and their relationship with professional bodies and employers, but also to respond to a culture of 'Life-Long Learning'. Other concerns at the time included both the trade union Unison (Now Unite) and the Government expressing disquiet that the shortage of nurses was due to potential students being put off by the academic nature of courses, and were considering going back to an apprenticeship model of training (Loder 1998). This article by Loder also expresses concerns over professionalisation of nursing in the 'doctor model', a view shared by Rafferty (1996).

More current writers reflecting on this time, such as Mallaber and Turner (2006) suggest that this was the start of the tensions between theory and practice, an issue which recurs throughout my research, and stems back to the model of

'learning on the job'. They state, however, that this is not only about education ideology but also about the economic facts, concerns raised also in the 1970s when student nurses made up a large proportion of the labour force.

1.5 Rationale for my Research

Returning to 2002, I was predominantly teaching nurses within a still relatively new environment and curriculum; however, within a climate of concerns being raised about both. Inter-disciplinary education was still a priority (although redefined as 'interprofessional') if not a reality with the large increase in nursing students. Nurse education was being linked to healthcare needs. However, as discussed by Linsley, Kane, McKinnon, Spencer and Simpson (2008), there were concerns over the importance of skills development. As discussed earlier these concerns arise throughout the recent history of nurse education. Watson (2006) suggests that a lot of concerns published by the media, with anecdotal stories by individual nurses saying the new nurses can't practice and how sociology or gender studies are not useful, are not supported by proper evidence. He uses the phrase "rose coloured spectacles" and references Mckenna in that there seems to be nostalgia for the "good old days" (Watson 2006:624).

So in reality by 2002 I had largely become a teacher of nurses, but limits on my role were starting to appear. I had always been (and continued to be) welcomed as an equal with my nursing colleagues, but managerially things started to change. I could no longer interview students (even jointly with a registered nurse), I had previously provided a link role with inter-disciplinary services, but this was not continued. I was removed from the academic tutor list for new students (a pastoral role within HE),

and, perhaps the most worrying aspect from a career perspective, I was excluded from being considered for any managerial position within the Department. (Note: After appeal the University did ensure that all non-nurses were not discriminated against, and a formal apology was given). However, concerns about how my role was perceived remained.

Project 2000 had resulted in registered nurses becoming responsible for nurse education in practice and educational staff were located elsewhere in HE (Linsley et al 2008). Cave (1994 and republished in 2005) saw the role of the nurse teacher being eroded by highly qualified specialists in nurse education. If nurses' education is to continue by nurses he argued, they needed to develop their research base and this, he said, is only done by keeping up to date with their clinical skills from practice. Reflecting on the implementation of Project 2000, and that all nurses will be qualified to diploma level, Cave (2005) felt that whoever taught them biological or behavioural sciences would have to be educated to masters level for academic credibility, and at that time few nurse teachers were.

At this point the RCN (2002) was also concerned about the status of nurse educators. It produced a position statement from a taskforce charged to provide recommendations to the RCN council on nurse education policy. With regards to nurse educators they used a survey carried out by Evers in 2001. Nurse educators felt that they had seen a reorientation of their roles and values as they moved into HE. With Increased workloads, and because of different terms and conditions, they perceived that they were not being treated equally with other academic disciplines. They felt isolated and had relatively low salaries compared to NHS staff (Evers

2001). The RCN recommended that protected time needed to be given to aspects of their role such as research and clinical practice, that practice research should be recognised by HEs, and that there should be flexible careers between HE and clinical practice (RCN 2002).

Reflecting on my experience, emotions, and further reading, this left me in 2002 with the answer to my lack of scholarly activity: a doctorate study on the role of non-nurse lecturers.

1.6 The Present Context for my Research

Since starting my research in 2003 and having my proposal accepted by the Institute for Learning at the University of Hull (Appendix 1), the issues that resulted in my research questions have continued to be discussed and debated. However, my work situation changed soon after I started my PhD when I moved to York St John University in 2005, where I teach in the Faculty of Health and Life Sciences, no longer unfortunately to nurses but to other disciplines in health and social care. How this change of role has potentially affected my research is discussed in my thesis.

Nurse education policy has not stood still. The 'High quality care for all' NHS Next Stage Review (DH 2008$_a$) states a clear aim of trying to improve the provision of education and training. The review suggests changes in relation to nurses and other professions, and, although it stresses the need to define the unique role and contribution of professions, the authors add that it is in a framework of multi-disciplinary teams.

The 'A High Quality Workforce: NHS Next Stage Review (DH 2008$_b$) looks in more detail at nursing roles, education and training pathways. They say education should be focused on quality, be patient- centred, clinically driven and flexible, with the importance placed on valuing the needs of the trainees, and the promotion of life-long learning. Nurses, it states, play a valuable role in patient experience and care; however, there is a pressing need to clarify the present and future role of the nursing. Other issues it discusses includes the setting up of a National Quality Standards Board tasked to provide a quality measurement framework, an area I explore in more detail later in my thesis.

The review (DH 2008$_b$) also discusses the possible shift to a graduate workforce, an on-going debate in nurse education circles, which I suggest says a lot about the differing views on the nature of being a nurse. This decision and others, they state, is awaiting the outcomes of the consultation already started by the NMC (2007), with a document produced to encourage discussion about changes to the existing framework for pre-registration nursing. It considered various key drivers including issues discussed ad infinitum, such as the theory and practice balance, the cost of an all graduate workforce, and interprofessional and multi-professional learning.

The consultation findings were published by the NMC in May 2008 (NMC 2008$_a$). In the managerial summary (NMC 2008$_a$) they compare the findings from individual respondents and the organisations consulted. It is interesting to reflect on the differences and what I suggest that tells us again about the differing views about what nursing actually is. A fundamental difference was that the organisations were in favour of an all degree route and the need for graduate skills such as critical

thinking. Individual respondents, however, preferred to keep the Diploma and cited that you don't need to be an academic to be a good, caring nurse and to consider complex needs. Not unsurprisingly, I would suggest, and, on the same lines, the individuals also wanted to see more training in practice. It was, however, gratifying to see from the context of my thesis that they were both equally in support of shared learning (interesting when the stimulus document (NMC 2007) wanted to remove this) (NMC 2008$_a$).

At the time of writing there has been little published response to the new proposals; one exception is Fullbrook (2008$_a$), who critiques High Quality for All (DH 2008$_a$) as no nurses were part of the team leading the review. She also points out that in the DH's 'A High Quality Workforce' (DH 2008$_b$); the role of the nurse concentrates on caring and care, and leadership for the doctors.

Although one of the stated limitations of my research is its focus on England and Wales due to the policy and organisational frameworks, it would be foolish not to reflect on international issues. One of the biggest influences on the future will be our relationship with other countries across the European Union. Davies (2008) explores nurse education in relation to the 'Bologna Process', whose aim is to create convergence of HE across the European Union by 2010, and to ensure comparability of qualifications and experience, and therefore aid mobility and employment. She argues that the expectation is that nursing will have to become more unified with HE with an all graduate profession, and recognition of the importance of graduate skills such as critical thinking. I have revisited the potential impact of the European Union on nursing in Chapter 2.

Concerns about the nurse educator's role have continued with Maslin-Prothero (2005) and Butterworth, Jackson, Brown, Hessey, Fergusson and Orme (2005) all saying that there is a need to review the role of nurse lecturers in HE. Issues include clinical competence, disparity in pay, career pathways and flexibility.

Carr (2007) reported on the results of interviews with 37 nurse teachers in one London Healthcare faculty. He stated that nurse teachers have amended their relationship with practice to accommodate HE, and therefore the gap between teachers and practice has widened. He reflects on this in the following quote, which I would suggest has relevance to my research:

> It is however an interesting observation that a profession that places practice at the head of its self-identity should find itself in a situation where the majority of its teachers no longer practice nursing (Carr 2007:89)

Carr (2007) summarises from his interviews that nursing is still about a reaction to social and political pressures rather than an internal vision of education.

Carr (2008), in a further publication on the same research, reports that the nurse lecturers see nursing changing from a virtuous practice to professional competences. Also student selection has changed due to widening participation and a huge increase in numbers. The teachers suggest that the values of practice and HE are not the same, and that this leads to the students having to deal with two cultures: Nursing and HE. The feelings of not being equal, discussed earlier, still remain with the nurse teachers, who suggest that they seem to have a lowlier role than other disciplines. This continued concern for their role is reflected in the NMC (2007) discussion on key drivers for the review of pre-registration nursing. They recommend that interprofessional learning (IPL) would be better placed in practice

and post-registration education. One of the reasons, they explain, is that it may have a negative effect on the nurse education profession with a move from profession-specific lectures.

Since starting my research it is interesting to note that Rahman (2005), working in medical education, started a debate on who should teach medical students. Similar arguments are expressed about theory and practice; however, the major issue is related to the quality of teaching due to the culture of delegating the teaching of students to junior hospital staff.

In retrospect, an important element of reflection, I had no idea how what seemed to be a very narrow investigation looking at a single influence on nurse education (that of the non-nurse lecturer) would cut across, and therefore involve exploring, an array of issues. It concerns fundamentals such as the nature of nursing and nurse education, touching on professional roles and the creation and application of nursing knowledge, and how and where it should be taught. It continues with exploring the major drivers of Government and Professional organisations. The proliferation of guidance and policy are considered, and how they have created at times, a contradictory, if not a rapidly changing, climate. Finally, due to my choice of words, the complexities of how education is measured and how quality judgements are formed is both used and discussed.

Issues discussed in my Introduction informed both my initial ideas for my research in exploring the role of a non-nurse in nurse education, and contributed to my methodological approach.

1.7 Overview of the Subsequent Chapters

Chapter two explores the wider influences on Nurse and Higher Education with a discussion on the major players from a policy perspective, with Chapter three considering the philosophical context. The major critique of the literature is presented in Chapter four, with a timescale ranging from my initial review from 2002 until 2005, and further reviews up until 2010. Chapter five consists of my Methodology and discusses the ontological and epistemological views that inform the research process, the practicalities of the study are discussed in more detail in Chapter six. My study's findings are stated in Chapter seven with a critical discussion presented in Chapter 8. Chapter 9 considers any concluding points and includes the answers to my research questions and recommendations for practice and policy. Finally chapter ten reflects on my journey in carrying out the study and writing up the thesis, followed by a substantial reference list and appendices.

The following chapter explores the policy context which drives many of the issues explored in my thesis.

CHAPTER 2

POLICY CONTEXT

2.1 Introduction

This chapter explores the wider influences on Higher Education (HE), Nursing and

Nurse Education with a discussion on the major players from a policy perspective. It

will concentrate on notable national and international organisations that

substantially influence and produce policy, and explore the factors that help to

understand the impact of the non-nurse teaching on nurse education programmes.

This includes the organisations' roles in advising and regulating on the subjects and

the academic levels needed to be taught in nurse education programmes, and the

subsequent requirements for the practice of nursing. Alongside the knowledge and

skills required to teach in HE and its relevance to professional education.

Organisations that quality assure and have an auditing role are also considered,

especially in their role in considering added-value measures in HE.

To conform to the limitations of the study, organisations' policy which

predominantly affects England and Wales is considered, with recognition that some

of the organisations involved cover a wider geographical area. European issues are

discussed due to the growing impact of nurse education, as introduced in the

previous chapter. Further afield the World Health Organisation (WHO) is touched

upon as subsequent chapters discuss its relevance especially in relation to

interprofessional learning (IPL).

The chapter also reflects the changing nature of policy and various organisations,

both within the timescale of completing this thesis, but also from further in the past

if it impacts on more current policy dictates. Aspects of various organisations' roles are explored in more detail in later chapters, leaving this chapter to provide an overview.

Choosing which organisation to start with presents an interesting dilemma, as The Higher Education Funding Council for England (HEFCE) (2009) point out; there are over fifty bodies that impact on HE provision, many of who are involved in health education. In relation particularly to quality issues, Brennan and Shaw (2000) discuss the growth in National Quality Assurance Agencies, and Docherty (2009) criticises the proliferation of publically funded institutions. Acknowledgement of the complexities in relation to of quality assurance is made by Department of Health in its 'Streamlining Quality Assurance in Health Care Education' paper (DH 2003$_a$), whose various outcomes are discussed later.

As this thesis is about nurse education, the Nursing and Midwifery Council (NMC), with its role in advising and regulating on the content and academic levels of programmes, alongside a responsibility to both set and audit quality standards, seems an ideal choice.

2.2 The Nursing and Midwifery Council (NMC)

The NMC, as discussed in the previous chapter, was formed in 2003. In the 1980s the education and registration of nurses became the responsibility of two separate bodies, the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) for standards and registration, and for education and training the English National Board for Nursing, Midwifery and Health Visiting. The ENB has particular status in this study, as its ENB (1987) circular to nursing schools giving

guidance for the employment of non-nurse specialist teachers, is the only policy document concerning non-nurses available at the commencement of this study.

The Royal College of Nursing (RCN) still exists as a representative organisation for its members, and state on their web site that they represent nurses and nursing, promote excellence in practice and shape health policies (RCN 2010), therefore having a role in influencing the teaching of nurses. Various documents by them are used to support this thesis.

The NMC, through their quality assurance arm, validate pre-registration programmes (UKCC 2001/NMC 2004$_a$), thus deciding on the 'Outputs' needed to be competent to practice as a nurse. This requirement stems from Part IV of the Nursing and Midwifery Order 2001 which states that:

> The Council shall from time to time establish-
> (a) The standards of education and training necessary to achieve the standard of proficiency it has established under article 5(2) and
> (b) The requirements to be satisfied for admission to, and continued participation in, such education and training which may include requirements as to good health and character (NMC 2008$_b$: (sic))

This Act also makes the NMC responsible for notifying relevant others of these standards and ensuring that they are met (NMC 2008$_b$). They also validate post-registration programmes that lead to a recordable qualification such as Health Visiting and Nurse Lecturing. It is up to the education provider to assess academic and practice competence within these guidelines.

In its role on advising on the content of nurse education programmes, the NMC produces policy guidance of a regular basis. In 2004 the NMC published the

'Standards of Proficiency for Pre-registration Nursing Education' (NMC 2004$_a$), which includes issues related to admissions through to the content of programmes, and frames their sections very much around practice needs. The academic nature of pre-registration nursing programmes is emphasised in the QAA (2001) 'Benchmark Statements', which is discussed in more detail later.

As stated earlier, the NMC are expected 'from time to time' to provide these standards thus implying the need to recommended new standards as healthcare needs change. Examples include; literacy and numeracy requirements (NMC 2003). The same circular relates to the area of 'personal attributes', with the importance of measuring good health and character in relation to working to the Code of Conduct (Updated: NMC 2004$_b$), resulting in formal guidance (NMC 2004$_c$).

An example of later guidance is the introduction of 'Essential Skills Clusters' for Pre-registration Nursing Programmes, which was to be to be incorporated into any new programme form September 2008 (NMC 2008$_c$). The NMC state that the new standards came out of a review of 'fitness to practice' and seek to address concerns about skills deficits especially in the progression from the Common Foundation Programme to Branch programmes They include outcomes which could be considered core skills such as care and compassion, communication and Infection prevention and control. With specific knowledge and skills such as nutrition and fluid maintenance, medicines management, with the organisational aspects of care (NMC 2008$_c$).

In considering the role of the non-nurse, their role in contributing the content needed in nurse education programmes is discussed later.

With regards to nurse lecturers, the NMC also provide guidance and regulation. Members of the nursing profession who teach on nurse education programmes are required to be registered with the NMC.

> NMC standard is mandatory for those registrants based in HE who support learning and assessment in practice settings for students on NMC approved programmes. The NMC recognises that some academic teachers will not be NMC registrants, but will instead have specialist knowledge and expertise that contributes to professional education. The NMC will, through its quality assurance processes, verify that the majority of teachers who make a major contribution to NMC approved programmes hold, or are working towards, a teaching qualification that meets the outcomes of stage 4 of the developmental framework (NMC 2004_d:22)

The NMC (2004_d) 'The standard to support learning and assessment in practice' document replaced the existing standards discussed earlier (NMC 2002_a), and as with the HEA et al's (2005) standards discussed later, they include a combination of suggested teaching approaches alongside the number of hours of teaching each student

Although the standards (NMC 2004_d) were updated in 2004 (NMC 2004_a), to reflect changes in healthcare needs and policy, the only current guidance on the requirements for who should teach the nurses refers to practice learning (NMC 2008_d). Although if seemingly only relevant to nurse lecturers and in the context of practice learning rather than HE, elements could be seen to be relevant when considering the non-nurses role. The standards stresses the importance of an interprofessional agenda, and an update (NMC 2008_e), clarifies that the practice role could be in a link tutor role, updating mentors and be practice-based research activity, all areas reflected on subsequently in this thesis.

When considering the role of the NMC boundaries become rather blurred, as suggested earlier. Although they are clearly one of the providers of guidance as discussed by the Quality Assurance Agency (QAA) (QAA 2009$_a$ QAA 2009$_b$ QAA 2006), they also have a similar role to the QAA in quality assuring nurse education programmes (NMC 2010). For the monitoring requirement they can delegate to another agency and from 2003 to 2006 it was the QAA (DH 2003$_a$). The QAA's contract included carrying out 'Major Reviews' of some aspects of healthcare education which incorporated nurse education programmes. It is these reviews that are used to compare education providers and they are discussed in more detail later.

In 2006 HLSP a private company, was awarded the contract by the NMC to deliver a new quality assurance framework in England for nurse education programmes. Their first task being to develop baseline information, from January 2007, to inform the development of a risk analysis for the NMC, and to scope the opportunities for a shared evidence base for all quality assurance processes (HLSP 2008).

Mott MacDonald (The new name for HLSP) are currently, in 2010, still appointed by the NMC to ensure providers of nurse education programmes meet a consistently high standard in England, Scotland and Northern Ireland (Mott MacDonald 2010$_a$). Wales being covered by the Healthcare Inspectorate Wales who also deal with approval, re-approvals and 'risk based monitoring' which, on perusal of the documentation, resembles the QAA's 'Major Review' format (Healthcare Inspectorate Wales 2010).

The NMC, although having a major role in informing and enforcing relevant policy, is given these powers through the Government and fundamentally though its departments such as the Department of Health (DH).

2.3 The Department of Health (DH)

As with the NMC, the DH produces and regulates policy around both the content of nurse education programmes and their quality.

At the start of this study relevant policies included; 'Making a Difference Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Health care' (DH 1999), 'Liberating the Talents' (DH 2002), and 'Fitness for Practice' (UKCC 1999). All stress the importance of 'kick starting' multi-professional learning and teaching (DH 1999), questioning professional boundaries (DH 2002), and the importance of working in partnership (UKCC 1999). A 'climate,' it could be suggested, where a contribution by a non-nurse might be essential.

More current policies are considered in context to inform later chapters, with the most recent policy on the future of nursing being 'front line care', the report by the Prime Minister's Commission on the future of Nursing and Midwifery in England (Keen 2010). This is considered in more detail with some of its recommendations, in the conclusion of this thesis.

The deliberations over how to ensure quality in health care delivery and education have continued over the lifetime of this thesis with the Dh player a major role.

The 'Major Reviews of Healthcare Programmes' (QAA 2003), which are used in more detail when looking at the added-value of non-nurse lecturers, were one of

the many recommendations that came out of the 'Streamlining quality assurance in healthcare education Purpose and Action' document (DH 2003$_b$). As clearly suggested by the title, the purpose of the document was to set out the approach and context for streamlining quality assurance of NHS funded programmes of professional education. The production of the DH (2003$_b$) document was to some extent triggered by the National Audit Office Review of Healthcare Education (Audit Commission 2001), who highlighted variability of costs and contractual arrangements.

The DH (2003$_b$) document also gave prominence to the importance of working with the different stakeholders; Workforce Development Confederations (WDC) (now the Strategic Health Authorities (SHA)), regulatory bodies (for the purpose of this discussion the NMC) and education providers (The Higher Education Institutions (HEIs) who provide nurse education). The 'Action' element suggests that the procedure of monitoring quality assurance should be a routine and systematic process that uses accepted standards (an area of much debate) and that is based on evidence. All for the purpose of ensuring accountability, providing information, and improving of the quality of the provision (DH 2003$_b$).

The document explores numerous drivers for change, and alongside a detailed review of the many ways that Higher Education Funding Council (HEFCE) plan to quality assure their funded programmes, they recommend the use of a framework for quality assurance (DH 2003$_b$), this is considered in more details in the section on Skills for Health who were given the task.

Later policies include the final report of the review of the National Health Service (NHS) by Lord Darzi for the DH (2008$_a$), which sites a clear focus on improving quality of NHS education and training, and in particular states the need for reform in partnership with the professions. More recent documents include the Kings Fund's discussion report (Raleigh and Foot 2010), which considers the different outcomes required from a quality system. Including; efficiency, productivity and value for money, alongside safety, effectiveness and patient experience, with the Government focus of equity and health inequalities. In relation to this thesis, they discuss the difficulties of making judgements on performance assessment and the differences between process and outcome measures. Published at the same time is the DH's (2010$_a$) 'Education Commission for Quality Guidance' with its aim to refocus the commissioning of nurse education (through the 'Multi-professional and Education and Training levy') towards quality. They are currently piloting a framework (DH 2010$_b$) with five health authorities.

2.4 Skills for Health (SfH)

SfH is one of twenty five Sector Skills Councils (SSCs), which are employer-led, independent organisations that each covers a specific sector across the UK. They have four key goals which include; reducing skills gaps and shortages, improving productivity, and business and public service performance, increasing opportunities to boost the skills and productivity of everyone in the sector's workforce, and improving learning supply including apprenticeships, programmes that lead to higher education qualifications, and National Occupational Standards. (Sector Skills Development Agency 2008).

Each SSC is charged with providing employers with a forum to express the skills and productivity needs that are pertinent to their sector. This should also provide the employers with a greater dialogue with government and devolved departments, a greater impact on policies affecting skills and productivity, increased influence with education and training partners, and result in substantial public investment (Sector Skills Development Agency 2008).

The SSCs cover approximately eighty nine percent of the UK workforce. All SSCs are licensed by the Secretary of State for Education and Skills, in consultation with Ministers in Scotland, Wales and Northern Ireland. (Sector Skills Development Agency 2008).

The SSC responsible for nursing, and therefore nurse education programmes, is SfH, as discussed earlier. In their 'Agreement for Health', which is agreement between employers, providers, funders and the Government (SfH 2008$_a$), they seek to identify and prioritise the sector's future skills and workforce needs in five stages from assessment of needs to the development of an action plan (SfH 2008$_a$).

For their role in producing an overarching professions benchmark framework, SfH developed an 'On-going Quality Monitoring and Enhancing programme (OQME Standards), with the Enhancing Quality in Partnership in Healthcare Education Quality Assurance Framework (EQuIP) eventually being produced as the full framework (SfH 2008$_b$). Although developed to provide some kind of consistent quality procedure across various healthcare providers, as discussed earlier, it became a recommended framework which organisations can sign up to if they wish.

2.5 The Higher Education Academy (HEA)

The main player with regards to teaching and learning in HE at present is the HEA which aims to "… support the sector in providing the best possible learning experience for all students" (HEA 2010$_a$:1). The forerunner of the HEA was the Institute for Learning and Teaching (ILTHE) which was founded, as discussed by Fanghanel (2004), to not only promote excellence in teaching but to redress the balance between teaching and research.

The HEA (2010$_a$) provides individual support for academics and through its subject centres. The relevant subject centre for nursing being the 'Health Sciences and Practice Centre' (HEA 2010$_b$), this supports many initiatives to facilitate learning and teaching.

The HEA has three main activities which support HE teaching and learning. First, the National Teaching Fellowships Scheme (HEA 2010$_c$). Second, the HEA has a role in providing standards and accreditation for teacher training programmes for lecturers in HE. The HEA was asked to lead a group of other organisations involved in ensuring quality in HE, in producing a framework to support these programmes, this was part of a series of recommendations that came out of The Department for Employment and Learning's 'The Future of Higher Education' policy in 2003 (DfEL 2003). The HEA et al's (2005) standards could be seen to provide a useful guide to judge the quality of teaching and learning.

The standards attempt to acknowledge the nature of teaching in HE, and at their heart they state that they respect the autonomy of HEIs and the clear influence of the different subject disciplines (HEA et al 2005). It describes different levels of

ability that are needed for different staff groups but this is judged more by experience rather than quality. It splits content and practice by defining a mixture of 'Areas of activity' for the process, and 'Core knowledge' for the content, with an overarching section on 'Professional values'. Subject core knowledge seems to have been left to the various disciplines, HE core knowledge been about 'appropriate' methods, learning techniques and the enhancement of professional practice.

These standards (HEA et al 2005) also relate to the third aspect of the HEA's role in ensuring a good learning experience for the student, the professional registration of HE teachers (HEA 2010$_d$). The recommendation to provide accreditation and therefore professional status to HE teachers came out the DfEL's 'The Future of Higher Education' policy in 2003 (DfEL 2003). This was not a new initiative however, and had been suggested as part of the 'The National Committee of Inquiry into Higher Education' (Dearing 1997). Professional recognition is seen by the HEA (2010$_d$) to raise the status of teaching and provide some professional identity to teaching in HE. Professional recognition of the Academy can be achieved at Associate, Fellow or Senior Fellow level and can be obtained by successfully attending a recognised programme of study and/or providing a portfolio of evidence, all of which are referenced to HEA et al's (2005) standards for teaching in HE.

The major differences between the HEA and NMC standards relates to the enforcement element of the standards. As in general in HE having a teaching qualification and/ or mandatory membership of the HEA is still not compulsory for existing lecturers, however new entrants are expected to gain a recognised

qualification. However to be a recognised NMC teacher of nurses registration is compulsory. With the added criteria of having to have three years of post-registration (as a nurse) experience, and acquired additional knowledge and skills, alongside a first degree.

The HEFCE (2010_a) not only funds HE provision but has a role in assessing and ensuring the quality of teaching and enhancing learning. With regards to the exploration of nursing programmes in England and Wales, through devolution, Wales is now covered by the Higher Education Funding Council for Wales (HEFCW 2010_a). Although funding issues are noticeably different the guidance on teaching and learning has remained similar. They fund schemes for the enhancement of teaching and learning in different ways, however, both cite the importance of the HEA in enhancing teaching, and fund the QAA for monitoring and approval of the quality of teaching and learning in institutions (HEFCE 2010_b, HEFCW 2010_b). An example of this funding is the support for the Centres for Excellence in Teaching and Learning (CETLs).

2.6 The Quality Assurance Agency (QAA)

The QAA has many similarities to the role of the NMC, as discussed earlier. As it not only provides advice on what should be included in academic programmes, but is also requested at times to provide a quality monitoring role. Examples include its role with both general HE organisations such as the HEFCW (2010b) and HEFCE (2010b), but also with nursing itself via the NMC's contract with the QAA to provide the 'Major Reviews in Healthcare Education' (QAA 2003), which are considered in more detail later in this thesis.

With regards to the content of nursing programmes, the major policy guidance from the QAA was the 'Subject Benchmarks for Nursing (QAA 2001). Although this guidance of the content element of nurse education programmes (especially pre-registration) has been supplemented by further documentation, including the 'Statement of Common Purpose' (QAA 2004) which looks at the cross fertilisation with other healthcare disciplines.

The Benchmarks exist in order to describe the nature and characteristics of programmes of study. Split into shared statements and profession specific, they need to be considered alongside nursing competences for registration with a statutory body (QAA 2001, QAA 2004). The QAA suggest that the Benchmarks provide support to internal quality assurance, and also, of course, for overall quality review purposes. As stated earlier, the Standards' of Proficiency (NMC 2004$_a$) have a wider remit and include issues related to admissions through to the content of programmes, and frame their sections very much around practice needs.

The QAA (2001) 'Benchmark Statements' also considered the academic level of nurse education programmes. For example a Diploma 'demonstrate' becomes a degree 'to use', and an academic skill of 'discuss' at diploma level increases to 'critically examine' if the outcome is a degree educated nurse (QAA 2001). However, the subject element remains the same, with the difference between the two levels relating to academic levels, and therefore fundamentally a change of adjective.

As considered earlier the QAA, as the NMC, has a duel role and provides a quality monitoring service. The NMC delegated this service to the QAA from 2003 to 2006

(DH 2003a). The QAA's contract included carrying out 'Major Reviews' of some aspects of healthcare education which incorporated nurse education programmes.

In relation to the present day the QAA still assess the quality of nurse education programmes through an 'Institutional Review' of the HEIs (QAA 2009a QAA 2009b). The QAA's (2010a) purpose is to check how the UK universities maintain their own academic standards and quality. The 'Institutional Audit' is conducted via a team of academics using their knowledge of higher education and the 'Academic Infrastructure'.

The 'Academic infrastructure' is a nationally agreed set of reference points whose main documents include the 'Framework for Higher Education Qualifications' (QAA 2008a) and the 'Subject benchmark statements' (QAA 2001).

The Framework descriptors are referred to under levels. For the nursing programmes this relates largely to the Intermediate level (HE2) and the Honours level (HE3) some reports may have reference to Masters level descriptors (HE4) (QAA 2008a).

The aims of the descriptors are to exemplify the outcomes of the main qualities at each level and how they change between levels. The QAA (2008a) define it as a framework and not a straightjacket and to accommodate diversity and innovation, and consists of two parts; outcomes related to the award and wider abilities to assist employers and other interested parties.

As the descriptors are defined as very generic, the intention is that they are used in conjunction with subject specific information, in relation to nursing in particular the Subject Benchmarks (QAA 2001).

The QAA no longer provide a specific role in monitoring nursing programmes, this is now provided by Mott MacDonald in England, Scotland and Northern Ireland (Mott MacDonald 2010$_a$). Wales being covered by the Healthcare Inspectorate Wales who also deal with approval, re-approvals and 'risk based monitoring' which, on perusal of the documentation, resembles the QAA's 'Major Review' format (Healthcare Inspectorate Wales (HIW)2010).

Although the QAA role is ultimately about ensuring a high quality student experience, the acknowledgement of the 'power' of the student voice in its role in influencing HE policy is a relatively new phenomenon.

2.7 The National Student Survey (NSS)

Whether because of the outcome of a more consumer focussed ideology or the consequence of the implementation of student fees, the expectations that HE should take seriously the expressed wants of students has become reality. Furedi (2009) writing in the 'Times Higher Education' (THE) suggests that this culture has come from external pressures and relates to the consumer-orientated charters started in the 1980s such as the 'Citizens' Charter' and 'Patients' Charter', which all promoted complaining as a vehicle for encouraging efficient delivery of public services. Even organisations, Furedi (2009) discusses, that were opposed to the then Conservative Government, supported this with the National Union of Students

(NUS) having its own 'Students' Charter' in 1992. This he says led to the introduction in the last four years of the National Student Survey (NSS).

The NSS is commissioned by the Higher Education Funding Councils or equivalent in Wales, Scotland and Northern Ireland, the DFEL, the Training and Development Agency (TDA), and Skills for Health (SfH). It is also supported by the NUS (The National Student Survey 2009).

It is an online questionnaire and has a set format of 22 questions covering areas such as teaching, assessment, support, organisation, resources, personal development and overall satisfaction. It also has open questions for positive and negative comments, and may have extra questions commissioned by individual institutions. All final year undergraduates are asked to complete the online survey which is anonymous and the results are published with open access on unistats.com (The National Student Survey 2009).

One of the criticisms of student satisfaction surveys are the complexities of what is being measured, this is a common problem as discussed by Garcia-Aracil (2009) in her research on European graduates level of student satisfaction in HEIs. She found that between countries and institutions there was no clear definition of what constitutes satisfaction as a concept. This lack of clarity as discussed by Stringer and Finlay (1993) in exploring the validity of student feedback, makes it very difficult they say to make judgements, as there is no single agreed criterion which constitutes a good or bad course. They suggest a comparison with learning

outcomes, highlighting potential problems between the needs and wants of students.

Williams and Cappuccini-Ansfield (2007) state, that at the time of them writing, that it was too early to make judgements on the NSS as a new quality tool, therefore they compare it with an institutional model to evaluate its use for individual institutions. They acknowledge that the NSS has been tested for statistical internal reliability but suggests that this is no guarantee of validity. This would be argued by Richardson, Slater and Wilson (2007), as in their reporting of the success of their pilot schemes, it was an area that was addressed. This is also supported by O'Leary (2007) who concludes that the aggregated results show sufficient consistency. As validity is concerned with ensuring the measuring instrument is measuring what it is supposed to do, as discussed by Coombes (2001), the conclusions from the two stage pilot schemes of obtaining students' views of their educational experience by Richardson et al (2007), would seem to suggest some degree of validity. This was acknowledged by them in saying that the pilots of different procedures and modes would enable the construction of a "relatively robust model of response rate" (Richardson et al 2007: 23) in order to inform the NSS.

In considering the potential impact of their responses' and therefore a possible criticism of the NSS, the lack of understanding of the possible use of the information as highlighted to students was reported in the THE. Final year students at the University of Sussex asked for their responses' to be withdrawn in response to the University's decision to close its linguistic course (Newman 2009).

The NSS (The National Student Survey 2009) describes itself as a national survey which has been conducted annually since 2005 (Since 2008 for higher education students in further education establishments). With the major purpose of enabling prospective students (and it is presumed parents and funders) to make informed choices of what and where to study. As discussed by Richardson, Slater and Wilson (2007), with the abandonment of HEFCE's subject review mechanisms (they did still continue in health), there was still a need to publish key data on quality to enable prospective students to make more informed choices of where to study and this became a major driver for the NSS. O'Leary (2007) comments on the original scepticism of the NSS when it was launched in 2004 including tales of manipulation of the data in Australia, which the NSS was based on, and a low response rate therefore seen as under representative. He suggests that the serious of the approach by the students and the response by the universities, has reassured many of the original sceptics including him.

The NSS site (The National Student Survey 2009) also points out that it can be used by universities, colleges and student unions to facilitate best practice, and to enhance the student learning experience. The dual purpose of its role, as a comparison aid and an internal quality mechanism, could cause potential problems with the interpretation of the results as discussed earlier. Yorke (2000), discusses how there can be a dual purpose for student satisfaction surveys, but acknowledges that they tend to be problematic.

Its use as a comparison aid is critiqued by Williams and Cappuccini-Ansfield (2007) whilst acknowledging that it was too early to judge the actual NSS. In discussing the

growth in popularity of league tables such as the 'THE' and 'Guardian' tables, they state that "Most league tables have dubious real value and tend to reproduce various versions of the reputational status quo" (P.167). The league tables, they say, ignore the different strengths of universities, especially when there is more than one in a city. Also the nature of some disciplines to be more 'critical in nature', and that the early responding students have been shown to be more satisfied (Williams and Cappuccini-Ansfield 2007). They also add that the timing of the NSS may be detrimental to institutions own internal quality processes, as the students may not wish to provide feedback many times over (Williams and Cappuccini-Ansfield 2007).

The National Student Surveys' for nursing programmes would have provided a useful tool to explore the added-value of non-nurse lecturers, unfortunately both the generic nature of the questions and the late inclusion of nursing to the survey meant that at the time of completing this study the relevant information was not available.

The next section in this policy chapter moves from a specific voice that of the student, to much larger influences, the rest of the world.

2.8 The Policy Context in Europe and Further Afield

As considered in the Introduction Chapter, one of the biggest influences on nurse education at present, and in the future, is the relationship with other countries across the European Union. This section will concentrate on the policies of individual countries, and the EU as a whole, and discuss the non-nurse lecturers' potential role. It also explores the influence of the World Health Organisation

(WHO) touching on specific themes that are explored in more detail later in the thesis.

Searching for information about lecturing on nurse education programmes in Europe was more of a challenge than initially realised. However, when able to obtain information, considered in more detail below, the main focus as with England and Wales was with the lecturer (or teacher) in practice, with little published consideration of lecturers based in HE. The majority of material came through journal articles whose focus was on the possible effect of the 'Bologna Process' on individual countries, and the migration of nursing across Europe. Other sources included access to websites such as the European Council of Nursing Regulators (ECNR) (www.fepi.com) and the Tuning Project (http://tuning.unideusto.org), and some individual country based sites especially Ireland (www.nursingboard.ie.). This section does not attempt to provide a comprehensive view of nurse education across the EU.

Starting with Europe as a whole; the 'Bologna Declaration' with its aim for the convergence of HE across Europe by 2010 as explored by Davies (2008), could be seen to result in individual countries and researchers comparing nurse education programmes across Europe and provide this thesis with information on Europe in general. Unfortunately this seems not to be the case, with little pan European literature available, a view supported by Jackson et al (2009) in their review of European literature on nurse education from 1997 to 2007.

However, the 'Tuning Project' (Tuning 2010), which was set up in 2000 in order to link the political objectives of the 'Bologna Process' to the HE sector, does help to

explore some of the issues. The Tuning Project's aim was to provide a framework of comparable and compatible qualifications (Tuning 2010), with nursing being the first regulated healthcare group to be considered. In relation to the teaching of nurses the outcomes of the Tuning Project (Tuning 2005), provided very little information. As with the majority of English and Welsh policies, the only specific mention is to do with the clinical environment. Although, as stated by Davies (2008), the role of the educators is considered in 'Tuning' with regards to obtaining the relevant resources for the EU's needs. Tuning (2005) however, does provide some interesting links to some of my themes around the role of non-nurses teaching on nurse education programmes. In relation to an evolving culture of nursing it states:

> The way that curricula are developed is not only cultural, but
> in nursing reflects the stage of nursing within that country
> and where it is situated and controlled (Tuning 2005:11).

This could also relate to later discussions, on the difficulties for nurse education by having to please not only academic requirements, but the profession, the funders, and the patients themselves.

Another outcome of Tuning (2005) relates to inter-disciplinary education, an area explored in this thesis, in comparing curricula across Europe alongside the importance of practice, inter-disciplinary learning and working is championed.

In exploring nurse education within HE, Jackson et al's (2009), review of the nurse education literature which was discussed by a pan European focus group, points out that there are still low levels of doctorate prepared nurse educators, and suggests that there is insufficient critical mass to develop a research profile and leadership in

academia. They also had concerns about the nursing professors standing within inter-disciplinary research. (Jackson et al 2009).

Concerns over the move of nurse education into HE, and the impact on nurse educators, was also discussed by Spitzer and Perrenoud (2006$_a$ 2006$_b$) in their review of nurse education reforms in Western Europe over the last thirty years. Issues across Europe, they state, are mirrored by the situation in England and Wales with faculty members holding limited academic qualifications, and the conflicting demands of research, teaching and clinical work. They also discuss, the only agreed aspects of nurse education across Europe, the hours of teaching contact for nursing students across a certain number of years, and the reluctance to agree to degree only nursing and use Britain as an example (Spitzer 2006$_b$). Although their review finished in 2002, little seems to have changed when considering later articles.

Looking across Europe in considering a particular influence on nurse education, Wells and Norman (2009) discuss the impact of an aging nurse population. In suggesting possible solutions they champion degree nursing, to encourage both entrants to nursing and attrition. They also comment on the fact that Ireland, in 2009, is the only country to fully embrace pre-registration nursing at degree level.

As with Jackson et al (2009), Spitzer and Perrenaud (2006$_a$ 2006$_b$) and Wells and Norman (2009), state concerns over the lack of uniformity of qualifications and limited research profile of nurse lecturers. With regards to understanding the nurse lecturers' role and profile, they reflect Evers' (2001) view of the need for more research in this area, including age profile, lecturer turnover and working conditions. Their main concerns however, are about the lack of career pathways for

nurse teachers, and seeming to dismiss criticism of university nurse education per se, they suggest that existing research points to lack of support for students in clinical practice (Wells and Norman 2009).

Trying to obtain information on nurse education in individual countries commenced with the ECNR. However, membership is restricted to a few countries across Europe and they provided no clear links to information about the teaching of nurses, but did provide information of their members' websites (ECNR 2010).

 The Irish site proved to be the most useful as it was also a depository of documents and links to nurse education guidance and policy in Ireland (An Bord Altranais 2010). The main document which discusses the requirements of a lecturer of nurses is the 'Requirements and Standards for Nurse Registration Education Programmes' (An Bord Altranais 2005). This is the equivalent of England's 'Quality Assurance Handbook The Specialist Health Unit 2009' (Mott Mc Donald 2010$_c$). The Irish document is more detailed in the specific role of the registered nurse. With a statement that all course leaders have to be a registered nurse, and that the design and development of the curriculum has to be led by nurses (An Bord Altranais 2005). There is no specific mention of lecturers from other disciplines, however, is does mention that 'nursing subjects' have to be developed and taught by nurses. It was difficult to obtain clear clarification of what might be or might not be a 'nursing subject', however, it could be presumed that other 'subjects' could be taught by non-nurses.

The English and Welsh documentation, does not provide the same level of detail as the Irish one, and embraces a risk based monitoring approach. With providers

having to demonstrate that they have appropriate resources and sufficient staff to provide a quality education programme, although they still make reference to the numbers of staff who are registered teachers (registration only offered to qualified nurses) (Healthcare Inspectorate Wales 2010, Mott MacDonald 2010$_c$).

Information from other countries was obtained through the literature searching strategy (Appendix 2). Zabalegui et al (2006), in discussing the changes in Spain and the impact of the Bologna Declaration, state that this has resulted in a renewed emphasis on exploring pre- and post-graduate nurse education.

Kalauz et al's (2008), review of nurse education in Croatia, talks about the problems of a lack of consistency of levels of qualifications in the workplace. Also in mirroring the pan European articles; mentions the limited opportunities for nurses and nurse educators to do research, and no opportunities to develop PhD education.

Concerning Western Europe, Wells and Norman (2009) comment on how France and Germany still have hospital based non-degree programmes as their main form of nurse education.

As there are numerous terms to describe IPL, which are often debated and at times used inter-changeably' therefore, for the purpose of this section, using IPL as discussed by Leiba (2002), as the facilitation of health and social care disciplines in order to learn and work together. This definition is supported by the World Health Organisation (WHO) (2010) who state that "interprofessional education occurs when two or more professions learn about, from, and with each other, to enable effective collaboration and improve health outcomes" (WHO 2010:13).

The most current and overarching policy document in relation to IPL, at this time of writing, is the WHO 'Framework for Action on Interprofessional Education and Practice (WHO 2010). WHO (2010) state that interprofessional collaboration is essential if we are to tackle the current and future worldwide health problems, and this document explores healthcare needs, current policy and supporting evidence to suggest ways forward. Considering the statistics through published research on IPL, WHO (2010) deduces that nurses are the largest professional group involved, this is hardly surprising, and is supported by the Editor of the journal 'Learning in Health and Social Care' in a review of IPL articles (The Editor 2006).

With regards to the influence of education providers and in particular lecturing staff, the WHO (2010) states that almost a third of the articles on IPL reviewed concerned university staff, and recommended that staff from a range of backgrounds input into programme development, a view shared twenty three years ago by the ENB (1987), and subsequent writers on nurse education. The WHO (2010) also add, that it is essential that students have real world experience and insight into practice, and that students learn about the work of other professions. This relates well to the role of non-nurses' adding value, as a large proportion of my interviewees belonged to other healthcare professions.

The WHO (2010) also supports the need for a culture shift in health-care delivery, but acknowledge that developing curricula is a complex process and it needs supporting by institutional policies and management, good communication, enthusiasm and a shared vision.

The WHO (2010) provide a useful annex on systematic reviews on Interprofessional education (IPE), which provided some literature sources, but also from the perspective of the methodology, reaffirmed a broader approach to the choice and use of the literature. This reasoning is summed up by my use of Reeves et al's (2009) Cochrane Review of evidence to support 'Interprofessional learning: effects on professional practice and health care outcomes'. As In their choice of methodology they had a clear hierarchy of evidence, in only including Randomised Control Trails (RCTs) and Cost Benefit Analysis (CBAs). Their approach was to take an experimental approach and see what interventions work. This theses' approach is to explore the 'why' which it is suggested supports, and values, different approaches to research.

The wider view of nursing, and its place as a profession, and the potential role of non-nurses in facilitating this view, relates well to the WHO's (2002) paper commenting on the professional regulation of nurses and midwifes in Europe. They state that nurses themselves have had little input into the debate on their role, and need the power and skills for decision making. They go on to say that they need to deal with change associated with professionalism, such as evidence-based practice, and how to change custom and practice. Nurses must be educated in the skills to enable them to influence policy and change (WHO 2002).

As stated at the start of this section, its purpose was not to provide a comprehensive view of nurse education in Europe and further afield, but to be able to provide a comparison with the situation in England and Wales. No direct mention of non-nurse lecturers was found; however, the limited exploration seems to

confirm a fairly universal picture of the role of nurse educators and the potential role of the non-nurses.

2.9 Concluding Points

This chapter has presented an overview to the many organisations and their subsequent policy guidance that not only informs HE and nurse education, but provides a backdrop to exploring the role and added-value of non-nurse lecturers.

Many of the organisations and policies are revisited in later chapters and providing the balance between presenting background information, without subsequent repetition, has been challenging.

The policy context is however, only one major influence on nurse education and this subsequent study, as changes in ideology have also influenced nurse education. An early, and particularly relevant, example being the change to the new 'Project 2000' curriculum in the late 1980s. This involved a major shift of ideology for nurse education with the student nurse becoming a student in HE (Jowlett et al 1994). The philosophical influences on nurse education and HE teaching and research are considered in the next chapter.

CHAPTER 3

PHILOSOPHICAL CONTEXT

3.1 Introduction

The methodology that underpins this thesis straddles two main disciplines: those of Education and Nursing. They have many similarities; being applied in nature, dealing with the lived experiences of people, and both having a need to develop their discipline via their place within the academic traditions of HE. The nature of these disciplines, including the roles the author plays within them such as Lecturer, Researcher and Student, cannot be ignored when considering the 'how' of the research process. As discussed by Brew (2006), research methods have to be considered alongside challenging the nature of the subject being studied. Or more fundamentally, what is the view of science or research that the members of a discipline embrace, and the implications of this for education and subsequent practice (Besley 2007).

This chapter considers the philosophical base that underpins the overall approach to this research.

3.2 The Philosophical Basis of Teaching in Higher Education

Education as a discipline, from the perspective of teaching in HE, has of course been around from the start of the sector. However, its status alongside the role of research has only risen to prominence in the last few years. This change, which has been developing over thirty years, as discussed by Ashwin (2006), is due to a number of factors. These include the proliferation of universities and the subsequent increase in Government spending, alongside the Government's change

of aims for HE with the shift in balance away from developing the intellect of individuals, to the importance of equipping the labour force with appropriate and relevant skills. Also, the changes in numbers and diversity of students, and the move to modular and cross disciplinary courses, have put the spotlight on teaching and learning in HE and the importance of how it is conceptualised and researched.

Grant and Sherrington (2006) consider how the role of the academic has changed due to a shift in emphasis in HE. The idea of an elite teaching an elite around the continuous process of critical thinking (Newman 1853 in Grant and Sherrington 2006), they argue has disappeared with increasing student numbers and a more instrumental view of what can be produced or contribute to society. This has resulted in an academic who is influenced by the possibility of short term contracts, the requirements of the RAE (or equivalent), and external audit by agencies such as the QAA, or discipline-specific organisations such as the NMC. This results in the expected role of an academic being; an excellent teacher, able to cope with the demands of the consumer ideology with the subsequent pressure of parental choice and a diverse student population, carrying out cutting edge research and an aptitude for management and administration. Concerning the research role, Laurillard (2006) argues that the skills needed in research such as research skills training, knowledge in some specialist area, being licensed to practice as a mentor and being able to work in collaborative teams, rarely applies to the professional teacher. Summarised by Brew (2006), in the observation that it is often difficult for an academic to see where one activity starts and another finishes.

3.3 The Philosophical Basis of Research into Higher Education Teaching

In recent years the role of teaching in higher education has become more important, and therefore has the need to develop a research base for teaching alongside other disciplines. Gill (2009) argues that HE as a profession has been deficient in the quality of its research produced. The reasons he suggests are a combination of the RAE's denigration of practice- based research, and that research into HE tends to sit within Schools of Education whose main effort is with the training and development of teachers. "So HE is a bit of a Cinderella within a Cinderella" (Gill 2009: 31). In relation to an overall philosophical stance, he states, that the purpose of the research has become focused on internal university matters rather than concerned with influencing policy and exploring ways that improve the sector in the future. This view is disputed by Benneworth (2009), who refers to the large numbers of research groups present at the Consortium of Higher Education Researchers Conference in Pavia in September 2008. He also goes on to cite the many examples of research groupings and funding opportunities.

Boud (2006) considers the philosophical basis from a historical perspective, with the rise in popularity of the work of Rogers and humanistic psychology reflected in the self-directed learning style of university teaching. In more current times the move to Problem-based Learning and Work-based Learning has moved the philosophy towards the enquiring of skills, as discussed by Ashwin (2006). These approaches could be seen to question the philosophical view of legitimate knowledge and the universities' control over it.

Educational research, however, spans many different settings, and although the 'student' may be different, the debates about how the process should be researched are similar. Gage (2007), in discussing the different paradigms that underpin educational research, suggests that overtime researchers have realised that there is not necessarily antagonism between the objectivists, interpretivists and critical theorists, and that nothing about objective quantitative research precludes the analysis of classroom processes with interpretative qualitative methods. This results in a lack of recognition of what research typology educational research belongs to, and that there is no easy 'fit' as they embrace more than one kind of research in education (Bassey 2007).

In considering which methodological framework researchers in a discipline should embrace, Bridges and Smith (2007) usefully compare education and nursing. They use the analogy of the 'gold standard' value given to the Randomised Control Trial (RCT) in medical research and the impact that has on other potential research methods which come from different traditions, and the impact on their credibility. Educational researchers, they argue, are constantly confronted with the need to make sense of how theory, policy and practice should be investigated and understood, as it also helps them to justify their own work. They also suggest (linking with nursing) that the philosophies of education have a common cause with those in either tradition to ensure that one approach is not seen as being superior to another, and that other approaches need to be not only embraced but examined critically to see what contribution they make to enquiry. This can be summed up by Alexander (2007), in the importance of embracing two conceptions of knowledge,

one that aims to discover and explain relations between dependent and independent variables, and another that strives to understand human experiences, norms and purposes.

3.4 The Philosophical Basis of Nurse Education

Nursing is universally difficult to define, never mind to establish its philosophical base. Hart (2004) suggests that this difficulty is due to the complexity of the profession. He goes on to state that there are a wide variety of nurses, with differing backgrounds, experiences and distinct skills, who are squeezed into a system that prevents a diversity of views and a sense of sharing, and that this makes a collective identity almost impossible. Attempting to start with a simple definition, the National Health Service (NHS) (2008) states that nurses provide care for patients, by supporting treatments, aiding recovery and promoting good health. Scott (2006) presents a more practice definition around key areas of clinical practice: being a profession, working as individual practitioners, and patient care.

Mason and Whitehead (2003) suggest that nursing does not appear to have its own theoretical body of knowledge, and has traditionally drawn upon other fields of study in informing the nursing curriculum. This, they say, is very relevant to its complex and developing role, and the need to combine theory and practice. To enable nurses to practice, their knowledge must inform clinical practice and include biological and chemical sciences, human psychology, sociology, ethics, management, administration and education, and enable skilled practice through assessment, therapeutic intervention and evaluation of clinical outcomes, a view shared by Scott (2006).

In considering the philosophical nature of nursing Scott (2006) suggests that nursing has no need to acquire or adopt a philosophy; the influence of its religious and military roots, and the various codes of conduct, articulate the value base for professionalism. However, she argues that professional socialisation does not always concur with the codes. Its ethos is caring, sensitive, competent and compassionate. She suggests that what is needed is not a philosophy but the need for the nursing profession to use the tools of psychology (conceptual analysis, identification and clarification of underlining assumptions and argumentation) to give greater clarity to what nursing practice is. Nyatanga (2005) proposes that nursing cannot decide on its philosophical position. The opposing views and individualistic accounts of whether nursing is an art or science etc., restricts nursing's ability to explore the authenticity behind its models and research conventions (Nyatanga 2005).

In relation to nurse education, Drummand and Standish (2007) comment on the lack of a philosophical exploration. The main factors they state that have influenced the development of a current philosophy include, the move of nurse education to HE, and the subsequent debate about basic clinical proficiency or professionalization. Other factors highlighted by Drummand and Standish (2007) include; the potential discourse of multi-professional education and collaborative practice, and issues around professional identity, and reconciling forms of knowledge and research. Alongside, they state, the consumer movement in healthcare, political and media scrutiny, the litigious social context, and the view that a 'healthy lifestyle' (a debated aim of the nursing profession) is becoming

tangled up with the achievement of a 'good life'. Most importantly they emphasise that the ethos of care as a human undertaking has somehow declined (Drummond and Standish 2007).

Horrocks (2006) considers that the timing of the move of nurse education to HE was significant in its influence on the philosophy. The "new mangerialism" (p.2), with its emphasis on efficiency and effectiveness, was becoming popular in HE with a clear emphasis on defining what should be taught, and with predetermined outcomes rather than students thinking for themselves. This author would suggest that nurse education was already used to this control and therefore this was reemphasised in the HE culture at the time.

This view is supported by Morrall (2005:622), who discusses his own example in nurse education where a student challenged the point of reading around an issue as a type of "Academic Game", when all that was needed was to conform. Morrall (2005:622) suggests that the student is highlighting a form of social control, where students are socialised into "role behaviour" and a pre-arranged agenda.

If the philosophy of nurse education is hard to define, maybe the actual nursing curriculum will have to inform its philosophical base. The NMC, through their quality assurance arm, validate pre-registration programmes (UKCC 2001/NMC 2002$_b$), thus deciding on what is needed to be competent to practice as a nurse. They also validate post-registration programmes that lead to a recordable qualification, such as Health Visiting and Nurse Lecturing. It is up to the education provider to assess academic and practice competence within these guidelines. This process the author would suggest shows not only a lack of trust of individual

academics in being able, as discipline specialists, to develop their own curricula, but also suggests a philosophical stance based on clear competency based outcomes, and not one of the development of the skills to use evidence, and the life-long skills of an autonomous practitioner.

Alongside the NMC guidelines sit the QAA Subject Benchmarks (QAA 2001), which exist in order to describe the nature and characteristics of programmes of study. Split into shared statements and profession specific, they need to be considered alongside nursing competences for registration with a statutory body (QAA 2001, QAA 2004). Just as it might seem that the requirements on the curricula cannot get more complicated, the NHS adds a new angle with the 'Core Dimensions and Specific Dimensions' of the NHS Knowledge and Skills Framework (DH 2003$_b$). This is linked to pay analysis and pay progression for all NHS staff. The dimensions have levels depending on knowledge and skills and are linked to current NHS policies. All these factors influence the nursing curriculum alongside the proliferation of the numerous National Service Frameworks (DH 2008$_c$), who see the role of nurses being a priority as being the largest professional group.

Although the curricula and the view of nurse education seem to be nationally defined, an ethos of local needs runs throughout it. An example of this is the literacy and numeracy requirements (NMC 2003), that suggests that HEIs work with local service providers to set their own criteria for entry in order to fulfil these requirements.

Also both student and registered nurses have to work to their Code of Professional Conduct (NMC 2004$_b$). According to Quinn and Hughes (2007), this sets out the

ethical framework for practice, which not only expects nurses to act in a way that protects the general public, but also that they have to ensure trust and confidence, as well as enhancing the profession's good reputation.

3.5 The Philosophical Basis of Nursing Research

From the funding bodies who favour knowledge that is medically based and biased towards certain types of investigation and implementation, and have traditionally defined that the research should be led by medics rather than nursing practitioners (Bishop and Freshwater 2004), nursing research has had to fight its corner. At a policy and strategy level, Rafferty et al (2004) highlighted, that a high proportion of discussion on research capacity in the NHS is devoted to medical practitioners.

In the early 2000s a number of initiatives tried to raise the profile of nursing research. Experts in the field met in York in March 2000 (DH 2000) in order to produce recommendations to strengthen the research capacity of the nursing profession. Their underpinning philosophy seemed to reflect the importance of the multi-disciplinary nature of the health services, and of course as the purpose was to support nursing research, for nurses to play a more active role. From the viewpoint of this thesis, however, the desire by the experts in the field to improve the relationships between researchers, educators and practitioners, and strategic alliances between individuals and groups from the health services and higher education sector (DH 2000), is very positive. A subsequent mapping exercise in 2001 commissioned by HEFCE, the Centre for Policy in Nursing Research (CPNR), CHEMS Consulting, the Higher Education Consultancy Group, the RCN, The Research Forum for Allied Health Professions and The Association of Commonwealth

Universities (2001) examined the present position of university research in nursing, midwifery, health visiting and allied health professions, in order to inform the demand for research and the investment needed by HEFCE and the DH. Some of the findings were positive, with an increase in research funding (with an acknowledgement that this was from a very low base) and an increase in research active staff (although lower than similar professions). However, the actual number of staff involved in research was low, and although there was an increase in publications most had no funding attached to them.

The mapping exercise also voiced concerns about the lack of consistent views of what defines research in this area, especially by HE and the NHS at what constitutes research in nursing (CPNR et al 2001). The mapping exercise by CPNR et al (2001) also provided a useful comparison with Education, the other substantial discipline that influenced this thesis' research philosophy. They saw nursing and education as similar, with a broad spectrum of activities, actors and actions. Both are concerned with front line services, standards and performance, evidence-based, and cross over the social science disciplines. They cited the importance of practitioner research, and the tension between theoretical, generalisable research versus applied, which is generally local and practice based. Low funding was still an issue; however, the emergence of Education's Economic and Social Research Council's Teaching and Learning Research Programme (with a cumulative budget £23 million in 2000) has helped in this area.

The CPNR mapping informed a report by a Task group which was instructed to report back to HEFCE and the DH on the situation of research in nursing and the

allied health professions (HEFCE 2001). Mirroring a lot of what was discussed earlier, in relation to this thesis, they stated that they were not concerned about which professions do the research (although they did acknowledge that they needed to be wary of too many sub-fields being dominated by researchers outside the professions) but were very impressed with the evolution of multi-disciplinary research.

The status of nursing research may still be improving but the importance of nursing having its own research base is not in doubt.

Nursing research (as seen by Polit et al 2001) is a systematic enquiry designed to develop knowledge and issues of importance to nurses. Bishop and Freshwater (2004) expand on this by stating that the focus of nursing research has been often perceived as an investigation into nurses or nursing. In fact, as with my thesis (although not carried out by a nurse), it can embrace patient care, nursing interactions, professional roles and workforce issues and importantly the development of nursing knowledge (which in itself is problematic).

From a philosophical perspective nursing, as discussed by Thorne and Sawatzy (2007), emphasises the complexity of the human health experience and through this its science draws on the full range of experiential domains. Nurse researchers therefore are traditionally engaged in competing strands of research development using the traditions of both quantitative and qualitative traditions. However, does nursing research favour one tradition more than another?

Maggs (1997) argues that the RCT and the reductionist stance of research ignore the philosophical basis of nursing and caring: that nursing relies on patient experience, personal, cultural and family contexts and 'ordinary conversations' between patients and those who care for them. Caring is an art, not a science.

Polit et al (2001) see nursing research being conducted mainly through two broad paradigms; quantitative and qualitative. However, they do acknowledge that others exist and are used. Freshwater et al (2004) acknowledge that quantitative and qualitative do offer a basic framework for dividing up nursing knowledge into separate camps, yet they state that within these camps there are debates about what forms of knowledge and evidence are valid. This supports Edward's (2003) view that nursing research books tend to adopt a narrow approach to research approaches and methodologies.

Professional bodies also have a huge influence on the type of research both conducted and seen as legitimate to inform practice. This, as discussed by Brew (2006), can lead to academics having to come to terms with the marriage of their ideas, what is best for the students, and the power of these professional bodies. However, The Research Governance Framework for Health and Social Care (DH 2005) shows no preference for a particular type of research, but concerns itself more with institutions ensuring a high quality culture, adequate training and support, and effective ethics committees. Newer disciplines, Brew (2006) goes on to explain, are to more likely to discuss the nature and role of research than established disciplines.

3.6 The Philosophical Basis of Being a PhD Student

The other powerful influence on both the research questions and the methodology is that of the purpose of this thesis having another important outcome: that in demonstrating a level of ability to be a competent post-doctoral researcher. Following the 'Classical model', as discussed by Dunleavy (2003), it demands the production of a 'big book' thesis of about 80,000 to 100,000 words, compared to the largely newer 'taught doctorate' models. This model was developed from a particular philosophy of the 'sorcerer's apprentice' tradition, with students sitting at the feet of a great man or women in their field. In recent times this approach has developed, influenced by the wider agenda of the development of key skills as discussed by Kearns, Gardiner and Marshall (2008), to where individual disciplines have directed its values with particular course work to achieve, and with potentially more than one supervisor (Dunleavy 2003).

Delamont, Atkinson, and Parry (1997), in discussing the impact of the role of the supervisors in more detail, consider the dilemma for supervisors of letting students do something on their own or giving them a good topic. They state that the supervisor's and student's circumstances will have an impact on the methodology. For example, the stage in their career, whether the research is done alone or part of a team, and the important issue of students being helped to access their chosen field. Denicola (2006) also questions whether more practice based research (often used in professional doctorates) is at a level of critical thinking that enables 'doctorateness'. The 'way to complete and pass' a doctorate, as viewed in relation to this thesis, is influenced by a number of these factors: Some 'sitting at the feet'

with a sole supervisor, but also a number of taught modules to pass (not unfortunately one on Cognitive Behavioural Therapy as discussed by Kearns et al (2008:79) as a possible solution to "academic procrastination"), and with the help of a more informal network of 'discipline experts' for support. Working alone is an issue, and the choice of topic very personal and relevant. However, this, it could be argued, develops a need for self-motivation and a passion for the area, both important in the years of carrying out a part-time PhD. In a nutshell, the quality of the process is as important as the achievement of the outcomes, with a 'little' added pressure of originality.

3.7 The Author's Philosophical Perspective

As discussed earlier, the trigger for this research and subsequent thesis came from a very personal perspective: a personal interpretation of how a group of people (non-nurse lecturers) were being defined in theory, and the impact that seemed to have on practice. This resulted in the first major decision about the methodological viewpoint to be used: the need to conduct a literature search to establish if this area had been researched before. This personal perspective and link with practice is discussed by Woodrow (2000) in his presentation at the British Educational Research Association Conference. He argues that practitioners will approach their research from an already existing set of knowledge and beliefs, and therefore the research techniques are a means to an end, committed more to the outcome of their research than a career in research. He goes on to suggest that to not acknowledge this leads to charades and games of pretence, misconception and misunderstanding.

The initial literature search showed very little published literature, just three opinion articles and another related to policy guidance. No research seemed to have been done in this area. Therefore once again the methodology was guided, this time by the need to do some empirical research. A meta-analysis or a systematic review was not an option; if the thesis was going to be written, some gathering of primary data was needed.

As a female researcher the author cannot avoid exploring her own philosophical basis from a feminist perspective. Tynan and Garbett (2007) suggest that being a relatively new researcher, and being female, can be a disadvantage in finding her in the complex maze of power relations that is the HE research community. Coming from the NHS the author is, if not comfortable, at least well experienced in this culture. However, what Tynan and Garbett (2007:413) describe as the "masculinist" notion of individualism and competition, can be at odds with the author's own views of collaboration and what the nature of research is all about. They go on to discuss the importance of knowing how to play the game; not that far removed for the philosophy of nurse education as discussed earlier.

It could be argued that this thesis' research philosophy stems from an inter-disciplinary perspective. It concerns two distinct disciplines, or maybe three if you count the influence of 'being a student'. Ashwin (2006) sees this as becoming the norm rather than the exception. Crowe (2006), looking at the review of research papers from differing disciplines, states that they have a common view of what research is. Not necessarily on which paradigm or the perceived power of the 'hypothetico-deductive' method, but on how it should be carried out and written

up. Resulting in the need to take the reader on the researcher's journey of discovery whilst exampling an academic scholarly style.

3.8 Concluding Points

The following Table 3.1 summarises the philosophical context of this research. These influences are translated later in Chapters 3 and 4 when considering the methodology in more detail and the research process.

The next chapter considers other literature that has informed this thesis and its structure corresponds to a major methodological decision of how to measure 'added-value'.

Table 3.1: **Summary of the philosophical influences**

Influences
Teaching in Higher Education: ■ Move to valuing teaching in HE ■ Juggling of roles
Research into HE teaching: ■ Overshadowed by school-based issues in Departments of Education ■ Tendency to be practice rather than policy orientated ■ Self-directed student learning ■ Problem and work-based learning ■ The importance of embracing and critiquing different approaches to knowledge creation
Nurse Education: ■ Complexities of defining the profession ■ Practice based with an ethos of 'caring' ■ Draws on multiple field of study ■ Clinical ability versus professionalization ■ Externally driven curriculum ■ Locally defined priorities
Nursing Research: ■ A 'newer' discipline ■ Status of nursing research ■ Medically led ■ 'Preferred' methodologies ■ Lack of funding ■ Multi- disciplinary/ practitioner working
PhD Student: ■ Aim to be a competent, independent researcher ■ 'Original thought' and 'contribution to the field' ■ Traditional doctorate model ■ Access to chosen field ■ Working alone ■ Part-time student
Own values: ■ Practice-initiated research area ■ 'Little' existing research ■ Not belonging to the nursing profession

CHAPTER 4

LITERATURE REVIEW

4.1 Introduction

This chapter discusses the review of relevant literature using a 'systematic approach' as discussed by Aveyard (2007). Although systematic in nature, no strict protocol was adhered to and no specific methods were used to critique and synthesise the literature. However, each substantial theme generated an individual search strategy (Appendix 2). The 'robustness' of the evidence was defined by its relation to answering the research questions. No explicit hierarchy of evidence was assumed, and, as discussed later, the methodological approach implies no such need. Although the literature as a whole was critically appraised through quality of source, and inclusion and exclusion criteria, no attempt has been made to critique each piece of information used. Freshwater (2004) suggests that the nature and purpose of the intended study will direct the primary purpose of the literature review. Examples related to this research include: An orientation to what is already known; very apt for this thesis, as little was known. Providing a conceptual or theoretical framework; this resulted in the choice of a particular definition of 'added-value' that has structured this thesis, and the need for particular design instruments and measurements; which was very relevant as empirical research was needed.

The purpose of this review was to:

- Provide an appreciation of the literature building on from the initial research proposal, and subsequently help define the research questions (Appendix 1);
- Inform the research methodology (Discussed in more detail in Chapter 5);
- Capture the main pertinent issues in relation to this research, which will guide and be built on to help answer the research questions.

4.2 Informing the Research Proposal and Defining the Research Questions

As discussed in Chapter 1; the idea for the research came from the author's experience of working in nurse education. This section demonstrates how an idea became the thesis.

Very little had been written about the role of the non-nurse in nurse education, and what had been published tended to use a deficit model i.e. an ideological view that not having a nursing qualification is seen as a problem especially in relation to the gap between theory and practice (Hughes 1991). Four main sources of information were discovered that related directly to this area of research. The first being, and from a policy perspective, the English National Board (ENB 1987) circular to nursing schools which gave guidance for the employment of non-nurse specialist teachers. This was the only direct mention of non-nurse lecturers from a policy perspective in England and Wales although other documents it could be argued, suggested the implications of their use in theory and practice. This is particularly highlighted in the Department of Health (DH) policies which champion multi-professional and multi-agency learning and practice (DH 1999, DH 2002). This view seems to be reflected in nurse education with the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC 2000) the successor to the ENB, and the Nursing and

Midwifery Council (NMC) (NMC 2002$_b$) the subsequent successor to the UKCC, both citing the importance of IPL and shared learning. However no mention was made of the use of non-nurses in this process, and if anything the nursing professional body negates the use of other subject specialists with the directive that if you wish to register as a nurse teacher you have also to be registered as a nurse (UKCC 2000 and NMC 2002$_a$).

The other three articles, initially found, were largely based on personal opinions and experiences (Hughes 1991, 1992 and Braithwaite and Stark 1992), and were generated by Hughes' attempts to start a debate when considering who should teach nurses. She discussed potential disadvantages of non-nurse lecturers in relation to nursing practice such as around increasing the 'theory-practice' gap, and whether the applied nature of nursing will be lost. Her concerns also reflected her personal concerns and wider issues in relation to nursing being a profession including: a lower status given to the applied nature of some subject areas as opposed to the 'pure' subject especially in Higher Education (HE); and the threat to jobs for nurses and career aspirations (Hughes 1991). Braithwaite and Stark (1992) answered these opinions with their own in relation to their experience as nurse lecturers, one of whom being a non-nurse. They disputed these claims and suggested that non-nurses can provide a holistic education for nurses, and implied that her opinions were concerned more with the status on nursing as a profession than any implications for nursing practice. The debate continued with Hughes (1992) responding to their points and ends with a much wider question of 'What is nursing?' More details of this debate are discussed in later sections of this literature

review, but at this stage of reviewing the literature it was becoming obvious that no empirical research had taken place to help answer the research questions.

Other literature was critiqued especially regarding the nature of nursing as a profession, the move of nurse education into Higher Education and the overall purpose of nurse education (Farrington 1994, Owen 1988, Basford 1999, and Harden 1996). All are examined in more detail in subsequent sections.

In order to frame this research and therefore the literature review, the concept of the 'added-value' of non-nurse lecturers was chosen as the overarching focus for this research. As discussed earlier, a deficit ideology was evident from the author's recent experience of teaching in nurse education, and the only available literature reflected this opinion. Rather than defend this view, the author choose in retrospect somewhat naively, to take an optimistic view and explore the potential positive aspects of their role.

An aspect of this literature review was published in 2005 (Dickinson 2006) and presented and critiqued (as part of the compulsory requirement of the Post-Graduate Training Scheme). Full details of conference presentations and modules completed by the author are in Appendix 3)

4.3 Informing the Research Methodology: Adding Value in Higher Education

In order to imbue the methodology (discussed in more detail in Chapter 5), there was a need to define the concept of measuring 'added-value' in HE, an area which has similarities to the role of non-nurses, as existing practices seem to be acknowledged for their limitations, but no concrete solutions are suggested. Storey

(1993) supported this view, when acknowledging the debate on its use as the most significant performance indicator for mass Higher Education. A report by the Polytechnics and Colleges Funding Council (PCFC) and the Council for National Academic Awards (CNAA) in 1990, defined value added in Higher Education "as a measure of student achievement, as indicated by exit qualifications, which takes into account differential inputs, as indicated by entry qualifications" (PCFC/CNAA 1990 p. 'Summary'). In nursing the idea of measuring the exit qualification could refer not so much to a degree classification but to the ability to satisfy the Benchmarking Statements for practice (QAA 2001), a lot more complicated than a fail to a first.

The main cause for concern with this measurement, however, are the multiple factors impacting on the students' experience (Gibson 1993). Lund and Jackson writing in 2000, ten years later, stated that confidence in this approach was still not universally shared and as an indicator of performance it remains controversial (Lund and Jackson 2000). Even the PCFC/CNAA (1990) acknowledged that it used a very narrow definition of value added due to practical considerations, and broader conceptions based on personal attributes and employability were not considered.

The concept of 'added-value' sits within the area of quality measurement in HE, as defined by Kekale (2000) as a structured activity leading to a judgment. The social, cultural and economic enterprise of HE leads to the proliferation of quality evaluation methods as discussed by Barnett (1994), due to the problem of not one method being able to serve all stakeholders. Areas to consider include; public accountability, resource allocation, managerial control, sensitivity to students,

improving the quality of learning and to encourage collective responsibility for self-development. Barnett (1994) goes on to discuss the deep seated beliefs about what counts as quality and the overall purpose of HE, especially pertinent when considering vocational programmes such as nursing. No system, he stated, can be value free and completely technical when attempting to measure truths without any attempt to factor in where the power in the system lies. This view is supported by Kekale (2000) who discussed how some quality assessment methods suit some disciplines more than others.

The idea that how quality is measured depends on the values a discipline adheres to can also be related to the debates about the use of added-value measurements. Morley (2004) stated that economics as a discipline is the dominate influence on higher education policy in Britain and this is reflected in the emphasis on 'value added' and 'best value' approaches. She suggested that this is reflected in concerns about institutions gaining the best value for students based on their resources and student intakes, and continuously improving their position and meeting goals and targets. It would suggest that this view is very relevant to nurse education as external stakeholders such as the DH continuously set and change targets for the NHS, having the effect of HE providers having to reflect this in the curriculum. Morley (2004) proposed that this has resulted in the state not been a provider of public services but a regulator and auditor.

Although Narayanasamy (1992) suggested that the concept, if not the practice, of measuring value added is simple as long as the individuals indentified are identical in every respect, the approaches used are numerous. Also as discussed by Morley

(2004), it could be argued that the point of education is to suggest a new order of ideas and relationships, and to transform both the student and the discipline. The need for the measurement of value added in assuming a stable performance at the point of entry and exit seems to contradict this purpose of education.

In considering 'value added' approaches Tam (2001) proposed that a value added approach to quality measurement is advancement from the input-output analysis. He acknowledged however, the potential difficulties in trying to collect information on the quality of HE to change the students from their competences at entrance to their abilities at graduation. Quantitative data can provide useful information and there are many models tested and tried in practice, but Tam (2001) argued that they can't explain what caused the differences and that looking at the students' experience is the major factor. Morley (2004) also discussed the popularity of performance indicators that replace substantive judgments with formulaic and algorithmic representations. Even reviews that use multiple methods to assess quality, she suggested, have elements of positivism with reviews claiming they can unearth 'truths' about the complexities of organisational life with looking at the 'right' document' and 'right' people (Morley 2004).

An example of this approach is the Major Reviews of Healthcare Programmes (Quality Assurance Agency (QAA) 2003). Morley (2004) suggested that feedback on performance in this way is frequently incomplete, partial and open to a range of interpretations. This opinion relates to the methodological exploration for this thesis especially in relation to the changing philosophical and practical stance of an academic's role. The various aspects are measured differently, examples from the

author's experience include teaching being measured by hours and staff student ratios, and research measured by quality indicators, such as the Research Assessment Exercise (RAE), which is about the peer assessment of the quality of research around stated ideals. In relation to measuring staff performance and the lecturer, Narayanasamy (1992) suggested that indicators should focus attention on functions such as the resources used, the quality of services, staff performance and the support services. Tools he suggested could include student evaluations, peer review, classroom visits and various types of documentation.

4.4 Informing the Research Methodology: A Theoretical Framework for Measuring Added-value

Deciding on an approach to measuring added-value for this research has the potential to be a thesis in itself, as in the case of the well cited Morley (2004) whose publication was based around the outcomes of her doctoral studies. Rather than choose a narrow definition that may not reflect the methodology and its mixed method and mixed philosophical stance, four approaches to measuring added-value: Expert Systems, Students' Views, Objective Measurements, and Systematic and Critical Appraisal were elected. These approaches, as defined by Woodward (1993), provide a more rounded framework to consider the role of the non-nurse in more detail. Although as Woodward (1993) acknowledges only the approach of 'Objective Measurements' might be seen to explicitly relate to a more traditional definition of measuring value added.

Each of Woodward's approaches are considered independently in this thesis however, the outcomes from the various data collection tools used, inform most if

not all the approaches. Also, the approaches are not judged in isolation; the findings are presented as a combination of all the approaches.

In considering the potential problem of judging the relative status of each approach Woodward (1993) suggested a number of potential shortcomings, and these are factored in when discussing the different approaches in the later chapters. Short comings include; the potential for cultural bias from the opinions of the experts in 'Expert Systems'. In relation to nurse education this could relate to valuing the use of certain learning and teaching styles such as problem-based learning, and the importance of experience as a practitioner (procedural knowledge) rather than its ultimate outcome in educating the student. Others include; the danger of the various interpretations of student feedback in 'Student Views', with the difference between students' satisfaction, or what Woodward calls 'popular' teaching versus successful teaching, this it could be suggested, is a continually debated issue in student evaluation processes. The potential problems of objective data (considered in more detail later) and discussed earlier are very much wrapped up in the need for numbers and statistics. And in using the approach of 'Systematic and Critical Appraisal', assessing the quality of teaching also has its limitations. Especially with student-centered learning embracing the need to consider different learning styles, and the proliferation of information through electronic sources with the ability to access knowledge, and potentially control knowledge, now being open to us all.

As well as providing a theoretical framework for this thesis, Woodward's (1993) definition is used to provide structure to cement this literature review. This also gave the author the opportunity to disseminate both the intention to explore this

area in more detail, and to hopefully create some discussion around my research questions (Details in Appendix 1). Therefore his approaches are used as the focus for each section and discussed as a whole at the end.

4.5 Pertinent Issues in Relation to Woodward's (1993) Four Approaches to Measuring Added-value

4.5.1 Expert Systems

The first approach to consider, and possibly the easiest to obtain evidence from, is the use of 'Experts'. How you define these is not without its problems but for the benefit of this discussion it includes key stakeholders such as the DH, NHS, and NMC, writers and of course the lecturers in nurse education. Most writing on the lecturer's role in nurse education is written by nurses about nurse lecturers. This is not surprising as, taking the author's faculty's staff profile as an example (in 2004); more than ninety percent of the lecturers will be nurses. The role of the non-nurse is not directly represented in many articles or books; however, as with the policies a more general use of key themes can be useful.

Non-nurse lecturers have written very little (as stated above) in relation to their role in teaching nurses. An exception to this was Sheila Stark from the Institute of Health Studies, Colchester (Braithwaite and Stark 1992), who wrote with a nurse colleague in response to an article, by Pat Hughes (Hughes 1991) on 'Who should teach nurses'. Nurse Education was getting more established in Higher Education, and Hughes (1991, 1992)) suggested that it was time to explore these issues. Her views were largely negative and again mirrored the deficit model with concerns over applying theory to practice, but seemed more concerned with the 'status' of nurses,

including the low status of applied knowledge and the threat to jobs for nurses. Her main thread expressed her concerns for the profession rather than the students' experience. These concerns are supported by Owen (1988) in that one of the visible outcomes of nurse education moving into HE, that of sharing skills, could result in other disciplines taking over. This 'tribalistic' behaviour can be seen as common within professions (Basford 1999). Stark and Braithwaite disputed this by saying that the practice of according lower status to nurses had not arisen in their institute, and that nurses and non-nurses working together "can be mutually beneficial rather than mutually exclusive (Braithwaite and Stark 1992:26). This beneficial outcome for nurse and non-nurse lecturers was one of the reasons why nurse education moved into HE, it was felt that it would help to establish nursing alongside other professions and disciplines (Deans et al 2003).

In considering the possible added-value of non-nurses Stark and Braithwaite (1992) argued that non nurses could help to provide a holistic education for nurses: a total experience rather than narrow or compartmentalised, therefore more reflecting of real life. They went on to suggest that the power of the existing culture in which nurses' work feeds back into education, therefore helping to prevent the changes needed in the culture and practice of nursing required for present and future healthcare delivery. Non-nurses should be encouraged to contribute to the culture and therefore be part of the day to day business of nurse education. In exploring this they stated that "if nurses feel threatened by their exclusive territory are they not hindering the practice of education which offers possibilities of liberating the profession from outmoded relations and structures?" (Braithwaite and Stark 1992:

27).

Hughes'(1991,1992) thoughts on adding value were about non-nurses being subject specialists and allowing nurse tutors to develop their clinical role, thus raising two interesting points for the role of nurses as lecturers in Higher Education. Firstly, what about the development of them through scholarship and research, essential for moving the profession forwards? And secondly, their practice it could be argued is surely that of an educator, and the clinical role is best left in practice or with the new role of lecturer practitioners (Gallagher, 2004).

The stakeholder' views tended to be relayed via policy statements and strategies, with the only direct mention of non-nurse lecturers coming from an ENB (1987) circular to nursing schools giving guidance for the employment of non-nurse specialist teachers. They stressed that with current developments (not stated) the role needs developing from just teaching in certain areas. Non-nurses should be employed so to become "involved and committed to the philosophy and aims of the school" (p.4), a view supported by Braithwaite and Stark (1992). The guidance though still tends to have a deficit model, as although positive in suggesting that non-nurses can teach and assess on a variety of courses and help students relate specialist areas to the practice of nursing, they should not be employed if nurses could teach that specialist area. They also stated the requirement of only having a small percentage of non-nurse teachers, but stressed the importance of their link with higher education for research. The ENB, however, seemed to contradict its own guidelines by acknowledging that,

> It seems ironic that nurse education may become more rigidly structured in terms of its component subjects at a time when nursing practice is striving towards integration and holism (ENB 1987:31).

Nurse education has moved on dramatically since the late eighties and the 'current developments' that the ENB refers to may be very different from today. The ENB no longer exists and some of its scope of practice has been taken over by the NMC. The NMC registers nurse teachers by saying that they have to be a registered nurse, then complete a recognised (by them) programme of study (NMC 2002$_a$, UKCC 2000). No mention is made of the role of non-nurses even though it could be debated that current policy has moved to a more interprofessional agenda. Policies that support this include 'Making a Difference Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Health care' (DH 1999), 'Liberating the Talents' (DH 2002), and 'Fitness for Practice' (UKCC 1999). All stress the importance of 'kick starting' multi-professional learning and teaching (DH 1999), questioning professional boundaries (DH 2002), and the importance of working in partnership (UKCC 1999). A 'climate,' it could be suggested, where a contribution by a non-nurse might be essential.

Later policy guidance, discussed in more detail in Chapter 2, includes guidance from the NMC (2008$_d$) however its emphasis is on practice learning. Little reference is made to nurse lecturers in HE never mind non-nurse lecturers, however, an update (NMC 2008$_e$) does mention roles that support practice such as the link tutor, updating mentors and research, all areas that can be provided by the non-nurse.

4.5.2 Students' Views

Exploring students' views should be the first consideration when assessing the value of lecturers: However, in relation to nursing it could be argued that the patient, the ultimate receiver of 'practice,' is the most important judge. This debate goes back to the bigger debate on what and how we educate, and for whom. Who are the ultimate judges of our service? The employers who feel they pay the bills, society which receives the service and actually pays the bills, the professions, or as educationalists is it about the student experience? From a process perspective this approach overlaps with a later section, that of a 'good' teaching situation, and will be discussed later.

Therefore for the discussion on this approach the focus is on the content: what the students want or need to know, 'wants' being very much the students' perspective, and 'needs' dictated by the many stakeholders involved in nurse education.

The obvious place to start when considering how non-nurses can contribute to the content of nurse education is with a definition of nursing. The QAA, when devising the nursing benchmarks, defined it as an academic and applied profession (QAA 2001) and, rather than attempt to discuss the many definitions, described it through the branch specialism's of adult, children's, mental health and learning disability nursing. This method is shared by the NHS careers service, who also adds midwifery and health visiting within the 'family' of nursing (NHS 2004).

The content in pre-registration education is defined by what is needed to register with the professional body, the NMC, who also approve the programmes of study. For post-registration training the NMC decided not to be directly part of the

approval process as the ENB had been earlier, unless the qualification is recordable, as with nurse lecturers, health visitors etc. Therefore the content requirements are dictated by the many health care policies and guidance. The proliferation of such does not seem to slow down with the continuously changing needs of healthcare provision, driven by political viewpoints, resource pressures and hopefully, as the most important, the population's health needs.

The 'academic' nature of nursing content could be defined by subjects such as anatomy, physiology, sociology etc., and of course by nursing theory itself. Whether non-nurses can provide added-value in this area is debatable. Braithwaite and Stark (1992) state that subject experts can provide a wider depth of knowledge and can team teach for the applied nature. This is supported by the ENB (1987) but only if nurses themselves were unable. This could be seemed to under-value the importance of many disciplines in HE. In considering what the students 'want', they seem to prefer anatomy and physiology in the curriculum rather than some of the social sciences (Clarke 2004); however, both could be taught by non-nurses.

The 'applied' nature of nursing content could be seen as nursing practice and therefore more concerned with clinical skills, which would seem more likely to be successfully taught in practice, as demonstrated by evaluations of the project 2000 pre-registration programme (Ramritu and Barnard 2001). However, the applied skills more associated with current policy include partnership working, evidence and enquiry-based practice, and transferability of roles (QAA 2001, DH 2002, UKCC 1999). These are all areas where it could be argued that they could be delivered by all educators whatever their background.

Looking wider at students needs brings us to the importance of the students understanding the nurses' position within a social, political and economic context (QAA 2001). Thorne (1997) and Varcoe (1997) discuss the importance of Frieire's term of 'revolutionary praxis,' with the definition of 'praxis' being more than reflection on theory to practice, but used to reflect more widely on how nursing theory and practice should transform rather than maintain the status quo. This use of 'praxis' relates well to student-centered learning, and most importantly client-centered practice. (That the 'practice of nursing' is not just about the ability to put theory into practice, but should give the students the ability to challenge and move practice forward). This is supported by an Australian study into what nurses in practice felt student nurses needed. It showed that more general skills development was required including critical thinking and the skills for lifelong learning, to equip the profession for growth and change in the future (Cheek and Jones 2003). These skills may also help to address another student 'want', where students deduce what works and what is irrelevant in the classroom based on existing practice (Clarke 2004), this questioning of practice is essential to equip the student to be 'evidence-based', and an ideal role for the non-nurse (Braithwaite and Stark (1992).

The importance of the value given to students' views has continued to grow. The NSS is critiqued in Chapter 2 and more current supporting literature is discussed later in the thesis.

4.5.3 Objective Measurements

This approach is used most frequently in measuring value added in Higher Education (HE) (Storey 1993).

> A measure of student achievement, as indicated by exit qualifications, which takes into account differential inputs, as indicated by entry qualifications (PCFC/CNAA 1990 p. Summary)

Although seemingly straightforward in comparing inputs with outcomes to measure the value-added and having that so called 'gold standard' for objectivity, by its very nature it fails to consider the many factors impacting on the student experience (Gibson 1993), and that of course includes the role of the lecturer. For comparison purposes it is limited as it is not universally used throughout HE (Lund and Jackson 2000).

Although the criticisms of this approach are valid and it could be debated whether we can ever be truly objective, huge 'leaps of faith' are made in relation to the assessment of value in nurse education with none or little attempt at analysis. The main area where this seems to arise is the concern over academic nature versus clinical nursing; once again the theory and practice gap.

Before considering the role of the non-nurse lecturer as one of the many factors impacting on the student experience, it is useful to explore the 'Inputs' and 'Outcomes' in relation to nurse education.

'Inputs' (i.e. what the students initially bring to the education experience) in nurse education are largely measured by qualifications. But with the widening of the entry

gates including cadet schemes, access and part time routes, specific educational requirements are been eliminated (Kenny 2004).

All nurse education programmes, whether pre- or post-registration, assume that what the student brings with them (i.e. 'Input') provides the basic ability to commence their study. This baseline measure needs to be consistent within and across institutions in order to objectively measure added-value. It is therefore dependant on clear guidelines of what is needed to access nurse education. The big question here, as in all educational programmes, is to consider what can be learnt within the scope of the programme, and hence decide what the students need to bring with them. This of course is always changing, hopefully because of the importance of the requirements of the role evolving, and not because of the need to have more students for less cost. One of the latest changes came from the NMC (NMC 2003) concerning new literacy and numeracy requirements. Although seeming to provide clarity, they suggested that Higher Education Institutions (HEIs) work with local service providers to set their own criteria for entry in order to fulfil these requirements, which will surely lead to more differences between institutions. Interestingly the same circular relates to another 'Input' in accessing nurse education: that of personal attributes, with the importance of measuring good health and character in relation to working to the Code of Conduct (Updated: NMC 2004b), resulting in formal guidance (NMC 2004c), an example of inputs based both on academic requirements and personal attributes. The author suggests that this in itself can hardly be objective as lecturers interview and select potential students, and their understanding of what a 'good' nurse should be will depend on

many factors, including when they trained and their view of nursing (Holloway and Penson 1987).

Assuming a solid input base is obtained of measurable ability, the next area to consider is the 'Output'. In nursing, especially pre-registration, this may seem simple: i.e. Fitness to Practice.

The NMC, through their Quality Assurance arm, validate pre-registration programmes (UKCC 2001/NMC 2002$_b$), thus deciding on the 'Outputs' needed to be competent to practice as a nurse. They also validate post-registration programmes that lead to a recordable qualification such as Health Visiting and Nurse Lecturing. It is up to the education provider to assess academic and practice competence within these guidelines. Alongside the NMC guidelines sits the QAA Subject Benchmarks (QAA 2001), which exist in order to describe the nature and characteristics of programmes of study. Split into shared statements and profession specific, they need to be considered alongside nursing competences for registration with a statutory body (QAA 2001, QAA 2004). The QAA suggest that the Benchmarks provide support to internal quality assurance, and also of course for overall quality review purposes.

Just as it might seem that the 'Outputs' cannot get more complicated, the National Health Service (NHS) added a new dimension with the 'Core Dimensions and Specific Dimensions' of the NHS Knowledge and Skills Framework (DH 2003$_b$). This is linked to pay analysis and pay progression for all NHS staff. The dimensions have levels depending on knowledge and skills and are linked to current NHS policies.

Acknowledgement of the current complexities of quality assurance is made by Department of Health in its 'Streamlining Quality Assurance in Health Care Education' paper (DH 2003$_a$), (which through partnership) it states is attempting to integrate the processes and outcomes based on the delivery of 'patient-focused learning'. Later policy changes resulting from this are considered in Chapter 2.

As stated earlier, in nurse education the outcome of the students' educational experience could be measured by the effect on the nursing practice on the patient. This measurement adds another set of variables. M[c]kenna (1993) discussed the fact that at the time of writing little work had been done on looking at whether the development of nursing from a theoretical perspective had impacted positively on patient care. However, many writers assumed it would. Since then research has been carried out to try and assess the outcomes. In relation to the attainment of the key skills needed to practice as a nurse such as critical thinking, reflective practice and working in teams, Swindells and Wilmott (2003) suggest that graduates perform better than diplomates.

Looking at other 'Outputs' concerning clinical skills, a study in Pennsylvania attempted to explore whether the educational level of nurses (i.e. Diploma or Degree) impacted on surgical patients' mortality (Aiken et al 2003), and went on to suggest that the conventional wisdom that experience is more important than education may be incorrect. This study was picked up and commented on globally due to the previous lack of evidence in this area; in the USA (Stern 2003), in Australia (Australian Nursing Journal 2003) and in Britain (British Journal of Nursing 2003). The results showed that a 10% increase in the proportion of nurses holding a

four year degree was associated with a 5% decrease in patients' deaths. In a discussion on the implications of the research, by Long, Bernier and Aiken (2004), Long questions why the nursing profession find the idea of education being important to nursing practice controversial. This view seems to be supported in the section of the article written by Bernier, though rather than looking at the potential of the findings, she criticises the methodology, subsequently disputed by Aiken (Long, Bernier and Aiken 2004). Although a long way down the road from the impact of a non-nurse lecturer to the practice of a surgical nurse, it shows not only the potential and complexities of objective measurement but also the underlying value bases still informing nurse education, an area discussed in more detail in Chapter 3.

Returning to the main theme of this research, the contribution of lecturers (never mind the non-nurse lecturer) is one of the many factors that impact on the student experience (Gibson 1993), and therefore complicates the 'Input' and 'Output' measurement. Although the research by Swindells and Wilmot (2003) and Aiken et al (2003) concludes on the importance of educational attainment for nurses, the authors do not mention factors which may contribute to this attainment.

The author suggests that one of the main opportunities for measuring the impact of non-nurse lecturers are the reviewers as part of the Major Review of Health Care Programmes (QAA 2003), who work in conjunction with the nursing profession through many guidance documents, including for example, the Requirements for Pre-Registration Nursing Programmes (UKCC 2001/ NMC 2002$_b$). Although the reviewers do not attempt to measure the added-value of any variable on the

educational experience of the student, they do make quality judgments on what is

considered best practice. Aspects related to lecturers include the importance of the

learning opportunities reflecting profession-specific competences and outcomes,

patient-centred practice and professional code of conduct requirements, alongside

evidence based learning, holistic care, partnership and IPL (UKCC 2001/ NMC

2002$_b$), a challenging set of ingredients for any lecturer to consider. The QAA (2003)

adds to the recipe emphasising the importance of the teaching process, valuing

'breath, depth, and pace', and the challenge for the teacher in using a variety of

teaching methods. They also expect effective subject and interprofessional

knowledge, which is transferable, and supports practical and professional skills

(QAA 2003). The scope for any lecturer to provide added-value to this menu is both

considerable and challenging, and whether lecturers need particular characteristics

is as yet not discovered. The QAA and more current organisations concerned with

quality assurance in nurse education are considered in Chapter 2. The QAA Major

Reviews of Healthcare Programmes are discussed in detail below and used later in

the findings section of this thesis.

The aims of the Major Reviews were to:
- Encourage improvements and facilitate enhancement in the quality of education provided
- To contribute towards statutory bodies fulfilling requirements for the protection of the public
- To provide effective and accessible public information on the quality of higher education in the healthcare professions (QAA 2003: 3)

The stated outcomes included: The confirmation of quality with any speedy

identification of shortcomings to enable rectification. With judgements to be made

that can inform funding, enable the sharing of practice, and facilitate on-going

quality management, and inform the Commission for Health Improvement (QAA 2003). This relates well to the use of exploring the lecturers' role in the quality of nurse education. The review would take into account the HEIs Institutional Review processes (QAA 2010$_b$) but were expected to report independently.

Although, as discussed earlier, the 'Major Reviews' did not attempt to measure the 'simple' objective measurements of inputs to outputs. They did however, comment on entry requirements (from a more widening participation value), through noting attrition levels, to the number who graduate, and in the case of degrees in nursing; their classifications. In defining 'objectivity' in terms of their external role in making quality judgements, the QAA judged the provision both in what is needed to be 'fit for practice' as a healthcare practitioner, alongside what is best practice in delivering the higher education experience. The main benchmarks used were the Subject Benchmarks for nurse education as discussed earlier (QAA 2001), and their own general quality review guidance (QAA 2003). It was also expected that the HEIs and SHAs would use reference points relevant to their field of healthcare including; Professional, Statutory and Regularity Body (PSRB) regulations/requirements which were led in the case of nursing by the NMC (UKCC 2001/ NMC 2002). Also the then emerging Health Professions Framework (which became EQuIP) (SfH 2008$_a$). Alongside the NHS policies and protocols (A challenge to consider which ones), input from the WDCs (now SHAs), and numerous National Service Frameworks (again it does not state which ones) (QAA 2003).

From an education standpoint the QAA (2003) encouraged the use of a number of reference points to guide the quality process including: The Framework for Higher

Education Qualifications (QAA 2008$_a$) and the Code of Practice for the Assurance of Academic Quality and Standards in Higher Education (QAA 2010$_b$).

The Major Review documentation also stresses the importance of theory (students' being equipped for self-critical lifelong learning) and practice (Competence and safe practice for registration), and some core principles which must be reflected including interprofessional learning and patient-centred care (QAA 2003).

The QAA approach to their 'Major Reviews' reflects Morley's (2004) critique of the 'Positivist' philosophy which claims to unearth 'truths' about problems by looking at the right document and talking to the right people. The author would question whether there are shared truths on what is considered a high quality academic role, never mind a particular type of academic in a particular discipline, and therefore whether this can be truly measured. However, this more positivist approach, used by the QAA, allows the exploration of objective measurements used in practice.

The QAA's Major Review of Healthcare Programmes was a peer review process with HEIs in partnership with SHAs who evaluated their provision in a self-evaluation document (SED). The SED was submitted to the QAA academic and practitioner reviewers who gathered evidence to enable them to report their judgements on academic and practitioner standards and the quality of learning opportunities (QAA 2008$_b$). As discussed by Caplin-Davies and Donnelly (2006), these reviews commenced in 2004 and were due to be completed by December 2006. The reviews were completed by this date and a summary review is available (QAA 2010$_c$).

In exploring the process Caplin-Davies and Donnelly (2006) describe the review team as consisting of experienced academics from different disciplines led by a review co-ordinator. The calibre and experience of the teams however they suggest, has been called in to question due to an inconsistent method of selection and shortages in certain specialities. The reviewers are meant to be not only registered practitioners (not exclusively in nursing), and a mix of practice managers or academics, who have to work well in a team, and have the ability to recognise the complexities of educational and practice systems, a challenge for any kind of selection process. This team fundamentally, as stated by the QAA (2003), makes sound judgements from the analysis of many sources and must be able to communicate these effectively.

As discussed earlier the NMC has the overall responsibility for ensuring quality for nurse education programmes. They also at this time funded the QAA to carry out some of its annual monitoring as part of the Major Reviews. This role would be provided by NMC 'visitors' who would be full QAA team members and would work under the leadership of the review coordinator in fulfilling their NMC role (Caplin-Davies and Donnelly 2006). The NMC however, as discussed by Caplin-Davies and Donnelly (2006), not only produced another report, but also due to their role in regulation as well as quality, had the potential to produce conflicting views with QAA review outcomes. Not the streamlining envisioned at the start of this process.

Bearing in mind possible shortcomings in the choice and possible conflicting roles of the reviewers, the process consisted of clarifying the judgements made in the SED by the HEIs and SHAs (QAA 2008$_b$). Obtaining these 'truths' as questioned by Morley

(2004), involves meeting academic and clinical staff and students, scrutinising students' assessed work, visiting practice learning environments, reading relevant documents, and examining learning resources (QAA 2008$_b$).

In relation to this thesis, and the role of the lecturers, this could include; curricula content that supports intended learning outcomes, effective communication, learning and teaching approaches, learning resources and effective utilisation, External Examiners' reports and students' work (QAA 2003).

Particular examples referred to in the QAA Major Review Handbook (QAA 2003) include:

"How effectively do staff draw upon their research, scholarship, practice and professional activity to inform teaching" (p.36)

"Is there evidence of an interprofessional approach to providing and supporting practice-based learning' How significant are the opportunities for interprofessional learning and approaches to care" (p.36)

"Is the quality of teaching maintained and enhanced through effective staff development, peer review of teaching, integration of part-time and visiting staff, effective team teaching and induction and mentoring of new staff" (p.36)

With the reviewers evaluating the overall effectiveness but in particular:

> The breadth, depth pace and challenge of teaching
> Whether there is suitable variety of teaching methods
> The effectiveness of the teaching of subject and inter-professional knowledge
> The effectiveness of the teaching of subject specific, transferable, practical and professional skills (QAA 2003:37).

The reviewers' judgments were rated differently depending on which aspect they were reviewing. For example: 'Academic and Practitioner standards' were awarded one of three outcomes. 'Confidence'; when the reviewers are satisfied with current standards and the maintenance of them in the future. 'Limited confidence'; when the reviewers were satisfied with current standards but have doubts over been able

to maintain those standards. And 'No confidence'; when the reviewers' judged that the arrangements are inadequate to enable standards to be achieved or demonstrated (QAA 2008$_b$).

However the 'Quality of learning opportunities' were judged on three other outcomes. 'Commendable'; where the reviewers' judge the provision contributes substantially to the achievement of the intended outcomes, with most elements demonstrating good practice. 'Approved'; where the provision enables the intended outcomes to be achieved, but improvement is needed to overcome weaknesses (A set of areas where improvement is needed is provided). And 'Failing'; where the reviewers' judge that the provision makes a less than adequate contribution to the achievement of the intended outcomes. Significant improvement is required urgently if the provision is to become at least adequate

Reviewers also reported on the degree of confidence they had in the provider maintaining the standards.

As discussed earlier, all HEIs who ran nurse education programmes were reviewed under this format resulting in 'objective measurements' which could be compared for this thesis.

4.5.4 Systematic and Critical Appraisal

This is the final area to consider in Woodward's (1993) framework. It clearly overlaps with the other three approaches, and is fundamentally about measuring what makes a good teaching experience, and in relation to the theme of this review, if non-nurse lecturers are able to deliver these requirements.

The first issue to contemplate is that of professional education and whether the teaching requirements differ in HE to less applied and controlled disciplines. Policies and guidance discussed earlier all state some differences to do with the applied nature of professions such as nursing, but also stress the importance of transferable and evidence-based skills common to all disciplines in HE.

The culture of the nursing profession will also have a huge influence on how things are taught, an area explored in Chapter 3. This, alongside the move into HE with its different value systems based on freedom of expression, can be in conflict with nursing especially in practice (Castledine 2003). The move also encouraged a change in educational styles towards practices based on adult learning philosophies and the use of life experiences (Kenny 2004). The hidden curriculum in nursing is also very powerful. Holloway and Penson (1987) discuss the differences that students experience alongside their peers in HE such as less freedom of choice of what to study, clinical placements, and a culture of 'busy-ness'. The code of conduct requiring ethical behaviour and the hierarchical nature of the profession all still exist at some level in nurse education. Basford (1999) also discusses the tribalistic behaviour of professions and the need to ensure that teachers are adequately prepared to take on the role of teaching across disciplines, not only with an educational dictate, but also across socio-cultural, psychological and affective domains. "We must accept that teaching is a political activity, and be aware that everything we teach is value-laden and that neutrality is a myth" (Harden, 1996:35).

Later literature suggests a lessoning of this contention with Levett-Jones and Lathlean (2009) commenting on current, 2009, nurse education in their paper on a

national case study of experiences of belongingness on clinical placements. They state that "Rather than conformity, subservience, uniformity and compliance, the focus of nurse education has shifted, and fostering individuality and originality of thought, while maintaining a commitment to teamwork, is paramount" (Levett-Jones and Lathlean 2009:348). Although an approach the author supports, and one that sits better in HE, no evidence was found in their article to back this up.

The nursing culture could also be seen to produce tensions with encouraging the autonomous learner, with its links to student and adult-centred and lifelong learning, as discussed by Darbyshire and Fleming (2008). They consider whether, with all the conflicting tensions in nurse education, it is possible to encourage learning in this way. Although, as noted by Kenny (2004), the move of nurse education into HE was seen to encourage a change in educational styles towards practices based on adult learning philosophies and the use of life experiences.

The literature, if limited, mentioning non-nurses could be seen to help with the change of culture, with both the ENB (1987) and Braithwaite and Stark (1992), suggesting that they can enrich this culture and help to challenge unhelpful aspects of professionalisation.

Lifelong learning, the author would suggest, has been embraced by nurse education under the auspices of continuing professional development (CPD) as discussed by Banning and Stafford (2008). It is not only an approach to educational practice but a requirement of registration with the NMC (2006).

The influence of the discipline area in HE is championed alongside the HEA's recommendation that HE teaching should be enquiry based and reflect its scholarly tradition (HEA et al 2005). EBL, and the importance of using research in teaching to inform practice, has become popular in nurse education, and is supported by faculty teaching strategies discussed later. However, tacit knowledge in professions, which by its nature is difficult to define especially in writing, is still evident. Tacit knowledge or non-propositional and professional knowledge cited by Andrew et al (2009) with reference to Booth et al (2007), they claim, informs most of the learning of the professions such as nursing and teaching. Andrew's et al (2009) article was based on the outcomes of a community of practice of nurse academics. The use of Booth et al (2007) as support for a potentially wide reaching claim is interesting, and potentially shows a flaw in the use of supporting evidence. As Booth et al's (2009) research was an action research project, which argues the premise of the importance of tacit knowledge within a small group of gerontology nurses, and not across all the professions.

A good teaching experience can be split into two factors; the content and the process. The content, as discussed earlier, is largely prescribed in nurse education and consists of a combination of relevant subjects, academic and transferable skills, professional ethics, and clinical competences and outcomes.

The role as a subject specialist is one common to the non-nurse lecturer and supported by the only guidance on their role by the English National Board (ENB 1987). Hughes (1991, 1992), in discussing their role, also supports this view although the reasoning of enabling more time for the clinical practice of the nurse

lecturers presents concerns about nursing as a profession. Research by Latter et al (2000) in medication education found that lecturers were split on who should teach nurses pharmacology; nurses for the applied nature or scientists and pharmacists for the subject specialist expertise. This pull between subject depth on knowledge and application is a common thread throughout nurse education.

Academic and transferable skills, including critical thinking and life-long study skills seem to be the main area requested by past and current students (Cheek and Jones 2003, Raaheim et al 1991). This need to prepare nurses to be enquiring and reflective should also encourage the challenging of existing norms (Taylor 1993), essential for a profession that seems largely apolitical in nature but politically controlled. The opportunities for non-nurse lecturers could be invaluable here, in encouraging the development of skills free from the confines of belonging to the profession. This can also relate to the area of professional ethics.

The role of the non-nurse becomes less clear when exploring clinical outcomes and competences. However, the UKCC (2001)/NMC (2002$_b$) and QAA (2003) guidance, all cite the importance of interprofessional and team working; ideal areas for the non-nurse.

In concluding this section it is useful to consider what personality traits of the lecturer are considered good practice. The importance of adult learning and therefore treating the students as adults is discussed earlier, although Farrington (1994) suggests that this seems to be uncommon in practice. An important attribute for all lecturers is enthusiasm (Raaheim et al 1991), one hopefully projected this thesis.

4.6 Concluding Points

This literature review provided the background to inform this study's approach in exploring the role of the non-nurse lecturer as an element of evaluating nurse education. A deficit model of the role of non-nurse lecturers had developed and there is a need to look more constructively at the potential for adding value to nurse education.

After critiquing various approaches to measuring 'value added', Woodward's (1993) approach of appraising lecturing as a way of establishing a more holistic approach to measuring added-value was chosen.

In looking at the 'Expert Systems' only one non-nurse lecturer voice is recorded; however, other writers, lecturers and policies did discuss the role either directly or indirectly suggesting value in the non-nurses' role.

Potential ways that non-nurses add value such as the perceived mutual benefit of non-nurses and nurses working together (Deans et al 2003), is reinforced in practice (Braithwaite and Stark 1992). This also mirrors the implied values of current health policy which encourages working in partnership, the broadening of roles, and multi-disciplinary working.

Although the debate still continues about the importance of applying theory and practice, skills do not have to be clinical in nature. The need for transferable skills is highlighted by writers, lecturers, policy makers and most importantly the students. These include critical thinking; evidence gathering and questioning skills, essential in moving nursing forward (Cheek and Jones 2003). Discipline specialists also are seen

as an important role of the non-nurse and not, it is hoped, to just free up time for nurses' clinical practice (Hughes 1991).

At the time that the initial literature review was completed, significant changes were taking place to research and define quality in terms of lecturing in Higher Education. The NMC (2004$_e$) were consulting on 'Standards to support learning and assessing in practice', and   all lecturing in HE was being considered by the Universities UK /Standing Conference on Principles (SCOP) (Now GuildHE) /Higher Education Funding Council for England (HEFCE)/Higher Education Academy (HEA) (2004) consultation paper on establishing a 'Framework of Professional Teaching Standards'. It cited the importance of exploring all factors involved in the quality of Higher Education Teaching as recommended by the Dearing Report (Dearing 1997) with the need to commission research into teaching and learning practices in HE. The paper acknowledges the importance of the role of the Professional organisations in the development of their own standards, but feels these standards for all teachers in HE would help with the connection between HE and professional and subject specialist organizations. Then outcomes of these policy initiatives and the impact on this thesis are covered in Chapter 2.

Reflecting on the composition of the author's Faculty workforce in 2004, eight per cent of the lecturing staff who contributed substantially to nurse education was non-nurses, and this was increasing with the introduction of more shared learning and specialist practitioner programmes. This resource must like all others be used to provide the best quality education for future and current practicing nurses.

Therefore it could be suggested that exploring the potential added-value the non-nurse can bring is invaluable and resulted in the research questions stated below.

4.7 The Research Questions (Full proposal can be seen in Appendix 1)

- To what extent is the contribution of non-nurse lecturers defined in both theory and practice?

- What is their potential role in providing 'added-value' to pre- and post-registration nurse education?

As explained at the start of this chapter, this literature review not only helped to inform the theses' research question but also contributed to defining the methodological decisions needed to me made in order to carry out this study. The next two chapters explore this process in more detail.

CHAPTER 5

METHODOLOGY

5.1 Introduction

This Methodology Chapter builds on Chapter 3 where the philosophical context informing this thesis is considered. It is also informed by the literature in the previous chapter and the research process is developed in Chapter 6.

This chapter explores the research terminology, paradigms and families which under pin this thesis. In particular 'Mixed Methods Research' and 'Phenomenology' are explored in detail. This is followed by a critique of the use of quality measures, and a discussion on ethical considerations.

5.2 The Research Terminology

In order to frame the next few sections of this methodology, terminology is chosen as defined by Blaxter et al (2006) to describe aspects of the chosen research process. The paradigms explore the nature of knowing, and the choices we make of how we see (and therefore measure) our world. The research families consist of qualitative and quantitative methods. These stem from the ways of knowing, but also provide some structure, such as choices about the involvement of the researcher and the researched, whether generalisations are needed or depth of information is required, and the decision to collect words or numbers. This is followed by a detailed critique of the overall approach to the research. The practicalities of the process, and the ideal tools in which to collect the data, are considered in the next chapter. As Blaxter et al (2006) explain, combinations of the

above may be used depending on what is appropriate to answering the research questions.

5.3 The Research Paradigms

Before exploring the paradigms it is useful to consider some underpinning assumptions. Blaxter et al (2006) categorises the paradigms as exploring the nature of knowing, an area associated with epistemology. To help explore this, Bunnis and Kelly (2010) provide a useful framework to link medical educations' approaches to research to a philosophical exploration. They define 'Ontology' as the nature of reality and 'Epistemology' as the nature of knowing (Bunnis and Kelly 2010), and relate them to the research paradigms.

In considering how to collect and analyse the data for this thesis, it is useful to explore which of the research paradigms it most reflects. In relation to social research, Oliver (2003) discusses the importance of recognising differing research methodologies. He suggests that in order to understand the nature of human existence we need to utilise every opportunity to explore the nature of the human condition. This thesis, it could be argued, is based very much within this tradition and of the here and now. As discussed earlier, due to the complexities of amalgamating the philosophical basis of various disciplines, choosing a definition of 'social research' may seem to be too simplistic, but as an overarching term it relates well.

Blaxter et al (2006) suggest that there are five main paradigms in social research. 'Positivism', with its attempt to mirror the natural sciences and its use of quantitative approaches, relates to a small aspect of this thesis. However, its overall

purpose of control and prediction lies outside both the philosophical stance and the practical needs of answering the research questions. Its close neighbour, 'Post-positivism', with its need to acknowledge that social reality is imperfect and that probability is more likely, could conform more as it uses qualitative techniques to check validity of findings.

The 'Interpretivist' paradigm reflects not only the overarching philosophies of this thesis but the needs of the research questions and the researcher's ideals. Its concerns rest with understanding and explanation of culturally derived and historically situated worlds (clearly nursing and HE). However, the 'Critical' paradigm goes further, to not just improve understanding but to challenge and bring about change, very much an aspect of this thesis. From an ontological perspective as discussed by Bunniss and Kelly (2010), the interpretivist paradigm sees reality as subjective and changing, with the critical paradigm viewing it as largely objective, but the reality of this objective 'truth' is contested by competing groups. This involvement of competing groups is very relevant to this thesis, as it not only considers the different philosophies of HE and nursing, but also explores a profession from an outsider's perspective. This relates well to the critical paradigm's epistemological viewpoint, with its nature of knowledge constructed by individuals and groups and mediated by the power within these groups. This nature of knowing as defined by Bunnis and Kelly (2010) also corresponds well to the interpretivist paradigm, informing this thesis, with knowledge seen as subjective with no correct way of knowing. The influence of these different paradigms is considered later in this chapter when considering approaches to research.

The final paradigm, 'Post-modern', is seductive with its view that everything is locally, temporary and situationally constructed. However, although generalisations are not desired or attempted in my thesis, it is hoped that findings may be transferable, especially around educational policy and practice.

5.4 The Research Families

The pull of a more qualitative research family methodology with its overall philosophical base concerned more with the perspective of the participants, as discussed by Blaxter et al (2006), seemed to reflect both the needs of the research and the researcher. However, as Blaxter et al (2006) also point out, a more quantitative research family places the researcher's needs as priority, and as this research very much stemmed from a personal need, the use of both families seemed to be suggested. However, except for a nod to quantitative data in the use of descriptive statistics, qualitative data collection is very much the norm. There is an obvious bias in the way the study was conducted. However, as the research questions are fundamentally about opinions and practice, a qualitative framework would reflect this more. In the reflective sections this is covered in more detail, but it is acknowledged that the author's philosophy about 'how to understand the world' may be an influencing factor, as well as the 'right tool for the job'. In considering this view, Woodrow (2000) suggests that research students may feel pressure to believe that objectivity is fundamental, and not have the confidence to express their professional knowledge and experience. Although this view is supported, the need to pass a doctorate is another pressure as well as the

practitioner role, and therefore more detailed justification of the approach used is offered and expected.

In considering the research questions there is a need to look at present practice as well as future potential, so the collection of statistics is useful alongside the need to reflect meaning to those numbers. This desire to understand human experiences, norms and purposes fits in with what Alexander (2007:117) states is one of the "conceptions of knowledge": that of qualitative research, whilst quantitative aims at relations between dependent and independent variables. Referring back to the influences on nursing research, Alexander (2007:127) goes on to suggest that an RCT cannot be the "gold standard" for educational research, as the need to control behaviour in order to make generalisations is problematic:

> Inquiry at its best endows us with the insights to better control ourselves, not generalisations to more efficiently dominate others; and the surest path to self-governance lies in reaffirming Socrates' realisation that genuine wisdom begins with the recognition of how little we really know (Alexander 2007:128).

As discussed by Blaxter et al 2006, it is common for researchers to use more than one method. For example to follow up a survey with interviews, and using quantitative and qualitative combined to provide a general picture. Relating back to the author's professional role as an education practitioner, Woodrow (2000) would suggest that the choice of methods in this study is as much about doing the task effectively as using the approach to help to ensure validity and reliability. He suggests that 'authenticity' is the main aim in the education research community. This, he says, is not about obtaining the truth, but concerns the representation of a reality which is recognised by the research community, in this case nursing and

education. He goes on to add that the choice of methods used should address questions that are of professional interest, and obtain answers which reflect the complexity of practitioner research (Woodrow 2000). Johnson and Onwueybuzie (2004) suggest that this 'mixed method' research should be widely recognised in education, as the third major paradigm.

5.4.1 Mixed Methods Research

Bazeley (2010) defines mixed methods to include any study which uses more than one methodology, approach, method of data collection, and/or type of analysis strategy. They are employed for a common purpose regardless of whether quantitative or qualitative. Integration would have to show use of more than one method/approach or strategy for data analysis. This is reflected in this thesis in the following ways: The common purpose being the research questions, the interdependence through the definition of 'added-value, with the iterative exchange being the numerous data collection tools and how they are used, explained in more detail in the next chapter.

Halcomb et al (2009) argue that mixed methods research relates to the current trends in nursing and health sciences research. Trends include rapid social change, pressures of contemporary living, ageing population, increase in complex and chronic disease which all have an impact of healthcare delivery. They go on to highlight the urgent needs to review the various roles of clinicians, an aspect of this thesis, and models of care and delivery. To do this Halcomb et al (2009) state that health professionals need to be able to access, criticise and analyse new findings, and mixed methods they say offers the way in conducting research. In relation to

education, Yin (2006:41) states that "Mixed methods research plays an important if not essential role in educational research".

In relating back to the philosophical basis of the research and the paradigms, Halcomb et al (2009) highlight the importance of reflexivity and the importance of the researcher being transparent about the relationship to those the researcher wishes to study. Omission they say "May lead to the suspicion of mixed methods research as a 'Trojan horse for positivism'" p.8.

Considering the research families as defined by Blaxter et al (2006), Halcomb et al (2009) distinguish between 'mixed method's and 'multi-method' research. Mixed methods as a combination of qualitative and quantitative, as used in this thesis and multi-method as a combination of methods from the same paradigm and family.

Kroll and Neri (2009) discuss whether a mixed method design is appropriate or needed and the needs for researchers to justify this. In planning the use of mixed methods you need to consider they say, the sequencing, whether one has more priority, how they will be integrated and the overall theoretical perspective. The practicalities of the approach are considered in the next chapter, where issues to do with the chose and timing of research tools are explored in more detail.

In relation to the overall approach to this research as defined by Blaxter et al (2006), Kroll and Neri (2009) discuss the importance of a theoretical perspective or a conceptual framework to mixed methods research and suggest examples of social cognitive theory and epistemological positions such as Phenomenology, the approach used in this thesis and discussed later. Creswell and Piano Clark (2007)

mirror this in stressing the importance of defining the theoretical perspective such as interpretivism and subsequently 'Phenomenology'. However, Kroll and Neri (2009) also consider more practical influences, which in relation to this thesis could be its interdisciplinary nature.

5.5 Research Approaches

Researching into the methodologies and paradigms, it could be assumed, would clearly provide an explanation of my overall approach to the research methodology. The philosophical base translated into an umbrella term that succinctly encompasses the discussion and helps to define the data collection tools and the analysis. This, however, has not been that straightforward.

After considering various approaches 'Phenomenology' provided a 'good fit' in numerous ways. It relates to the interpretivist and critical paradigms as considered by Blaxter et al (2006), and sits within the qualitative research family with its link to opinion and practice as explored by Alexander (2007). As discussed in more detail later, this approach also applies in choosing the 'right tool for the job' (Woodrow 2000), and is associated with the philosophical influences on this research, not only nursing and education research, but with the author's original trigger for her research, and her own view of the world.

> Philosophy makes claim to being research itself rather than a preliminary to it in the school of thought known as phenomenology, central to which is the exploration of what presents itself to us in conscious experience (Bridges and Smith 2007:7).

Phenomenology comes from the interpretivist sociological tradition as discussed by Mason (1996), and encourages us to not take things for granted but to question

them instead (Wallace and Wolf 2005). Flood (2010) in her paper looking at the theory and methods involved in phenomenological research; highlights that it reveals meanings which are constructed by people as they engage with the world they are interpreting.

> Phenomenological research is especially interested in peoples' experiences and in particularly of those people who are usually ignored (Levering 2007:221).

Gelling (2010:6) uses the term of the "Murky world of phenomenology", and in an editorial providing an overview of the factors that phenomenological researchers need to consider, stresses the importance of defining the underlining theoretical perspective particularly between descriptive and interpretative schools of phenomenology, and the involvement of the researchers views and perceptions. This view is supported by Gazza (2009), who highlights the importance of distinguishing the differences between the two schools.

There are two main schools of phenomenology the 'Husserl' school and the school of 'Heideggerian hermeneutics'. Streubert and Carpenter (1999), when considering the differences between the different schools, suggest that the Husserl approach is to provide pure understanding. This is supported by Wallace and Wolf (2005) who state that the researcher begins with the individual's own conscious experiences and tries to avoid prior assumptions, prejudices and philosophical dogmas. The researcher places importance of describing how it is in the participants' 'world' and what is therefore natural. Flood (2010) implies that it supports a more scientific approach to research where the researcher attempts to shed all prior personal knowledge. Although this school relates to the author's research in documenting the non-nurses role, the emphasis on description rather than more complex

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understandings, and the exclusion of the researcher's opinions, suggests more affinity to the other school of phenomenology.

The other school Heideggerian hermeneutics, as discussed by Holloway and Wheeler (2002), is concerned with both description and interpretation. Common themes include the importance of grounding the research in the every day and also as a starting point to the research. This relates well to this research in both the original trigger, and the ongoing approach to collecting data, has had to recognise the constant changes within healthcare policy and practice. This approach as considered by Holloway and Wheeler (2002), stresses the importance of reflexivity and positional knowledge, as the researcher asks questions related to cultural, temporal and historical contexts. Flood (2010) champions the role of the researcher in being a valuable guide due to their experience and knowledge, with this view being supported by Bradbury-Jones et al (2010), in their opinion that a researcher from a Heideggerian hermeneutics school, when establishing the truth, cannot separate themselves from what is already known.

In relation to nurse education, Streubert and Carpenter (1999) champion the Heideggerian hermeneutics school as it is about the lived experience and dealing with people. Other factors they say in considering whether this approach is suitable include if there is little published data (a factor in this research), and that further clarification is therefore needed. They also highlight its use if the issues need to be described in depth, and that the voice of someone experiencing the phenomenon is important, all requirements of this research. Denscombe (2007) considers other advantages in that it allows the researcher to deal with complexity, and embraces

the humanistic style (links to nursing philosophies) and allows the researcher to be close to those they are studying.

Other more pragmatic influences, Streubert and Carpenter (1999) consider, are the limitations of resources (The author being a sole researcher), also highlighted by Denscombe (2007), the considerations of the time frame (especially long in this case with changes to policy and practice), and finally, the researcher's own personal style (see earlier), and the importance of engaging in a rigorous manner.

Denscombe (2007) suggests potential disadvantages, and a criticism of a phenomenological approach, in that the researcher could be seen to just describe and not explain, and also asks if the researcher can suspend all predispositions, clarifying the school used would help with these issues. Another area explored is that the phenomenon could be seen as mundane or trivial, although Denscombe (2007) does acknowledge that this is about the 'lived experience' and its purpose is to tell a story that people can relate to. Other potential criticisms include how the findings are interpreted and the potential problem with making generalisations. This is also discussed by Gazza (2009) in that it should not be an issue for phenomenological research as is about transferability not generalisations.

One of the main potential short comings of the Heideggerian hermeneutics school is with the subjectivity of the researcher, as discussed by Denscombe (2007); subjectivity can be seen as a weakness by positivist researchers. However, as highlighted by Bridges and Smith (2007) subjectivity is not so much a problem as an inevitable starting point.

Levering (2007) discusses the problems for science of the unreliability of human perceptions, however, in challenging this suggests that 'I' and the 'world' are inextricably entwined and that interpretation is at the base of the process of knowledge acquisition. Subjectivity is seen by Levering (2007) in that it stands for granting personal meaning, acknowledging that each human individual has its own outlook on reality, very apt in relation to the original trigger for this research. The importance of inter-subjectivity is also highlighted by Levering (2007), with the importance of understanding shared meanings, social rituals and customs. In relation to this research this could relate to dealing with two potential different cultures in HE and Nursing, and exploring the impact of how this is perceived in theory and in practice.

Although clarifying the different schools of phenomenology is important Gelling (2010), Gazza (2009), and Holloway and Wheeler (2002) all suggest that they are broadly the same in attempting to gain knowledge of the phenomena.

The process of carrying out phenomenological research presents some interesting dilemmas. As discussed, the choice of school will impact on the process but other practicalities emerge from its philosophical base.

The first area to consider is the clarification of your 'phenomenon' as discussed by Samara (2006), in relation to this research this can be seen as the 'added-value' element of the non-nurses role.

Another area of consideration is the sample, or participants or even respondents. Streubert and Carpenter (1999) discuss how phenomenological research

appreciates the importance of being 'someone' involved in the research. In relation to this research this would involve the non-nurses themselves, and, also experiencing the impact of the phenomenon, the students. The sample size as suggested by Gazza (2009), and discussed in more detail later in Chapter 6, is not determined by the number of participants but by data saturation.

Data collection tools common to phenomenology are reflected in the choice of tools in this thesis. In relation to nurse education, Baglin and Rugg (2010) state that the tools chosen for this approach to data collection generates a rich description of participants' experiences. With Flood (2010), citing interviews and reflection as the main tools in data collection. Relating back to the choice of school; Bradbury-Jones et al (2010) suggest that the interviewer from the Heideggerian hermeneutics school can give respondents the opportunity to correct and challenge perceived misinterpretations (Like the assumptions and rationale for this research) and use additional information (mixed method research), and check that respondents have not been misunderstood.

How to analyse the data is also dependent on the school of phenomenological research chosen, as discussed by Holloway and Wheeler (2005). However, except for the level of involvement of the researcher's views and opinions, the process seems quite similar and relates well to this research. Holloway and Wheeler (2005) exploring the Husserl school and Flood (2010) considering Heidegger's, use a process of data analysis which relates well to the use of a mixed methods approach overall and the analysis of the surveys.

As discussed by Holloway and Wheeler (2002), the process involves reading the interviews to get a holistic overview. Writing summaries and searching for themes, in this case using the 'constant comparative' approach (Cohen et al 2000), and returning to the text to clarify these themes. This is followed by comparing meanings and practice, in this research through the author's own reflective elements, the descriptive data, and further research and policy. Flood (2010), referring to the Heideggerian hermeneutics school, includes the stages of reading of the text, structural analysis to decide on themes, relooking at the data with preconceived assumptions, using relevant literature to explore the themes, and presenting them in 'everyday' language.

One of the major issues in phenomenological research is trying to present the data in a meaningful way. As considered by Bridges and Smith (2007), peoples' accounts of experiences and their perceptions are not indubitable, but ways need to be found to distinguish convincing interpretations from unconvincing ones. Bradbury-Jones et al (2010) suggest the use of 'member checks', in getting the participants to feedback on your interpretation of the interviews, to improve the rigour of phenomenological research. An approach used in both enabling the non-nurse interviewees to comment on how the author had recorded what they had said, and later, on the analysis of all the interviews. This approach to validating the data gathered can be problematic as discussed by Gelling (2010) when criticising Bradbury-Jones et al's (2010) article. She stresses potential problems related to the time period that may have passed, and whether participants may not want to validate their response, maybe having concerns over the recording of their

expressed opinions, never mind the validity of their opinions. One way to help alleviate this potential short coming in relation to this research could be in the choice of using various methods of data collection. Bradbury-Jones et al (2010) also suggest that participants appreciate being equals and are interested to hear the researcher's interpretations of what they have said, this is observed later in this research with requests for summaries of findings, and feedback at conference presentations (Appendix 3).

Although the initial literature review helped to clarify the research questions, as discussed in the introduction, and the response to personal circumstances triggered the actual research, the initial literature review also provided a useful theoretical framework on which to structure the later research, and therefore inform the methodology. This was the decision to use a specific concept to measuring 'added-value' in Nurse Education Woodward's (1993) four approaches: Expert Systems, Students' Views, Objective Measurements, and Systematic and Critical Appraisal.

In corresponding to Blaxter et al's (2006) terminology the next section to consider would be the data collection tools. However, these are explored in Chapter 6 around the practicalities of the research process and therefore the next section discusses quality issues.

5.6 Quality

Assessing the quality of the research findings is fundamental, and although extremely important with any kind of research project, it is doubly important when that research is been assessed as 'doctorateness', and therefore the student is given the licence to practice as an independent researcher (Denicola 2006).

In measuring the quality of research, Alexander (2007:118) sees the so called "methodology wars" between quantitative and qualitative as being problematic, as the judgements made will be influenced by the preferences and expertise of the judges. In particular, in relation to qualitative data as with this thesis, it can be judged by the rules of quantitative research (especially apt when considering the emerging nursing research agenda discussed earlier).

The measures of quality for this thesis stem from the qualitative family of research. The main areas as discussed by Polit et al (2001) and Blaxter et al (2006) include:

- Credibility and Dependability, defined as ensuring the truth of the data. This measure is premised by 'prolonged engagement' to have sufficient time to have an in-depth understanding of the culture language and views.

- Confirmability from an external source.

- Transferability; can the research be transferred to other settings and groups and potentially inform future policy.

Woodrow (2000), as discussed earlier, would suggest that the choice of methods in this study are as much about doing the task effectively as using the approach to help to ensure validity and reliability. He suggests that 'authenticity' should be the main aim, which is a reality recognised by the researcher's community, in this case nursing and education.

Mason (1996) looks at measuring quality in a different way, and compares quantitative research measures of being reliable and accurate with qualitative research as being careful, honest and accurate. She argues that validity as a measure most associated with quantitative approaches can be used for qualitative

approaches in ensuring the methods are the 'right tool for the job', and stressing the importance of being honest about the interpretation of results. Researchers, she argues, can help overcome a 'crisis of confidence' about the quality and rigour of their data, by being clear about how the end product was reached.

Concerning 'Validity' in mixed methods research, Creswell and Piano Clark (2007) discuss how validity differs in quantitative and qualitative approaches, but is fundamentally concerned with checking out the quality of the data. In quantitative it is about ensuing 'meaningful inferences' (not relevant to this research as the statistics are for description). In qualitative research is about whether the account provided by the researcher is accurate, can be trusted, and is credible, which links with the earlier points. Approaches used in mixed methods Creswell and Piano Clark (2007) suggest are; Member checking, triangulation, presenting disconfirming evidence, and the use of other 'peer's, an area considered with regards to 'Confirmability'. Reliability, they say has little meaning in qualitative research.

 In critiquing 'triangulation'(Combining two or more findings) as a quality measure in mixed methods research, Moran-Ellis et al (2006) argue, that if your ideological view point is that the social world is complex and multi-faceted (as in this research) methods can be triangulated to show different dimensions of a phenomenon to enrich understandings. Validity through triangulation, they state, is not a factor in interpretivist research.

Acknowledging the debates in how quality is measured in mixed methods research, the following table (Table 5.1) summarises the approaches used in this thesis.

Table 5.1: **Summary of quality measures**

Credibility and Dependability	Confirmability from an external source	Transferability,	Careful, Honest and Accurate	'Authenticity'	Validity
Triangulation of both research approaches and tools Multiple data sources Exploring the issues from differing theoretical perspectives Peer debriefing including presentations and at various and conferences (Appendix 3) Results of the interviews being fed back to the interviewees Clarity on the approaches Reflective element	Audit trail evidenced in my thesis Regular meetings and drafts to the Academic Supervisor Presentation of results at various conferences (Appendix 3) Publication of the initial literature review (Dickinson 2006)	Choice of research approach Discussion section of the thesis Conclusion and Recommendations	Ethics permissions Reflective element Audit trail evidenced in my thesis Use of data collection tools Analysis of data	The complete thesis	Triangulation of both research approaches and tools Multiple data sources Peer debriefing including presentations and at various and conferences Critique of the literature (Appendix 3)

5.7 Ethics

In order to conduct the research needed for the production of this thesis, ethical approval had to be obtained at numerous stages throughout the process, from the initial research proposal to each stage of collecting data. Approval of the initial proposal was beneficial in also giving permission to study this area at doctorate level (Ethics Reference Number: 03/031). As discussed by Oliver (2003), having to go through an Ethic's research procedure provides a sense of support from the organisation as well as the reassurance about the ethics of the research design.

There are a number of relevant issues to consider when exploring the ethics of this research. The nursing profession has a Code of Ethics (NMC 2004$_b$) and higher education lecturers, as discussed by Brew (2006), also have to consider professionalism in their approach to research, even if it is not clearly defined. In Health and social care research, Atkinson (2006) argues that the researcher needs to consider wider issues, such as the possible conflict between the individual's needs and the professional knowing better. As well of issues underpinning social justice, such as value for money and 'distributive justice' of the greatest good for the greatest number, these views are mirrored by Blaxter et al (2006) in relation to inter-disciplinary research.

From the perspective of a lecturer, consideration has to be taken of the issues of access, power and ideology when using students in research and the need to more fully include them in the research process (Brew 2006). This was illuminated in this research, as at the start the author had access to students as participants but could be seen to 'abuse' her position as their lecturer in obtaining participants. Later, with her move to another institution, this issue of power and consent was not a concern, but produced problems in low levels of participation.

The overarching qualitative research family also makes ethical issues more likely to arise, with the closer relationship between the researcher and the researched (Blaxter et al 2006). In the author's experience the main factors that seem to have to be addressed with regard to research committees and institutions, come under a risk/benefit ratio (Polit et al 2001). Including the fundamentals of respect for autonomy, non-maleficence, beneficence and justice (Freshwater (2004), and more

practical considerations of confidentiality, anonymity, legality, professionalism and participation (Brew 2006).

 In practice, the research went primarily thorough the sponsoring faculty once (Ethics Reference Number: 03/031), through the same university but different faculty twice (Ethics Reference Number: 013), and through five other universities' ethics committees. In relation to the philosophical basis of being a PhD student, this was definitely a learning experience!

Although all applications were eventually successful, the time involved in completing all the applications could be questioned, and whether research permission should be seen as transferable from one institution to another. M[c]Namee et al (2007) suggest that committees need to balance their gate keeping role with their remit, which is the advancement of research. However, Blaxter et al (2006) argue that ethical issues do relate to the methodological principles underpinning the research and therefore need to be addressed.

5.8 Concluding Points

This chapter has attempted to introduce the overarching themes that have informed the methodological approaches used in this thesis. Starting with the chosen paradigm of interpretivism, which built on the philosophical foundations discussed in Chapter 3. It has continued with a discussion on the collection of largely qualitative data, alongside the justification of the use of a variety of data collection methods, resulting in the suitability of mixed methods research in the exploration of Nursing and Higher Education teaching.

Phenomenology as the overall approach is then considered, and related to the importance of how this values opinions and the importance of capturing the 'real world' experience, all elements of this thesis. The chapter concludes with a critique of the choice and application of various quality measures, and the importance and practicalities of ethical procedures.

The following chapter explores how these decisions have resulted in the choice, and use, of the research tools in this thesis.

CHAPTER 6

PRACTICALITIES OF THE INVESTIGATION

6.1 Introduction

This chapter takes the broader methodological decisions discussed in Chapter 5, and relates them to the practicalities of carrying out an investigation to answer the research questions using a mixed methods approach.

Kroll and Neri (2009) as introduced in Chapter 5 of this thesis, explore the different approaches to mixed methods research. These approaches are defined as strategies by Creswell (2009) and were considered in order to provide a structure to this chapter. Two strategies which could be applied to the combination and use of mixed methods in this thesis are 'Sequential transformative' (Creswell in Kroll and Neri 2009) and 'Concurrent transformative' (Creswell 2009).

'Sequential transformative' (Creswell in Kroll and Neri 2009) is reflected in the sequential nature of how data collected in previous studies have informed later studies. However, Creswell's (2009) 'Concurrent transformative Strategy' may be a better fit. As this involves not only the concurrent collection of both quantitative and qualitative data, but also the use of a perspective based on ideologies such as phenomenology and interdisciplinary research. Which also can reflect a theoretical or conceptual framework such as the use of Woodward's (1993) approaches to measuring added-value, which is used to frame this thesis. This perspective Creswell (2009) states must be evident in the research questions, and methodological decisions.

The 'Concurrent transformative' strategy, however, has aspects which don't correspond so clearly to this research. For example, quantitative and qualitative data have equal weightings, and this theses' methodology is more qualitative in nature, also interaction is presumed to be at analysis, whereas data from previous studies have informed subsequent studies.

Creswell (2009) stresses the importance of being very visual and clearly describing the approach, tools and analysis used in a mixed methods approach. The following chapter attempts this starting with Table 6.1 which summarises the different studies and relates them to some of the characteristics of the mixed methods approach. This is followed by a discussion on each investigation and empirical study, and finishes with an overview of the sampling decisions.

Table: 6.1 **Summary of the studies**

Studies	Data collection tools used	Order in thesis production	Concurrent or sequential	The added-value approach	Participants and sampling	Interaction point/s
Reflections	Informed by Schön (1995) and Kolb (1984)	Produced the original trigger and used throughout the thesis	n/a	n/a	n/a	Informed all aspects of the thesis
Survey to establish the numbers of non-nurse lecturers	Survey with descriptive statistics	1. (Mixed methods)	Sequential: Informed the semi-structured interviews' sampling , the survey of advertisements for nurse lecturer posts, and the comparison of QAA reports	Expert systems	Non-nurse lecturer Purposive	To look at the non-nurses value in terms of numbers employed
Survey of Telephone interviews with non- nurse lecturers	Semi-structured interviews	2. (Mixed methods)	Sequential: Informed the surveys of pre-registration nursing students, the comparisons of QAA reports, and the survey of research post advertisements	Expert systems Systematic and Critical appraisal	Non-nurse lecturer Non- probability and convenience and purposive sub-sampling	The analysis of the findings to inform the discussion and the conclusions

Survey of pre-registration nursing students	Focus groups	3. (Mixed methods)	Sequential Informed the surveys of pre-registration nursing students	Student views Systematic and Critical appraisal	Pre-registration nursing students Non- probability and convenience and purposive sub-sampling	n/a
Survey of pre-registration nursing students	Online questionnaires	4. (Mixed methods)	Concurrent	Student views Systematic and Critical appraisal	Pre-registration nursing students Non- probability and convenience and purposive sub-sampling	The analysis of the findings to inform the discussion and the conclusions
Comparative analysis of the QAA's Major Reviews of Health Care Programmes	Comparative analysis	5. (Mixed methods)	Concurrent	Objective measurements	QAA reports Non- probability and convenience and purposive sub-sampling	The analysis of the findings to inform the discussion and the conclusions
The survey of advertisements for nurse lecturer posts	Survey with descriptive statistics	6. (Mixed methods)	Concurrent	Expert systems	Advertisements for nurse lecturer posts Non- probability and convenience and purposive sub-sampling	To look at their value in terms of numbers potentially employed

The survey of advertisements for research posts in nursing departments in HEIs	Survey with descriptive statistics	7. (Mixed methods)	Concurrent	Expert systems	Advertisements for research posts Non- probability and convenience and purposive sub-sampling	To inform the findings, discussion and conclusion

6.2 The Studies carried out to Inform this Thesis

6.2.1 Reflections

As a lecturer working in the Health and Social Care field, 'Reflection' as a tool in this methodology would be hard not to include. The field of research 'Nurse Education' and the role of a 'HE lecturer' both include the need to continually develop knowledge and skills over a professional lifetime, with a need to legitimise knowledge derived from practice. Reflective tools and processes can help with this aim (Bulman 2008).

With an emphasis in the practical, reflective learning and practice have developed models to help summarise the main approach to reflection being taken, and the theories that underpin its use (Cowan 2006).

As discussed by Fook et al (2006), the use of reflection has ancient origins, stemming from Socrates' view of living the 'examined life'. Relatively contemporary literature refers to the work of Schön, especially in application to professional practice learning. His publication, 'Reflection in Action' (Schön 1995), is still used as an important element of how students' are encouraged to learn. Fook et al (2006) discuss Schon's 'Reflection in Action', alongside Mead and Dewey, as one of three reflective paradigms. The others include: 'Reflection as a social process', informed by the work of Kant and Kemms', and 'Reflection in dialogue', referring to Habermas and Freire. Although extremely tempting as it is from the point of view of an intellectual journey to explore these 'ways of knowing' in detail, for the benefit of this thesis 'Reflection in action' relates well to the approach, with a deferent nod

to the importance of 'Critical reflection' in acknowledging the subjective element of the choice of methods of reflecting.

The reflective elements of this thesis do not relate to one particular model. Although informed by Schön (1995), as discussed earlier due to the healthcare relevance of my research, and Kolb (1984) with its clarity of a process to take, the approach taken has been a very personal but hopefully relevant critical journey. The importance of acknowledging the 'who' (i.e. the author) in this learning journey is considered by Pavlovich (2007) as essential in exploring self-awareness and inter-relationships. This, the author suggests, is extremely relevant to the research questions, from the identification and illumination of existing knowledge of relevance to the situation, the exploration of feelings and the influence of these, the identification and challenge of the assumptions made, and imaging and exploring alternative courses of action (Brookfield in Atkins and Schutz 2008).

Particular reflective elements can be seen in Chapters one and ten of this thesis.

6.2.2 A Survey to Establish the Numbers of Non-nurse Lecturers

Determining the overall population of non-nurse lecturers seemed a potentially useful aim for a number of reasons. Firstly, to provide information on the overall population of non-nurse lecturers, in order to determine a sampling technique for the interviews. Secondly, as a possible measure of the non-nurses' value, assuming a larger number would suggest a substantial benefit. And lastly, in providing data that would enable comparisons between HEIs. The initial letter to Deans in HEIs (Appendix 4) attempted to gather this information, and to eventually produce statistics, as defined by Polit et al (2001), as enabling me to sort the 'chaotic mess'

of quantifiable data. These 'descriptive statistics' could provide data to inform planning and decision making.

The process:

- Fifty seven HEIs in England and Wales offer Nurse Education and out of these Fifty offer Pre-registration Nurse Education (June 2005).

- All were contacted by letter to the Dean (or equivalent) (Letter in Appendix 4).

- Fifty six were asked to help in the following ways:

  o First, to obtain the number of non-nurses as a proportion of their overall teaching staff (Relating to this study)

  o Second, in providing information that would enable the author to contact relevant non-nurse lecturers i.e. via their email system (Relating to the subsequent study)

Table 6.2 gives details of the response rates.

Table 6.2: **Response rates from HEIs concerning a request for the number and contact details of non-nurse lecturers**

Response rates	Answered the initial request	Declined to take part	Answered after a reminder	Did not respond	Provided data
Number of HEIs (n=57)	26	3	15	16	18

One was also asked to be the pilot, one institution was contacted separately due to the nature of their provision, and one other individual was contacted from a related organisation.

Obtaining the overall population, or any clear idea of the numbers of non-nurses, proved nevertheless to be problematic, and is discussed in the later sections. However, some of the data provided did allow the comparisons of QAA reports to take place.

6.2.3 A Survey of Telephone Interviews with Non-nurse Lecturers

The needs of this research relate well to the use of a Survey, as it can provide information about prevalence, distribution and relationships. In mixed designs, surveys and illustrative case studies can be useful (Edwards and Talbot 1999).

This thesis, with its combination of the use of semi-structured interviews, an attempt at a focus group, and the online questionnaire, has consistently embraced the use of surveys as a data collection tool. As discussed by Blaxter et al (2006), they ask the questions which the researcher wants answered, and an advantage, which relates to this thesis, is that they obtain a lot of data relatively quickly. However, remembering that the data is a snapshot in time.

After the initial literature search and the conclusion that little had been written, never mind researched, about non-nurses' contribution to nurse education programmes, the next data tool to be used, after trying to obtain the overall population, was a semi-structured interview by telephone with non-nurse lecturers. This choice of tool reflected the overall philosophy, the paradigm and the approach. It is also clearly related to the theoretical framework of exploring 'Expert Systems', with the experts being the non-nurses themselves.

Ethics approval was granted by the Institute for Learning, University of Hull (Ethics reference number: 03/031).

As discussed previously, Fifty seven HEIs in England and Wales offer Nurse Education and out of these Fifty offer Pre-registration Nurse Education (June 2005). All were contacted by a letter to the Dean or equivalent (by name) and fifty six were asked to help in the following ways:

- First, to obtain the number of non-nurses as a proportion of their overall teaching staff (Discussed in 6.2.2)

- Second, in providing information that would enable me to contact relevant lecturers i.e. via their e-mail system (Appendix 4).

This second request was more successful and resulted in thirty nine interviews (representing eighteen HEIs). The response rates can be seen in Table 6.3.

Table 6.3: **Response rates for the semi- structured interviews with non-nurse lecturers**

Details	Numbers
Offered to participate (HEIs)	38
Offered to participate (non-nurse lecturers)	60
Interviews completed	39
HEIs represented	18
Piloted interviews	7
Interviews in person	7
Interviews by phone	29
'Interviews' by email	3

Potential participants either contacted the author directly to volunteer after the author's details had been circulated in the Faculty. Or their names and contact details were provided by the Dean of the Faculty. Participants were informed of the purpose of the study both verbally and in writing, and a consent form was

completed, signed and sent back to the author by post before the author used any of their information in this thesis.

6.2.3.1 Development of the Semi-structured Interview Schedule

The schedule was informed by the research questions and the initial literature review. Its purpose was to gather information on the type and role of non-nurses lecturer, and to also gather their opinions on their role and purpose. Table 6.4 represents the purpose behind each of the questions.

Table 6.4: **Summary of the purpose of the questions in the schedule**

Questions	Link to my research questions and/or literature
1. Faculty/School and Institution	Not for comparison purposes. Included to allow comment on the spread of responses and the language used
2. Job title	How their role is defined by them
3. Permanence and status of the post (Not included in the pilot)	Link with value afforded to the role
4. Category of post (Not included in the pilot)	Role defined by the organisation
5. Part-time (Not included in the pilot)	Link with lecturer/practitioner roles
6. Change of job title (Question 3. in the pilot)	Role defined by the organisation
7. Years worked (Question 4. in the pilot)	Historical changes especially if working before the move to HE
8. Professional Body (Question 5. in the pilot)	Links with professions
9. Previous job role (Question 6. in the pilot)	Academic or vocational based background
10. to 19. Tasks (Questions 7. to 14. in the pilot)	Particular tasks including teaching and research but also any management responsibility with regards to influencing the curriculum
20. Inter-professional teaching (Question 15. in the pilot)	Status in the institution
21. Working Groups (Question 16. in the pilot)	Influencing the culture and/or curriculum
22. Change of role (Not included in the pilot)	Any links with changes in policy/guidance

23. and 24. Strategies (Questions 17. and 18. in the pilot)	Content of learning and teaching and research strategies with regard to non-nurse lecturers
25. Team teaching (Question 20. in the pilot)	Focus in the literature
26. and 29. Teaching (Questions 21. 23. and 24. in the pilot)	Similarities and differences in teaching and learning styles and experience
27. Career progressing (Question 22. in the pilot)	Satisfaction and opportunities
28 Motivation (Question 22. in the pilot)	Reasons for teaching nurses
30. Open question with prompts (Question 25. in the pilot)	Link to the overall research question

The schedule was piloted with seven non-nurse lecturers (Appendix 5). Extra questions were included at the end to evaluate the process and the questions. Some minor changes were made to the questions and these are highlighted on each of the tables in the findings chapter. Therefore the pilot interviews were also included in the overall results. The final schedule can be seen in Appendix 6.

Although a substantial number of interviews did take place, the response was poor with regard to spread across the HEIs. In retrospect, asking for two favours was a mistake, and the dependence on 'gate keepers' for access is a common problem in sampling. As summarised by Edwards and Talbot (1999:38), "Many good ideas can be thwarted by lack of access to the appropriate people."

Interviews involve questioning and discussing issues with those people whose opinions we are trying to gather (Blaxter et al 2006). In style the interview has two extremes, from the tightly structured questionnaire to facilitating the person to talk at length, with the semi-structured (as used in this research) being the most popular (Blaxter et al 2006).

Interviews, as discussed by Polit et al (2001), may take place between two individuals (as they here), or in groups (as in the focus groups, discussed later). The practicalities are numerous, as considered by Edwards and Talbot (1999), and range from initial contact through to conducting the interviews, to recording and analysing the data. Drewer (1995) also offers some practical advice. He suggests the use of an interview schedule starting with more general, open questions and leading to more specific, closed ones later. The use of 'prompts' to clarify questions is suggested and 'probes' to explore some areas in more detail. He cites the importance of a preamble to set the scene, and an open final question to allow the respondent to ask any questions

Three questionnaires were used in this thesis (although one was only used with a sample of two in the focus groups) (Appendices 6, 7, 8). From a largely quantitative perspective, Edwards and Talbot (1999) state that questionnaires are useful in providing background information, and can be administered to a lot of people. The disadvantages are that they produce descriptive data that rarely allows you to fully demonstrate your skills of analysis, due to the production of superficial information. In comparison, questionnaires, as discussed by Polit et al (2001), can provide both statistical data which is easy to gather and analyses, and open ended questions which can provide in-depth explanation but are more time consuming.

Both the face to face interviews (The pilot) and the telephone interviews were recorded by hand by the author. Member checking took place in two ways: First, by summarising and paraphrasing what had been said during the interview. Second, by enabling the interviewees to comment on the overall results. The email 'interviews'

meant that the schedule was transposed into a questionnaire. All three participants did however; check out their understanding of some of the questions.

The analysis of the results was to be quantitative for the closed questions with simple descriptive statistics. However due to the nature of the findings, a case-study approach, which was more illuminating, was also used. By sorting parts of the data into four main groupings or cases, it provided more of a context for investigating the issues of the real world (Yin 2003, Gilham 2000). A coding technique was used to organise some of the qualitative data with the establishment and formulation of key themes, which allowed for more investigation (Coffey and Atkinson 1996).

The final question in the interview was an open question: 'Question 30. What extra do you feel you bring to the educational experience and subsequent practice of nurses?', and was coded using the 'constant comparative' approach (Cohen et al 2000). This combined elements of inductive category coding, which was devised from pulling together initial data into basic ideas that resulted in general codes. These codes were simultaneously explored for any links amongst themselves, the literature, and the initial research questions to establish clear themes. Examples of the coding can be seen in Table 6.5.

Table 6.5: **Code headings with an example from the data (Non-nurse Lecturers)**

Data/ words, sentences/ quotes	In-depth knowledge of a discipline
Basic codings and ideas	Discipline knowledge seems important this may also link with HE and research.
General codes	Discipline Knowledge
Links of codes	Discipline Knowledge Discipline

Themes from the literature/ informing questions	Braithwaite and Stark (1992) state that subject experts can provide a wider depth of knowledge. This is supported by the ENB (1987), but only if nurses themselves were unable.
Codes and connections related to the themes and research questions	Discipline Hughes (1991, 1992) concerns; theory to practice, low status of applied knowledge, threat to jobs for nurses. Braithwaite and Stark (1992); subject experts provide a wider depth of knowledge. Supported by the ENB (1987) but only if nurses were unable. Applied skills, current policy; partnership working, evidence and enquiry-based practice, transferability of roles (QAA2001, DOH 2002, UKCC 1999).

6.2.4 A Survey of Pre-registration Nursing Students: Focus group

Focus groups as a type of group interview, as discussed by Polit et al (2001), were to be used in this research to obtain the experience and views of nursing students to correspond with the theoretical framework of Woodward (1993) 'Student views' (Questions: Appendix 7). Unfortunately accessing the students became very problematic, and after reflection, an online questionnaire was used instead. The data from the one focus group that did take place helped to develop the online questionnaire.

6.2.5 A Survey of Pre-registration Nursing Students: Online Questionnaires

The online questionnaire was the third questionnaire developed, and a new undertaking for the author as it involved developing the skills for online research. As discussed earlier, it related to the theoretical framework of 'Students' views'

(Woodward 1993), and was used because of the lack of numbers in the focus groups. Although both tools are surveys and involve the use of set questions, it is acknowledged that a focus group and an online questionnaire will potentially produce differing results. Online questionnaires, as discussed by Coombes (2001) and Blaxter et al (2006), can show a more favourable response rate than traditional ways of accessing participants, although this is disputed by Ahlberg (2008). In his experience, participation tends to still remain low but access is practical for both researcher and participants. He goes on to discuss that they can be problematic, with the potential for key questions to be misunderstood. This possible complication of nobody to check understanding with is reiterated by Coombes (2001) and Blaxter et al (2006).

The questionnaire used with the students was developed using data obtained from the initial literature review and the interviews with the non-nurse lecturers. The questionnaire can be seen in Appendix 8. It was piloted both for understanding and for the time needed to complete it. The results of the pilot are not included in the overall analysis as the sample used did not fit the inclusion criteria for the research. Coombes (2001) also talks about the abundance of material on the web to support, formulise and analyses the use of online questionnaires. The author chose 'Survey Monkey' as it provided the tools needed and it was recommended by her Academic Supervisor. Details of the site can be seen in the Appendix, including its privacy policy (Appendix 9).

The online questionnaire uses a combination of yes/no questions and llkert type scales to measure attitudes and discriminate different points of view. Edwards and

Talbot (1999) with their preference for quantitative research are supporters of these scales, as they state they allow the researcher to go 'under the surface' but still keep numerical data. However, they acknowledge that attitudes are influenced by context and are not consistent indicators.

Ethical permission was granted and the questionnaire was developed and piloted (Questionnaire in Appendix 8. (Ethics Reference Number: 013).

The overall aim of the survey was to add the students' views in investigating the role of non-nurse lecturers teaching on nurse education programmes. Also to triangulate the data gathered from my non-nurse lecturers' survey. A summary of the purpose of each question is included below.

Table 6.6: **Summary of the purpose of the questions in the questionnaire**

Questions	Link to the research questions and/or literature
Your Details: The Students were asked to state their programme and the year they were in	To establish the spread of responses
Your opinions: The students were asked to grade how important was the past experience of their lecturer	To grade the perceived importance of the lecturers' past experience especially with regards to practice experience in health and social care
Your Opinions: The students were asked what professional background was important when teaching particular subjects	The theme of subject expertise versus professional practice was highlighted both in the literature and the non-nurse survey
Your experience of being taught by a non-nurse lecturer	To attempt to establish the students knowledge of the lecturers' professional background
Your opinions: An open question asking what a non-nurse lecturer can add (if anything) to their learning experience	Links directly to my research questions

6.2.5.1: The Participants

Although there was a very clear inclusion criterion: Pre-registration nursing students, the means of contacting these students by the University's virtual learning environment, meant that other healthcare students also responded. The potential overall population was also unclear; however, for the purpose of this survey this was not essential. Although having the overall population would have allowed the author to determine how representative the views of the students who responded to the survey were, compared to the whole population. As the purpose was not to infer the results from my sample in generalising about all pre-registration nursing students, as discussed by Bowers (2008), but to triangulate other data already obtained, this approach was justified. The findings also compare the results across the year groups, i.e. between first, second and third years. The purpose of which was in order to look in context of why they may answer in that way, i.e. the influences of experience and the content of the curriculum. The aim is not to compare the results, therefore no statistical test was needed, or done, to check whether the samples were independent or matched (Bowers 2008).

Table 6.7: **Response to the survey (Pre-registration nursing students)**

Participants	Count	Percentage
First year	16	32.7%
Second year	16	32.7%
Third year	13	26.4%
Others	4	8.2%

Fifty four pre-registration nursing students completed some aspects of the survey; forty eight students answered all the questions.

Open questions were also used to allow more qualitative data these were analysed using the 'constant comparative' approach (Cohen et al 2000), examples of which can be seen in Table 6.8

Table 6.8: **Code headings with an example from the data (Student Views)**

Data/ words, sentences/quotes	Basic coding and ideas	Frequency	General codes	Links of codes	Links to non-nurse lecturers' codes (For triangulation)
Outside perspective Differing views Outside knowledge A different perspective Nurses aren't the only people who work in the NHS A wider view of the subject area Conversely a non specialist view more applicable to life A different perspective on a subject	Outside perspective and knowledge very strong theme	14	Outside perspective	Outside perspective Outside perspective and knowledge very strong theme Inter-multi-professional working	Supporting multi/inter-professional working: Outside perspective

6.2.6 A Comparative Analysis of the QAA's Major Reviews of Healthcare Programmes

Deciding on how to investigate the added-value of non-nurse lecturers, using Woodward's (1993) approach of 'Objective Measurements', was probably the most challenging of the data collection aspects of this thesis. As discussed in the literature review, both the concepts of added-value and objectives measurements are debateable.

However, during the time period of completing this research the QAA conducted a review of all healthcare education. These reviews alongside the knowledge, if limited, on numbers of non-nurse lecturers in certain HEIs, allowed a comparison to be made between those HEIs who employed non-nurse lecturers and those who did not. The use of the Major Review of Healthcare Programme Reports as an objective measure is discussed in Chapters 2, 4 and 7.

The approach attempted to compare existing quality reviews (QAA 2008), using key words and phrases that may show positive or negative outcomes of a non-nurse lecturer's role (Examples are shown in Appendix 10). The HEIs who provided numbers of their non-nurse lecturers were compared depending on the amount of lecturers they had.

Mason (1996) discusses, in constructing a comparative explanation, the need to consider whether enough data has been generated, and if the data is comparable (not necessarily identical) in ways that can be used for the development of an explanation. Basically the comparisons should contribute more to the explanation than a simple statement of sameness or difference. The comparison samples can test some of the views generated in the data.

Three types of analysis emerge from investigating this approach. At the quantitative end is the first type of analysis 'Content analysis' as discussed by Edwards and Talbot (1999) and Blaxter et al (2006). However, although the approach used in this research uses codes which could have a numerical meaning, it does not attempt to 'count' frequency of words or key terms. The second type, 'Discourse analysis' which is clearly linked with the qualitative family of research, and in this is thesis

linked to postmodern and post structural influences, concentrates on finding 'social truths' from the text to understand the social world (Finlay 2006). As a pragmatic researcher, the third type 'Documentary analysis' seemed to fit the picture as defined by Blaxter et al (2006), as it extracts from documents those elements which are considered important or relevant. How these are extracted and grouped will be a product of the researcher's viewpoint discipline and focus.

Thirteen reports were analysed: eight from HEIs who had declared that they employed non-nurse lecturers to teach on their nurse education programmes, and five from HEIs who employed none. This data was taken from the original survey of non-nurse lecturers. As raised earlier, obtaining accurate numbers of nurse and non-nurse lecturers proved to be problematic, a limitation mirrored in Evers' (2001) research with nurse lecturers.

 The reports can be accessed at www.qaa.ac.uk/reviews however; more specific links are not included to ensure the HEIs' anonymity.

In order to compare the reports a grid was constructed which rated each of the institutions against the themes that emerged from the surveys of non-nurse lecturers and the students, and a critique of the relevant literature. An example of the grid and the ratings of one of the institutions can be seen in Table 6.9 below.

Table 6.9: **Examples of the comparison of HEIs**

	HEI: 1	**HEI: 9**
No. Of non-nurse lecturers	40	0
Multi/inter professional working	QAA4 QAA5	QAA3
Teaching and learning styles	QAA4	QAA4
Discipline knowledge		QAA4 QAA5

Facilitating research	QAA5	QAA5
Transferable/core skills development	QAA4	QAA4
Enabling the nursing profession to evolve	QAA4	
Qualitative comments (Examples: Full analysis highlighted on the Reports)	M/IPW-Early stage of development, however, some shared teaching (Students comment on their understanding of the MDT)	M/IPW: Weaknesses include; IPL in theoretical learning in nursing requires further development Facilitating research: Research profiles of staff highlighted throughout the document

The themes included: 'Discipline Knowledge', 'Helping to facilitate a HE culture for nursing', 'Supporting multi-professional and interprofessional working', and 'Enabling the nursing profession to evolve'. The ratings were as described in Table 6.10 below.

Table 6.10: **Description of the ratings**

Code	Explanation
QAA 1	**From the QAA report a negative comment on the input by non-nurse lecturers**
QAA 2	**From the QAA report a negative comment on the input by lecturers in general**
QAA 3	**From the QAA report a negative comment related to the provision in general**
QAA 4	**From the QAA report a positive comment related to the provision in general**
QAA 5	**From the QAA report a positive comment on the input by lecturers in general**
QAA 6	**From the QAA report a positive comment on the input by non-nurse lecturers**

Although all the sections in the reviews were analysed with equal ratings; 'Section B: 'Academic and Practitioner Standards' included judgements on all the healthcare programmes included in the review. Although an attempt has been made to

distinguish nursing programmes in this section, the author acknowledges that at times this has been difficult and is a limitation of the methodology.

6.2.7 A Survey of Advertisements for Nurse Lecturer Posts

Acknowledging the earlier difficulties in obtaining numbers of non-nurse lecturers teaching on nurse education programmes, the author decided to look for other sources of information.

As the majority of posts in HE, when advertised, have an obtainable person specification, it was decided to review nurse lecturer posts for twelve months. This was in order to look at the percentage of roles which did not request a nursing qualification to be essential, and the spread of these posts across institutions.

All Lecturer and Senior Lecturer nursing posts advertised in the Times Higher Education and Jobs.ac.uk from October 2008 until September 2009 were reviewed. Nursing posts were defined either by the title (E.g. Senior lecturer in Adult Nursing and/or that the post was required to teach on nurse education programmes). Non-nursing posts were defined through the person specification, with a statement about a nursing qualification being seen as desirable or not specifically mentioned.

6.2.8 A Survey of Advertisements for Research Posts in Nursing Departments in HEIs

One consistent theme that emerged from this thesis, and is discussed in detail later, is the potential role that non-nurses could play in supporting the research function in nurse education. Whether as seen in earlier publications, such as the ENB (1987) guidance, as providing this role, or in facilitating how it is taught as seen in the data

from the interviews with non-nurse lecturers, or even contributing to the increasing nursing research profile.

In conforming to the methodological stance of data emerging as the thesis progressed. The author observed when looking at the posts advertised for nurse education departments, that many of the roles fundamentally concerned with research did not require a nursing qualification. This was compared to the more teaching focussed posts that are discussed earlier.

Subsequently a simple survey of advertisements was conducted, once again using the THE and Jobs.ac.uk. Posts were selected that were research focused but clearly related to nurse education provision. Posts were defined by either the words 'research' and/or 'nurse' in the title, or a research title such as 'reader' or 'fellow' which was situated within the nursing department of a HEI. This survey was conducted over three months from September 2009 until December 2009.

6.3 Sampling

Non-probability sampling was used in this research, with a combination of convenience and purposive sub-sampling approaches in order to balance the collection of knowledge from a particular group and to use the resources available (Blaxter et al 2006). This conforms well to the overall question that a qualitative researcher asks, of who would be able to provide a rich data source for my study, and who should be talked too to maximise understanding of the phenomenon (Polit et al 2001)? These sampling techniques were evaluated by their appropriateness and adequacy, and in the style of qualitative research allowed for more sampling

questions to emerge to challenge, modify and enrich understandings (Polit et al 2001)

Considering the size of the sample, as discussed by Edwards and Talbot (1999), even for the quantitative data a large sample was not required, as analysis was by descriptive statistics. Access to the samples, however, was a big issue due to a number of issues discussed earlier. Attempts were made to address this with the use of multiple data sources and the introduction of alternative data collection tools. The overarching approach that looks at depth and quality rather than quantity and predictability, also helps to address some concerns, but it is a limitation on the findings in this thesis. To correspond to the ideology of more qualitative approaches, attempts have been made to use the term 'Participant' instead of 'Sample'. However, the participants are subdivided because of the different surveys, and in categorising the interviewees, so other term such as 'Students' and 'Non-nurse lecturers' are also used. Table 6.11 below defines each of participants for each study.

Table 6.11: **Participants' inclusion and exclusion criteria**

Data collection tool	Inclusion criteria	Exclusion criteria
Semi-structured interviews	Higher Education Lecturers, teachers or tutors who are not members of the nursing profession Lecturers who contribute substantially to pre and post-qualifying nursing programmes Defining a substantial contribution as a "lecturer who assesses work and provides academic supervision as well as has a teaching commitment to modules and programmes"	Lecturers who are or have been registered with the Nursing and Midwifery Council Lecturers who do not make a 'substantial contribution' as defined previously

Focus groups	Students on pre-registration nurse education programmes Students at a defined HEI	Students on other education programmes Students who attend other HEIs
Online questionnaire	Students on pre-registration nurse education programmes Students at a defined HEI	Students on other education programmes Students who attend other HEIs

6.4 Concluding Points

This chapter has attempted to bridge the thesis' overall methodology to the practicalities of the investigations, placing the various studies within the context of differing strategies for implementing mixed methods research.

Each study has been critiqued, alongside a description of the process of carrying out the research. Particular attention has been given to the choice of participants, sampling decisions, and the data collection and analysis.

This has included a discussion on the use of reflection, and a critique of the different types of surveys used and why certain ones were chosen. Various approaches to analysing documentation were considered, especially with regards to their use as a comparison aid. Two surveys which emerged from the earlier data are also reviewed, one with regards to the complexities of obtaining numbers of non-nurses, and the other through the appearance of one of the themes from the interviews with non-nurse lecturers.

Supporting literature has been used throughout the chapter and the findings from the studies are discussed in the next chapter.

CHAPTER 7

FINDINGS

7.1 Introduction

This chapter presents the findings from the primary research discussed in the previous chapter. It is structured around this thesis' theoretical framework in exploring added-value, that of Woodward's (1993) four approaches; Expert Systems, Students' Views, Objective Measurements, and Systematic and Critical Appraisal. It also highlights elements that contribute to answering the research questions. The first approach considered is Woodward's (1993) Expert Systems.

7.2 Expert Systems

This approach, as discussed earlier, explores the views of those defined as 'Experts' in this case, in nurse education. Four surveys relate to this approach with the 'Experts' being the non-nurses themselves. Information from other 'Experts' is explored throughout the thesis. The following section relates directly to this thesis' first research question.

7.2.1 To What Extent is the Contribution of Non-nurse Lecturers Defined in Both Theory and Practice?

A simple, the author presumed, but illuminating measure to introduce an exploration into the non-nurses' role, would be to establish how many of them teach on nurse education programmes. It would also be of value to compare them with the numbers of nurse lecturers. This, as discussed earlier, proved to be problematic.

The method used to obtain the numbers of non-nurses was in collecting descriptive statistics i.e. asking HEIs to count the numbers of non-nurses as a proportion of their overall teaching staff. The purpose of this request was twofold: First, to obtain a 'snap shot in time' of the possible numbers of non-nurses and second, to obtain an overall population for the analysis of the interviews with the non-nurses. The findings can be seen in Table 7.1.

Table 7.1: **Numbers of non-nurse lecturers**

Numbers of non-nurse lecturers	None	1-10	11-39	40 plus
Numbers of HEIs	6	5	1	1

Obtaining the overall population of non-nurses was unsuccessful and is discussed in more detail in the limitations section of this thesis. However, the information provided did allow for the opportunity to compare the QAA Major Review Reports.

Acknowledging the earlier difficulties in obtaining numbers of non-nurse lecturers teaching on nurse education programmes, the author decided to look for other sources of information.

As the majority of posts in HE, when advertised, have an obtainable person specification, it was decided to review nurse lecturer posts for twelve months. This was in order to look at the percentage of roles which did not request a nursing qualification to be essential, and the spread of these posts across institutions.

All Lecturer and Senior Lecturer nursing posts advertised in the Times Higher Education and Jobs.ac.uk from October 2008 until September 2009 were reviewed.

Nursing posts were defined either by the title (E.g. Senior lecturer in Adult Nursing and/or that the post was required to teach on nurse education programmes). Non-nursing posts were defined through the person specification, with a statement about a nursing qualification being seen as desirable or not specifically mentioned. Table 7.2 presents the findings.

Table 7.2: **Numbers of non-nurse lecturers: lecturer and senior lecturer posts**

Rate or percentage	Total number of Posts	Number of HEIs represented	Nurse qualification essential	Nurse qualification desirable or not mentioned
Rate	106	33 (n=57)	87	19
Percentage (if relevant)		58%	82%	18%

As can be seen in Table 7.2, 18% of the posts advertised (about one in five), did not ask for a nurse qualification. The spread between institutions shows that approximately one third of the 33 institutions represented in the sample were intending to employ non-nurses (Table 7.3).

Table 7.3: **Numbers of non-nurse lecturers: HEIs**

Rate or percentage	Number of HEIs advertising for non-nurse lecturers
Rate	12 (n=33)
Percentage	36%

Table 7.4: **Numbers of non-nurse lecturers: Percentages of nurses and non-nurses posts**

HEI (Represented by a number)	1	2	3	4	5	6	7	8	9	10	11	12
Percentage of non-nurse posts compared to nursing posts	2/8 25	1/1 100	3/5 60	1/2 50	1/1 100	1/5 20	1/7 14	1/1 100	1/5 20	1/4 25	3/4 75	3/3 100

In comparing the HEIs employment of nurses as seen in Table 7.4, no clear pattern emerges. This corresponds with the limited initial survey of non-nurse lecturers, discussed in more detail earlier.

It could be concluded, bearing in mind the limitations of the sample, that no consistent value (using the numbers employed as a measure of value) is placed on the use of non-nurse lecturers between HEIs.

The primary data that contributed to the findings in order to explore the contribution of non-nurse lecturers came from the survey of telephone interviews with non-nurse lecturers, the practicalities of which are discussed in the previous chapter. This survey relates to Woodwards's (1993) Expert Systems, as it obtains information from the non-nurses themselves.

The answers to questions 1-29 of the interview schedule are summarised into four groups based on the interviewees' previous and/or present role, which it was hoped would be more illuminating and less cumbersome. Using an iterative design, as discussed by Rubin and Rubin (2005) where the researcher constructs theories of why and how things happen and combines themes to explain related issues, the largely descriptive earlier questions, could provide a more insight into their roles. This technique provides a consistent philosophical base to the research, with its links with the process of coding the data for Question 30. (West et al 2009).

The decision on what emphasis to place on different questions (and in some cases not including the answers to a question at all), was dependant on the quality of the data and the relevance to the research questions. Although all the questions were

clearly justified and piloted, as discussed in more detail in the previous chapter and in the Methodology, the ability of some questions to provide useful data was disappointing (Further scrutiny can be seen in the limitations section at the end).

Answers to some of the questions are included in other more relevant sections in this chapter. For example, Question 29 'Is your approach to nurse education similar to your nursing colleagues?' is considered more thoroughly with regards to 'Systematic and critical appraisal' (Woodward 1993), as it is fundamentally about measuring what makes a good teaching experience.

The final question, Question 30 'What extra do you feel you bring to the educational experience and subsequent practice of nurses?' was analysed using the 'Constant Comparative approach' (Cohen et al 2000), and is examined comprehensively later in this chapter.

Before investigating the added-value of non-nurse lecturers' contribution to nurse education, it was decided that an understanding of their current role was needed.

As discussed earlier, as the data was sorted four clear groups emerged: Academics (sample size nineteen); Members of the Health Professions Council (HPCs) (sample size nine); Social Workers (sample size three); and what is defined as the 'Others'; a disparate group with very varied skills and experience, (sample size nine). The following section considers aspects of the data, with comparisons between the groups.

To help to ensure the anonymity of the interviewees the quotes are allocated to one of the four groupings: Academics as A; Members of the Health Professions Council as HPC; Social Workers as SW; and Others as O. They are also numbered.

The Academics and Social Workers had largely academic grades and titles and were all permanent and mostly working full-time. The HPCs and the Others however, had six interviewees who worked part-time alongside their professional role. Previous roles reflected the titles given to the groupings with the Academics' backgrounds being largely academic or in teaching, the HPCs ranged from Occupational Therapy to Radiography, the Social Workers came from practice, and the Others included NHS Management, audit, IT, policy advisors, fire-fighters and substance misuse workers.

A number of the questions in the semi-structured interviews concerned trying to establish whether their role had changed overtime. This was particularly relevant to those interviewees working more than eight years as they may have been working before and/or during the move into Higher Education. Nineteen of the interviewees had worked over 6 years, this was just under half of all the total participants surveyed. This split was also mirrored in the groupings accept for the HPCs (only 2 out of 9) and the SWs (3 out of 3).

A simple measure, but potentially elucidating, of highlighting change is through titles awarded to us. Academia has its fair share from research assistant to vice chancellor; nurse education has sometimes embraced this but also quite often developed its own. Nurse educator, nurse tutor, nurse teacher, lecturer practitioner titles all sit alongside the more traditional lecturer title in HE.   The longer serving

interviewees reflected what could be seen as a 'normal' academic career development with lecturers progressing to senior lecturer and reader roles (A13 and A14). However, titles changed for other reasons; A5 stated "I was a Nurse Teacher, it was changed to make it more University applicable", with SW2 being "Encourage to describe yourself as a nurse tutor. Seen as avoiding the RAE but it is a prejudicial term, barrier to status, posts etc". In relation to not being a nurse O5 reported that it had "changed from a Subject Teacher which was the title non-nurses had when we were a nursing school".

For the majority of interviewees, and across all the groups, there were examples of roles been removed with no explanation. Roles that involved links with practice (bearing in mind the number of interviewees who still work in and have experience of health and social care practice); O5 explained that the "Link tutor role taken away 18 months ago, however, hoping with the new contract to become a liaison lecturer", this more positive development around possible interprofessional placements was also expressed by a more recently employed interviewee A8 who explained that they had a link tutor role with a Public Health Trust. Other changes included "Stopped from interviewing nursing students" (O4), which is mirrored by the author's experience alongside the more academic role of the 'Personal Tutor/ Supervisor' only been given to nurses.

Other quotes related to changes in their roles include; "Initially post-registration work, interprofessional in profile. Currently predominantly nurses" (O1), "Role has changed significantly with a heavy teaching commitment and less autonomy" (SW3), "I came thinking I would be teaching not just nurses but AHPs, changed due

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to the emphasis on pre-registration nursing" (SW2), and "I no longer do research as Enquiry Based Learning (EBL) occupies too much time and energy" (A4).   Less experienced interviewees such as A10, saw the high numbers of nurses as normal but hoped to move into research. Not all interviewees were directly affected by the increase with A7, who had worked in HE for more than 10 years, seeing a reduction in their nurse teaching. New teaching approaches and advances in technology were also highlighted with O5 commenting on being more web focused, and the growth of Enquiry-based Learning (EBL) and Problem-based learning (PBL).

This increase in nursing students was also evident as a factor in the longer serving interviewees' motivation for teaching nurses.   A6 and O5 discovered that jobs available to teach nurses were more prevalent and this allowed them to teach their subject. Another motivating factor was one that seemed to contradict a concern about non-nurse lecturers' i.e. the ability to apply their subject to practice. This as discussed earlier would hopefully allay fears over the 'pure and applied' and 'theory practice' debates. Comments included; "I did not want to teach biology as a pure subject" (A5) and "Had a desire to offer specialist psychology into training concerned with health" (A11). The need to apply theory and skills also came from their experience in practice. SW1 explained that "Because my social work had been in a health related setting (Hospice and Palliative care), I was interested in this area especially in working with District Nurses and improving care for older age and dying". With O2 reflecting on "Having trained in NHS management it was felt that the students needed management training alongside having a life-long fascination with the NHS".

Returning back to all the interviewees, the next question concerned their membership of a professional body. This ranked highly, with twenty eight being members of academic and subject bodies such as the HEA and the Royal Societies.

In examining their role in more detail; presented in detail in Tables: 7.5 7.6, all the groups reported that their time was fairly evenly spread across teaching, marking and support of pre-and post-registration nursing students. The Academics and Others taught key skills and applied and pure subjects, with the Academics having a strong tendency towards the pure science subjects and research with an applied focus, and the Others' topics largely reflecting their previous roles. The Social Workers and HPCs tended to teach applied subject areas which reflected their professional background.

Any significant difference in their role tended to occur around both the leadership of modules and programmes and the split between pre-registration and post-registration provision. The tendency for more involvement in post-registration delivery could be seen to recognize the experience of more established disciplines in HE, and the focus on extending the role of the qualified nurse. However, it could also highlight the possible confusion of interpreting policy around who should teach pre-registration nurses.

Other interviewee roles tend to follow a similar pattern of working in HE. The only difference being the link tutor role and nursing's interpretation of personal supervision, both discussed earlier in changes to the non-nurse lecturers' role over time.

Table 7.5: **Summary of the interviewees' teaching responsibilities**

	Frequency				Examples of most topics taught (51 replies)
	None	**A Little**	**A lot**	**Most of their role**	
Pre-registration nurse teaching	7	9	7	16	Communication skills
Post-registration nurse teaching	7	14	8	10	Pharmacology Research Psychology Management

Table 7.6: **Summary of the interviewees' other roles**

Roles	Frequency	Examples
Pre-registration module leaders	11	Module titles: Social Sciences Dissertation Biology applied to nursing Health psychology
Post-registration module leaders	18	Module titles: Social and health policy Research methods M Sc Clinical nursing Epidemiology and statistics
Pre-registration programme leaders	0	
Post-registration programme leaders	5	Programme titles include: MPhil PhD Mentorship Master in Public Health Non-medical prescribing
Pre-registration marking	26	
Post-registration marking	25	
Academic supervision	31	
Personal supervision	19	
Link tutor role	10	
Examples of other roles included: Mentoring Subject team leader Account manager Welfare tutor Interviewing External examiner etc….		

Three interviewees had a clear management role and were part of a senior management team with four more interviewees stating that they had a more coordinating role. Who and what they managed, seemed to reflect their professional and discipline backgrounds, with SW1 managing the "social work lecturers and the secretaries" and A16 "leading and developing the social inclusion unit". Two interviewees saw a value in employing more non-nurses: "I employ non-nurses wherever possible; nurses are seen as desirable though" (A18).

HPC 1 had the responsibility of "Coordinating all skills in moving and handling" and in response to the question on 'Working Groups' led the Objective Structured Clinical Exams (OSCEs) team. This involvement with the coordination and teaching of both practical/clinical skills, as well as key academic skills, was also expressed by five Academic interviewees.

Many of the Academics led the research role within their Department, being chairs of research and post-graduate committees, and, as expressed by A1 "Providing an interface with the student learning advisors".

The non-nurses role in coordinating research is also mirrored in the interviewees' response to questions 18 and 19 on whether they carry out any research and/or publish. Twenty one interviewees considered themselves to be research active; with twenty one also actively publishing their work (some only published or carried out research). The Academics and the Social Workers all researched and published, this could be seen to reflect their role and history in Higher Education. Approximately half of HPCs and Others researched and published which could also

seem to reflect a more practice-based background and may suggest that this dilemma is evident in other practice-based disciplines.

Issues related to the culture of HE are explored in more detail later as is the answer to Question 20 of the questionnaire on; 'Do you do any interprofessional teaching at present?' The following section however, explores some of the answers to Question 20 (Full findings in Table7.7), and also brings in the data from Question 25 on team teaching (Full findings in Table7.8).

Table 7.7: **Question 20 Do you do any interprofessional teaching?**

Professional groups include: Nurses plus:	Frequency (n =24) (Example of the top ten stated professions)
Social workers	8
Occupational Therapists	5
Physiotherapists	5
Midwifes	5
HPC (General)	3
Paramedics	3
Pharmacists	3
Managers	3
Radiographers	3
Medics	3

Table 7.8: **Question 25 Do you team teach with nurse lecturers?**

Reasons include:	Frequency (N=28) (Example of the top ten reasons)
Reality of large groups	11
Helps with practice issues	8
To give a wider and/or different perspective	6
Practical sessions	4
Enjoy it	4
Expertise of topic	3
Support	3
Work as a team	2
PBL requirements	2
Continuity	2

IPL and subsequent practice is a key theme in many nursing policies, the fact that a substantial number of interviewees had worked and were continuing to work in practice could be seen as an important asset. This was reflected in the responses from the HPCs, Social Workers and Others who not only taught the nurses alongside their own professional backgrounds, but facilitated groups with other professions.

In commenting on future provision, some interviewees pointed out that there was less opportunity for IPL and teaching; with O1 stating that they were "Initially involved with post-registration work which was interprofessional in profile, currently predominantly nurses". However, from a more positive perspective A1 was "Hoping to do it in the future, we have an Interprofessional Unit", and O2 explaining that there was no provision at the moment but "…. hoping to start in October with nurses, midwives and ODPs, hope to have more Interprofessional learning".

One area of potential concern however, was the number of interviewees who felt that they were been excluded from teaching interprofessionally; with O4 responding to the question with "Don't teach interprofessionally, it could be my strength, they only picked nurses" and A6 asserting that "There is an Interprofessional learning group, I am not involved".

If professions are not always learning together one way of modelling interprofessional working could be nurses and non-nurses team teaching. Twenty eight of the interviewees taught alongside their nursing colleagues, and the potential influence of role modelling was highlighted: "Helps to have another professional to role model interprofessional working" (SW1),   "To ensure a

balanced perspective, for peer review and modelling professions working together "(HPC2), "Different roles and expertise"(HPC8), and "Wider and different perspectives (HPC8 and A15).

Another main reason for team teaching, expressed by the interviewees, was in supporting the non-nurse in more practical and/or clinical teaching sessions. However, as discussed earlier many of the HPCs and Others continued to work in practice settings. Comments included: "The nurses give the practical side of their role" (HPC6), and there are "….requirements for more than one lecturer, and to fill in gaps in practical knowledge" (A4)

Team teaching for the practicalities of teaching large groups was the highest rated justification and this as stated by O8 did not have to be a nurse.   This acknowledgement, and potential concern, of the large numbers of nursing students is discussed in more detail in the Systematic and Critical Appraisal section, and summed up, if rather negatively, by A8 as "Herding cattle and cattle management". Other reasons included; health and safety and approaches to learning requirements such as for PBL.

Overall, for whatever purpose, team teaching was seen as a beneficial experience reflected in these two final quotes: "I do very little, would love to do more for cross fertilization" (A10) and "Team teaching raises moral, helps with continuity, and it is good to work alongside other lecturers" (O7).

Questions 23 and 24 concerned their knowledge of both the existence and the content of their school or faculty learning and teaching and research and

scholarship strategies. In retrospect, and in relation to the methodology, these questions were problematic as they were dependant on the interviewees' memory. As the interviewer used prompts concerning interprofessional issues, it was not surprising that this was the most frequent response with regards to their content. Non-nurses were not particularly mentioned (the justification for asking about the strategies), however some interesting information was gathered.

The contents of the interviewees' faculties' research and scholarship strategies tended to relate to topic areas such as rehabilitation or cancer care. The influence of practice based issues and policies were also highlighted, although one interviewee did comment that although it was a "Major policy agenda, little nursing research was seen in practice" (SW2). Two of interviewees expressed that their strategies were aspiring in nature and concerned with developing a research culture. Reflecting an interprofessional strategy HPC9 stated in relation to those contributing to their research strategy that:

> In our department we have a wide range of professions on
> the teaching staff- nurses, sociologist, clinical psychologists,
> pharmacists, physiotherapists, speech and language
> therapists, and as the department grows this will diversify
> further (HPC9).

The responses to the learning and teaching strategies are discussed later in the Systematic and Critical Appraisal section alongside Question 26 on qualifications in teaching and Question 29 on approaches to nurse education.

The justification for including Question 27: 'How do you see your career progressing?' was to gather information on how satisfied the non-nurses were in their role, and what they perceived their opportunities to be in the future. The

Academics largely wanted to develop their research areas, with the HPCs mainly happy as they are but with some considering moving back into professional practice. The Social Workers and Others reflected the views of both of the other two groups, with two interviewees feeling that they would have a better future in another faculty.

Although eight interviewees expressed a desire for a higher academic post and/or a managerial post, three of the Academics stated that they felt this was restricted. With O4, reflecting on having a higher academic post, commenting "that it may not happen, the culture does not support it particularly for non-nurses" (O4). In relation to the earlier sections only three interviewees had an existing managerial role with one interviewee commenting that they were "Blocked from school management posts" (SW2), an issue the author can relate to as this was one of the triggers for this thesis.

The penultimate question, in attempting to gather information on the non-nurse lecturers, was on their original motivation for teaching nurses. This issue is discussed earlier when considering the more long serving interviewees (over 6 years), here the views are highlighted of those newer in post.

The longer server interviewees sited the availability of posts, and the desire to have a more applied focus in teaching their discipline as the major motivators. This need, to be able to apply their discipline, was also relevant to the newer lecturers with A17 stating an "Interest in teaching applied psychology. To do something worthwhile for a practical use". Although A15 did say "Irrelevant that they were nurses- the subject".

However, the major inspirations turned out to be different. These included the fact that some lecturers were already working as guest lecturers and were asked to apply to become permanent. The HPCs expressed a need to fill a gap in knowledge that the qualified nurses were seen to have when working in practice including; mental health issues, nutrition and lifting and handling. Supporting 'Widening participation' was also asserted by two interviewees, and a number of HPCs also wished a more multi-disciplinary approach which they thought was more common in post-graduate nurse education:

> I continually find the experience very rewarding as we deal with patients and doctors but have different expertise and perspective. I initially took the post to teach post-grads and I enjoy this best as facilitating a variety of experienced practitioners in their own right always throws up surprises (HPC9).

The analysis of the data collected on the non-nurse lecturers' contribution to nurse education provides an illuminating, if not at times unsurprising, picture of a hidden workforce.

The thirty nine non-nurses interviewed represented eighteen HEIs, approximately one third of the HEIs offering nurse education at that time in England and Wales. Referring back to the methodology and the desire to obtain some depth of knowledge, the sample gave the findings needed to answer the first research question.

Non-nurses seem a fairly disparate group with a variety of experience, knowledge and skills. Although they were split into four groups for the benefit of a more detailed discussion, their profiles tended to be either academic with teaching and/or research focus, or from a health and social care practice background.

Concerns about applying theory to practice and the importance of skills development, seems to have little relevance to the interviewees, as they were drawn to the applied nature of their disciplines, and had experience of not only facilitating academic and transferable skills, but also some led the more clinical skills agenda in their faculties.

There was some suggestion that their role had become restricted, and the IPL opportunities were less than before, even if the policy agenda was supporting it. However, the reason may be about the increase in student nurses rather than any desire to be more parochial.

The other study which relates to the role of the non-nurse lecturers, and the approach of 'Expert Systems', is the survey of advertisements for research posts in nursing departments in HEIs. One consistent theme that emerged from this thesis, and is discussed in detail later, is the potential role that non-nurses could play in supporting the research function in nurse education.

In conforming to the methodological stance of data emerging as thesis is written. The author observed when looking at the posts advertised for nurse education departments, that many of the roles fundamentally concerned with research did not require a nursing qualification. This was compared to the more teaching focussed posts that are discussed earlier.

Subsequently a simple survey of advertisements was conducted, once again using the THE and Jobs.ac.uk. Posts were selected that were research focused but clearly related to nurse education provision. Posts were defined by either the words

'research' and/or 'nurse' in the title, or a research title such as 'reader' or 'fellow' which was situated within the nursing department of a HEI. This survey was conducted over three months from September 2009 until December 2009. Table 7.9 presents the findings.

Table 7.9: **Numbers of non-nurse lecturers: Research posts**

Rate or percentage	Total number of Posts	Number of HEIs represented	Nurse qualification essential	Nurse qualification desirable or not mentioned
Rate	23	13 n=57	12	11
Percentage (if relevant)		29%	52%	48%

Comparing this survey to the survey of the number of non-nurse lecturer posts, approximately one fifth of posts were open to lecturers without a nursing qualification, when the role requires a clear research element this changes to an even number of posts not requiring a nurse.

The final open question in the semi-structured interviews attempts to gather the non-nurses lecturers' views on what is their potential role in providing 'added-value' to pre and post-registration nurse education, and the findings are presented in the next section.

7.2.2 What is their Potential Role in providing 'Added-value' to Pre- and Post-Registration Nurse Education?

The final question in the survey attempted to establish the non-nurse lecturers' views on "What extra do you feel you bring to the educational experience and subsequent practice of nurses?" This was an open question and the transcripts were

coded using the 'Constant comparative' approach as discussed by Cohen et al (2000). More details of the approach used and an example of the coding can be seen in Chapters 5 and 6. This coding resulted in four clear themes:

- Discipline knowledge: The contribution of their specialist knowledge

- Helping to facilitate a Higher Education culture for nursing

- Supporting multi-professional and interprofessional learning and working

- Enabling the nursing profession to evolve

Each of the themes is explored below using examples from the data. A more detailed exploration is included in the Discussion Chapter.

Theme: Discipline Knowledge: The Contribution of their Specialist Knowledge
The first theme was the potential to add value through their knowledge around their subject and /or discipline.
As explained by A11:

> A broader and deeper knowledge of psychology and how it relates to all aspects of human behaviour. I feel this compliments the skills and knowledge brought to nurse education by my nursing colleagues, whose own nurse training has been demanding, and focused on nursing practice and therefore cannot be expected to have also gained similar awareness to this degree. Students thus benefit from the added value of other specialist knowledge.

This not only covered subject specific knowledge and their possible research base, but practice experience and expertise. From a discipline perspective this was also seen in terms of the depth of knowledge, and in the hope that particular disciplines, such as science, were highlighted as been important, and that lecturers projected an enthusiasm for the subject.

Regarding concerns about the 'theory and practice gap', the interviewees counteracted this by seeing practice or skills in a wider concept. Examples included; the production of knowledge, and encouraging the students to explore why the links between theory and practice are not that clear, and the ability to access different data sources.

Differing professional practice expertise was also seen as an extra contribution. This could be seen to relate well to the skills associated with inter-disciplinary working including encouraging interprofessional learning and teaching, questioning professional boundaries, and working in partnership.

Other areas related to the importance of facilitating key skills with an emphasis on questioning practice, using supporting evidence, and examples of supporting students with the study skills, which some nursing students were seen not have to due to the widening participation agenda.

Theme: Helping to facilitate a Higher Education Culture for Nursing

The second theme was in helping to facilitate a Higher Education Culture for Nurse Education. The subject expertise relates well to this section especially around the link to research. This was reflected in practice by the interviewees, as discussed earlier all the Academics and Social Workers and half of the HPCs and Others researched and published.

The interviewees also highlighted other areas such as the use of different learning and teaching styles and enabling nurse education to become part of an HE culture of questioning theory and practice, rather than as a training institution.

The most common aspect of this theme, that was presented, was that nurse education and nurse educators saw themselves differently from other disciplines in HE, this is reflected in the following quote from an interviewee:

> I see myself as a University Lecturer; whereas the nurses (lecturers) see themselves as nurses. (HPC3)

Theme: Supporting Multi-professional and Interprofessional Learning and Working

Not unsurprisingly the third theme that emerged from my data was the role the non-nurse lecturer could play in supporting multi-professional and interprofessional learning and working.

The relevance summarised by interviewee HPC9 as:

> I think what it boils down to is that like or not nurses have to work in a multi-disciplinary environment. On the job professionals can be quite territorial; jealously guarding their own boundaries generally because of ignorance of what others are capable of. Put them together in the protective environment of the classroom and what develops in my experience is a respect for each other and much less resistance to working with other professionals in the future. Multi-disciplinary learning with other professionals is the future. Multi-disciplinary learning from the most appropriate trainers for the subject has to be the way forward- doesn't it?

The interviewees saw that they could help facilitate this in different ways. Including; raising possible differences in both theory and practice, through their different professional backgrounds, and in their approach to teaching their discipline. As expressed by HP7 as "Keeping professional integrity but not working within tribal boundaries."

Also, through the interviewees who still kept their link with professional practice, they cited the importance of being able to use examples of working together in

practice, and showing how inter-disciplinary working can work. This could also be transferred to students seeing the lecturers working together in HE.

This importance of role modelling for the students was highlighted a number of times and especially stressed in the need for professions to learn together. This came through with not only the importance of the varied professional backgrounds of the lecturers with comments such as; "Non nurses are seen as important for teaching interprofessionally, as most of the lecturers are nurses"(A3). But through their approach to teaching and supporting learning; "Asking simple questions: Who else would you refer this patient to?" (HPC1), and "Problem-based learning lends itself to inter-disciplinary working" (SW3).

Theme: Enabling the Nursing Profession to Evolve

The final theme was that the non-nurses could encourage the nursing profession to evolve. This could involve the development of complementary skills such as managerial skills as discussed by interviewee O2:

> I think I also should have said about the huge importance of nurses developing knowledge and skills to become effective managers and hopefully my own general management background enables me to make a contribution here. If nurses can't 'speak the language', or lack skills and confidence in this area, their voices will not be heard and they will not be able to shape and lead change.

It could also relate through influencing the professions cultural norms. This was explained by an Academic interviewee in relation to her role:

> With a mostly academic background, or maybe because I come from a scientific and male dominated background, I do not have the same attitude to the hierarchy in nursing or in academia. It is an over-simplification, but I think that nurses have a tendency to be in awe of 'superiors' and are reluctant to think and act outside the box (A15).

Or put more simply by SW3 as: "Not into the hierarchal structure of nursing".

Not being a nurse allowed the interviewees the opportunity to look at the theory and practice of nursing removed from having to comply with the rules and regulations of the profession. Expressions included: "Looking outside the box" (A4), "Blank sheet-no baggage" (A18), "Able to not have an agenda" (O9), and "Outside, not caught up in the politics" (A12).

In overlapping with the theme of helping to facilitate a HE culture for nursing, the interviewees felt that they could teach the nursing students the importance of evidence-based practice and working with others, to encourage them to look at the nursing profession within a social, political and economic context, and in allowing the students to develop critical thinking skills to equip the profession for growth and change in the future.

Facilitating this change however, does not just have to be with the students but also within the faculty where the nurse education takes place. The data from the interviews suggested very little actual influence in nurse education and a climate of less rather than more involvement by the non-nurses in nurse education.

7.3 Students' Views

Obtaining 'Students' Views' is the second approach to measuring added-value used in this thesis. However, Woodward (1993) although writing before the climate of customer satisfaction, considers all of his approaches as fundamentally about the importance of the students' learning experience.

This section presents the findings from the online survey of pre-registration nursing

students. The data collected helps to answer both of the research questions:

- To what extent is the contribution of non-nurse lecturers defined in both theory and practice?

- What is their potential role in providing 'added-value' to pre- and post-registration nurse education?

Although the collection of students' opinions on their educational experience has become increasingly popular, there was little information available of what nursing students' thought of their lecturers, and none that particularly related to non-nurse lecturers. Therefore it was decided to attempt to obtain this information. The author originally intended to conduct a series of focus groups with students from a University who employed non-nurse lecturers (This information was obtained from the initial survey of the numbers of non-nurse lecturers). However, recruiting participants was problematic therefore an online questionnaire was chosen. More details on the impact of the decision on the methodology are discussed earlier.

As examined earlier, the questionnaire consisted of a number of questions which were informed by the previous survey of non-nurse lecturers. Fifty four pre-registration nursing students completed some aspects of the survey; forty eight students answered all the questions.

The following section discusses the findings.

Table 7.10 presents the results of the first two questions.

Table 7.10: **The student nurses' experience (n= 48 Skipped question=6)**

Question	Yes	No	Don't know
1. I Have been taught by a lecturer who is not a nurse	26 (54.2%)	11 (22.9%)	11 (22.9%)
2. I have been taught by a lecturer who is not a Health and Social Care Practitioner	17 (35.4%)	8 (16.7%)	23 (47.9%)

More than half of the students expressed that they had been taught by a lecturer who was not a nurse. The largest group being the second year diploma and degree students. Looking at their programme curriculum, and considering when the survey took place in just as they were entering their second year, suggests some influences on their answers (Source of information not referenced to ensure anonymity). They had just completed their first year where the modules covered key skills, holistic dimensions, human physiology, and social inclusion. All topics which could have been taught by a non-nurse lecturer. Concerning all the year groups, the author felt that there were enough students who expressed experience of being taught by a non-nurse to gain enough information on their opinions.

Another statistic of interest is the amount of respondents who did not know the professional background of their lecturer, especially when looking at the results of their preferences on the background of their lecturers, an area explored later.

Table 7.11 presents the findings concerning the lecturers' professional backgrounds.

Table 7.11: **The student nurses' opinions on their lecturers' professional backgrounds (n=50 Skipped question =2)**

Background	Strongly Disagree	Disagree	Don't Agree or Disagree	Agree	Strongly Agree	Rating Average
Nursing	3 (6%)	5 (10%)	7 (14%)	22 (44%)	13 (26%)	3.74
Health& Social Care	3 (5.9%)	2 (3.9%)	5 (9.8%)	26 (51%)	15 (29.4%)	3.94
Subject/ Discipline Expert	7 (14.3%)	16 (32.7%)	11 (22.4%)	11 (22.4%)	4 (8.2%)	2.78

The use of a 'Likert scale' is employed in asking participants for the strength of their opinions, although answers can be skewed by a central bias and the tendency to avoid extremes, a possible outcome of the data presented in Table 7.11. The students' however do clearly state their preference for their lecturers to have a nursing background and even more strongly for it to be one from health and social care. Although as commented upon earlier, 22.9% of the students were unaware whether they has been taught by a non-nurse, and nearly half the students did not know whether their lecturer had been a health and social care professional. This preference of background relates well to the qualifications of the non-nurses interviewed for the earlier survey, as just under half came from the more 'applied professions', with nine identifying themselves as health professionals. The subject/discipline expert was not seen as a preference, however, as discussed in more detail in Table 7.12 below, when particular subjects are highlighted this becomes more important.

Table 7.12: **The student nurses' opinions on the preferred professional background of their lecturers teaching the following subjects (n=48 Skipped question=6)**

Subject	Lecturer: Nursing Profession	Lecturer :Health and Social Care Background	Lecturer: Subject/Discipline Specialist
Anatomy Physiology	23 (47.9%)	9 (18.8%)	33 (68.8%)
Clinical Practice	45 (93.8%)	7 (14.6%)	3 (6.3%)
Evidence-based Practice	40 (83.3%)	16 (33.3%)	8 (16.7%)
Multi/Interdisciplinary working	33 (68.8%)	27 (56.3%)	9 (18.8%)
Health Care Policy	27 (56.3%)	29 (60.4%)	6 (12.5%)
Nursing Models and Theories	44 (91.7%)	7 (14.6%)	7 (14.6%)
Psychology	21 (43.8%)	22 (45.8%)	26 (54.2%)
Research	28 (58.3%)	16 (33.3%)	23 (47.9%)
Sociology	18 (37.5%)	21 (43.8%)	27 (56.3%)

The subjects that clearly related to the role of the nurse and the practice of nursing (including evidence-based practice), rate highly with the students' preferring a lecturer with a nursing background. This increases to all the third year students of the Advanced Diploma wanting a nurse to teach 'clinical practice'. This could relate to their experience of being out on practice or the socialisation of 'being' a nurse. It could also, slightly more critically, be an example of a uni-professional approach to practice. With a potential impact on interprofessional working championed by the policy makers.

Anatomy and Physiology rated highest for the subject/discipline specialist with Psychology and Research not far behind. This could connect to their experience as well as their preference, as the second years had more of a preference for a nurse teaching them anatomy and physiology. This may be due to them experiencing their first practice experience and wishing a more applied approach to the topic. For

lecturers with a health and social care background multi/interdisciplinary working and health care policy rated the highest, with little difference between the years. This also associates well with the final open question where students' rated the subject and discipline expertise as one of the major themes of what a non-nurse may offer them on their nursing programme.

The final open question related directly to the second research question and asked the students 'What (if anything) do you feel a non-nurse lecturer could add to your learning experience?'. The data was analysed using the 'Constant comparative' approach (Cohen et al 2000). Details of the process can be seen in Chapter 6. The 'codes' or themes which emerged included the non-nurses being able to add the perspective of someone outside the profession, the importance of their subject expertise, and the non-nurses helping to facilitate a more questioning environment whilst on the nursing programme. Concerns raised included; lecturers not being linked to clinical practice, and apprehension that the non-nurse lecturers have a limited knowledge of nursing as a profession. The concerns are not discussed in isolation as a separate section, as the author has attempted throughout this thesis to challenge the deficit model discussed in the introduction. However, the critique of the themes does acknowledge and explore these concerns.

The concluding section of this section discusses each of the students' themes of the non-nurse lecturers' potential to add value to nursing programmes. Each of the themes is explored below using examples from the data. A more detailed exploration is included in the Discussion Chapter alongside my other result sections.

Theme: Enabling an Outside Perspective to their Education Experience

The most highlighted opinion on what the non-nurses could offer the students stemmed from their identity of being outside the nursing profession. As one student wrote; they can add value by their "Knowledge of different aspects of ideas rather than just nursing ideas". Out of the thirty students who completed the last question, fourteen used language associated with this theme.

In comparing the students' responses with the non-nurse lecturers' themselves, a similar subject is raised in the question regarding the justification for team teaching with nurses. One of the Academics (A15) stressed the importance of "Different perspectives", and a lecturer, from another health and social care profession (HPC2), expressed that it was "To ensure a balanced perspective, for peer review and professions working together". This relates well to the 'Supporting multi-professional and interprofessional learning and working' theme which was highlighted in the non-nurse lecturers' survey.

Theme: Adding Subject and/or Discipline Expertise

When the students were asked what professional background they preferred their lecturers to have, 'nursing' was rated as the first choice (Table 7.11). In relation to specific subjects, it was very much dependant on the topic and relationship to the practice of nursing (Table 7.12). This importance of subject and discipline expertise emerged as the second most important theme from the analysis, with a third of the interviewees expressing this view. One student stated "Those specialised in specific areas such as sociology and psychology may have more details about the subject topic and provide greater understanding".

In considering some potential impact of the wider contextual influences, a comparison with the year groups and the subjects they were being taught at that time (Source of information not referenced to ensure anonymity). There were only slight differences between the year groups when they expressed a preference for a non-nurse to teach various subjects, which may be explained by all the preferred subjects being taught at the beginning of the programme, with more nursing specific ones in later years. This could also help to clarify a higher preference being expressed by the later years nursing students (especially the third years) for a lecturer with a nursing background to teach all the subjects.

This theme mirrors most clearly a theme from the interviews with the non-nurse lecturers, that of 'Discipline knowledge'.

Theme: Encouraging a more Questioning Environment

The final theme that emerged from the coding of the last question in the survey, embraced a number of potential ways the non-nurses could add value in 'encouraging a more questioning environment'. As one student wrote; "They are unencumbered with the politics of the nursing environment and will focus on the facts that need to be given". This could relate to issues around teaching styles, which are raised in the non-nurse lecturers' interviews, and is discussed in more detail in a later section. In could also apply to two themes which emerged out of the non-nurse lecturers' survey in 'Helping to facilitate a Higher Education Culture', and 'Enabling the nursing profession to evolve", by encouraging this questioning. As one of the Academic interviewees states, with the need to "Challenge the socialisation

of nurses" and enable them to "Be 'fit for practice' where there is a risk taking role" (A8).

7.4 Objective Measurements

This section considers Woodward's (1993) third approach in considering adding value in relation to the role of the lecturer in HE: that of Objective Measurements.

The findings of the comparisons between the reports produced by the QAA for the Major Review of Health Care Programmes of nursing education programmes (QAA 2003), with HEIs who reported employing non-nurse lecturers teaching on their nurse education programmes, and those whose lecturers were all originally trained as nurses are presented and relate to both of the research questions:

- To what extent is the contribution of non-nurse lecturers defined in both theory and practice?
- What is their potential role in providing 'added-value' to pre- and post-registration nurse education?

Thirteen reports were analysed: eight from HEIs who had declared that they employed non-nurse lecturers to teach on their nurse education programmes, and five from HEIs who employed none. This data was taken from the original survey of non-nurse lecturers and is discussed in more detail earlier.

The reports can be accessed at www.qaa.ac.uk/reviews however; no specific links are included to ensure the HEIs' anonymity. A critique of the Major Reviews is included in Chapter 4 and the practicalities of the investigation are discussed in the previous chapter.

Ratings QAA1: 'From the QAA report a negative comment on the input by non-nurse lecturers' and QAA6: 'From the QAA report a positive comment on the input by non-nurse lecturers', were the two grades most clearly related to the research questions. No phrases or words suggested a rating of QAA1, which was reassuring, however, it has to be acknowledged that very little detail was found in the reports on the backgrounds of lecturers, and individual assessment of lecturing staff is not included.   Phrases that supported the grade of QAA6 were highlighted as part of the theme of 'Discipline Knowledge'.   "Associate lecturers and specialist practitioners used extensively,"   "A wide range of professionals contribute to the teaching" and "Academic staff have the qualifications relevant to the subject area they are accessing and teaching" were included in two reports from the HEIs who reported that they employed non-nurse lecturers.

Exploring the analysis of positive and negative outcomes that related to the judgements by the assessors on all lecturers and the general provision suggested a similar quality of provision related to the chosen themes that emerged from the non-nurse interviews. Teaching and learning styles were all rated as positive, and the range of teaching methods used was highlighted, an area explored in more detail later. Discipline knowledge by lecturers was also graded constructively. Only one phrase from a report from an HEI with no reported non-nurse lecturers could be perceived in a negative light, students reporting on their need for more anatomy and physiology input, an area of expertise that non-nurses may be able to contribute to.

The theme of the non-nurses helping to facilitate a research culture and skills development was also rated largely positively across the HEIs. Only one report from an HEI which employs non-nurse lecturers, commented on any concerns with this element of nurse education, however, no clear source of evidence to support this concern was highlighted. The importance of the development of transferable and core skills with the nursing students was also considered as one of my themes. Again all HEIs were graded positively, including phrases such as; "Good balance of subject specific and transferable skills", and "...Positive use of mapping to the 'Knowledge and Skills framework '."

The theme of 'Enabling the nursing profession to evolve' was the most difficult to find any evidence either for or against. However one of the reports from HEIs who employs non-nurses did include the quote: "Collective expertise of staff contributes to the development of the curricula". How much that helps with the evolution of the actual profession could be seen as debateable.

Returning to the purpose of the documentary analysis, that of comparing the reports concerning the quality of nursing programmes who employ non-nurse lecturers and these who don't, highlighted only one theme with any noticeable differences; 'Multi-professional and interprofessional working'. As discussed earlier, this is a major policy driver and an area where this thesis has suggested non-nurses may be able to add value. Negative comments on the provision of learning opportunities to facilitate this aim were present in all but one of the reports from the HEIs without non-nurse lecturers. Phrases included: "Weaknesses include; IPL in theoretical learning in nursing requires further development", Multi-inter

professional learning at an early stage of development. Staff are aware that a clearer strategy is required to develop this further", "Little evidence of formally planned opportunities for inter-professional learning at present", and "Structured inter-professional learning is restricted". The one report which was rated positively, commented on its use in practice settings.

In comparison, all of the reports of HEIs who employed non-nurses were graded positively concerning Multi-professional and Interprofessional learning, if it is acknowledged, with some limitations highlighted at times. Phrases included: "The interprofessional education is a strength of the pre-registration curricula and the IPE elements provide an opportunity for students to work in inter-professional groups, where they are structured and sustainable", "Students comment on their understanding of multidisciplinary team working, multi/inter-professional learning is at an early stage of development, however, some shared teaching", and "Variable opportunities for interprofessional learning, a new strand has just been implemented".

Obtaining evidence that can be defined as 'objective' when considering the numerous variables that impact on the quality of nurse education programmes, is challenging especially, as in the case of this thesis; it also needs to highlight the impact of a particular group of lecturers. Defining the 'Major Reviews of Healthcare Programmes' as a source of objective judgements could be seen as problematic, as discussed earlier, especially as the choice of which HEIs were selected was based on a acknowledged difficulty of institutions being able to count the numbers of non-nurse lecturers they employ. Selecting the 'tool' of 'Documentary analysis' to help

draw conclusions from the reports also had its limitations, which is discussed in more detail later. However, excepting all of the above, the results from this section highlight some differences between the provision in institutions, and in triangulating this data with evidence discussed in other sections, limitations or not, it contributes to answering the research questions. Table 7.13 provides a summary of the findings.

Table 7.13: **Summary of the outcomes of comparing the major reviews of health care programmes**

Source	Findings
Comparison of the Major Review of Health Care Programmes of nurse education programmes. Reports from institutions with differing numbers of non-nurse lecturers	Differences on judgements on multi-professional and interprofessional learning (IPL) Institutions with no non-nurse lecturers: • IPL requires further development • Little evidence of IPL • Structured IPL is restricted Institutions with non-nurse lecturers: • IPL a strength • Curriculum opportunities for IPL • The students comment on their understanding of IPL

7.5 Systematic and Critical Appraisal

The final section of the theoretical framework in order to investigate the added-value of non-nurses is 'systematic and critical appraisal', as summed up by Woodward (1993), as what makes a good teaching experience.

This section reflects the research approach of allowing the data to emerge from the surveys and comparative analysis of the QAA reports. It therefore brings together the various findings to help to answer the research questions.

7.5.1 Results from the Survey with Non-nurse Lecturers

In devising the interview schedule for the interviews with non-nurse lecturers teaching on nurse education programmes, the purpose for each question was considered (Full details can be seen in Table 6.4). To conform to the research's theoretical framework for measuring added-value that of Woodward's (1993) definition, and informed by the literature, exploring teaching and learning approaches was highlighted as a major consideration.

Three questions were specifically aimed to provide data around teaching and learning, and are explored in more detail later. However, other answers to questions in the schedule also provided some interesting insights into teaching and learning in nurse education.

The influence of changing policies which impact on nurse education was highlighted by a number of interviewees. Expressed by two of the Social Workers as "I came thinking I would be teaching not just nurses but AHPs, changed due to the emphasis on pre-registration nursing" (SW2), and the "Role changed significantly with a heavy teaching commitment and less autonomy" (SW3).

Another interesting outcome from the survey was in response to the question on the non-nurse motivation for choosing to teach. Five of the interviewees wanted to become more 'applied' in their subject area, which was third in importance. Four interviewees stated that their experience in practice had led them to want to teach nurses, with one sighting the damage that can be caused by the proliferation of bad practice.

In order to place the non-nurse lecturers' answers in context concerning teaching and learning, the first specific question to cover this area was to obtain details of their faculty's learning and teaching strategy. In retrospect this question had its problems as it largely depended on the interviewee's memory, which is not a good idea. Also the results could be seemed to be influenced more directly by the interviewer, as the author asked a follow on question concerning interprofessional working, which may have resulted in the higher number of responses mentioning this. The author could be seen to lead the interviewee in a question directly related to the overall research questions, on whether the strategies mentioned non-nurse lecturers. No respondent thought that their strategies did.

Thirty interviewees (out of the overall sample of thirty nine) were aware of their faculty's learning and teaching strategy, one expressed that they did not have one, and the remainder were unsure.

The qualitative responses, which covered any details, were put into themes (Details in Table 7.14)

Table 7.14: **Question 23: Themes**

Themes	Frequency
Interprofessional	14
Link with the QAA	4
Practice outcomes	3
Improve quality	3
Reflects the University view	2
Problem-based learning	2
Competence based	2
Jargon	2
Reflective practice	2
Mission statement	2
Peer group assessment	2
Aimed at pre-registration	1
Enquiry-based learning	1

Generic based	1
Teaching skills	1
Part of the faculty plan	1

As well as the emphasis on IPL, other significant answers included; the influence of external organisations such as the QAA, as discussed earlier. A quality focus is also reflected in the theme of improvement, and in particular, peer group assessment and the development of teaching skills. Internal strategic aims were also an issue as the influence of the University and Faculties were also mentioned. The importance of 'practice' was again highlighted alongside a list of teaching methods. Which included; Problem-, Competence-, and Enquiry-based Learning, and Reflective Practice. Slightly more critical responses included the focus on pre-registration education and the use of jargon.

Although the results from this question were limited due to the need to have a good memory, the data produced did triangulate with other findings from the research.

Holding a qualification in teaching is seen as a measure of quality when considering the added-value of non-nurse lecturers with regards to teaching and learning. Twenty of the non-nurse interviewees held a teaching qualification and three were completing one. Examples included; the Post-graduate, Further Education and Higher Education Teaching Certificates. Also the Masters in Education and Arts, and an associate teaching programme.

In trying to gage differences, and therefore the potential added-value of a non-nurse lecturer, the interviewees were asked if their approach to nurse education

was similar to their nursing colleagues and whether they answered yes or no, in what way. Twelve felt it was similar with sixteen suggesting that their approach was different, four were unsure.

The main difference the interviewees commented upon was concerning student-centred versus teacher-centred approaches to teaching. Although they did suggest that their discipline background was as important as their status of being a non-nurse in influencing which approach they took. Student-centred learning is encouraged in not only nurse education but in HE in general.

The importance of whether the non-nurses' discipline is opinion or factual based relates to the next most cited view of their approach to teaching and learning, that of the method the discipline mirrors. The curriculum of nurse education programmes is constantly changing to reflect the needs of a practice-based profession alongside the advances in health care. The increasing demands on the content of the curriculum and the subjects needing to be covered will impact on the teaching approaches used.

This link with practice was seen by the interviewees as an important factor in influencing approaches to teaching. This assumes that the nurse lecturers teaching was more focussed to practice, not only an opinion expressed by some of the interviewees, but an ongoing concern in the literature about the limitations of the non-nurses role. This however, was seen as positive by the non-nurses as it freed them from what they saw as a competence-approach to practice learning, which could be seen to stifle opinion and questioning.

However, some of the interviewees felt that rather than not being related to the practice of nursing, a similarity of their approach to the nurse lecturers' teaching styles, was in their experience and support of the applied nature of the profession. This relates to the motivation question, explored earlier, about why some of the interviewees wished to teach nurses.

As with the exploration into policies and the literature, defining actual teaching methods by the interviewees was difficult. The answers to the final question in the survey in defining the added-value they could bring to nurse education, however, does mention some approaches to teaching. One of the main themes was 'Interprofessional learning and working'. Interviewee SW1 champions the non-nurses' role explaining that it "Helps to have another professional to role model interprofessional working" with A10 suggesting that "cross fertilisation" of roles may take place. Other themes which could relates to 'good' teaching include the non-nurses' 'Discipline knowledge', their possible role in 'Facilitating a culture of HE for nursing', and 'Helping the nursing profession to evolve'. All of which are discussed in more detail in the Discussion Chapter.

7.5.2 Results from the Survey with Pre-registration Nursing Students

The results relating to teaching and supporting learning and the role of the non-nurse which emerged from the survey of student nurses, tends to match the results from the survey with non-nurse lecturers. Their opinions on the preferred professional background of their lecturers teaching certain subjects suggested a nurse lecturer for the practice elements, and they thought that the non-nurse had a role as more of a discipline expert, especially with regards to anatomy and

physiology, psychology and research. The results are discussed in more detail earlier.

Some of the themes that emerged from the qualitative question on the potential added-value of the non-nurse, also related to teaching and supporting learning. These included; 'Enabling an outside perspective', 'Adding subject/discipline expertise' and 'Encouraging a more questioning environment'.

7.5.3 Results from the Comparative Analysis of the Quality Assurance Agency Major Review Reports

In comparing the Major Review Reports from institutions employing lecturers who included lecturers without a nursing background and those which employed only nurses, only limited data emerged on the non-nurses' role in facilitating 'good' teaching. The full results are discussed in a previous section, where it is concluded that all the reports rated positively for the quality of discipline and subject knowledge and teaching and learning, with no obvious differences between institutions. The only potential disparity was with regards to multi- and inter-disciplinary teaching and working, with the reports from institutions not employing non-nurses highlighting some concerns especially in regards to learning opportunities.

Table 7.15 presents a summary of the findings.

Table: 7.15 **A summary of the results in considering systematic and critical appraisal**

'Good' teaching as defined by policy, literature and the empirical research	Evidence to support non-nurse lecturers in providing this approach
Content	**Content**
The most frequent being content related to the 'practice' of nursing This includes all areas of skills development	The wish to apply their subject area to practice The 'practice' experience of the HPC lecturers Their role in facilitating cognitive and transferrable skills including providing an understanding of the culture of HE
Importance of the influence of subject disciplines, relevant organisations and subject benchmarks	The importance of discipline 'experts'.
Prescriptive and constantly changing curricula	Link with research and scholarly activity
Process	**Process**
The most cited was the importance of interprofessional working and learning	A common theme from my results. Examples include: Role modelling Working together Being able to explore different perspectives
Adult and student-centred learning	A view that the potential freedom from the prescriptive 'practice' focus of nursing allows a more opinion and questioning approach to learning
Having a recognised teaching qualification	Majority of non-nurse lecturers hold one or are working towards one
Numbers of teaching hours and SSRs	Not counted as a non-nurse The data suggested that teaching took up most of their time
Influence of the subject or discipline	Provide a more questioning environment and different teaching approaches
Teaching approaches: Reflection Enquiry-based Learning Problem-based learning	Some involvement by the non-nurses

7.6. Concluding Points

This chapter has presented the findings from the primary research conducted in order to help answer the research questions. Each research question has been considered and the findings have been presented using this thesis' theoretical framework for measuring added-value, that of Woodward's (1993) approaches.

The first section, considering 'Expert Systems', has enabled findings to emerge on both the role of the non-nurse lecture, and highlighted themes for their potential for adding value. Obtaining 'Students' Views' has looked at their experience of being taught by a non-nurse, and their perspective on who should teach nurses and why. The comparisons of the Major Review Reports, in order to attempt to obtain some 'Objective Measurements', was challenging. However, the theme of IPL which has emerged consistently in this thesis is reinforced in the comparisons of the documentation. Finally the section on 'Systematic and Critical Appraisal', uses the data presented in all the other approaches to consider what makes a good teaching experience, and whether non-nurse lecturers can fulfil this role.

The following chapter brings together these findings and the content of other chapters which have explored relevant literature and the policy context.

CHAPTER 8

DISCUSSION

8.1 Introduction

This chapter will attempt to answer the research questions by bringing together aspects of the previous chapters. It will critique and discuss the findings from the previous chapter alongside relevant literature and the policy context.

The first research question, sets the scene in exploring the non-nurses' contribution to nurse education, by obtaining information about their role.

8.2 The Contribution of Non-Nurse Lecturers defined in both Theory and Practice

This section relates primarily to discussing the first of the research questions: To What Extent is the Contribution of Non-Nurse Lecturers defined in both Theory and Practice?

The majority of information that informs this section came out of the survey of non-nurse lecturers discussed in the previous chapter. It is also imbued by a selection of relevant literature, and a further two surveys also discussed in Chapter 7.

As presented earlier, an illuminating measure to introduce an exploration into the non-nurses' role, would be to establish how many of them teach on nurse education programmes. It would also be of value to compare them with the numbers of nurse lecturers. This proved to be problematic. This was not only to do with the lack of response to the request, but also when information was obtained, the lack of reliability in the numbers which was highlighted by the providers of nurse education programmes. This relates well to Evers' (2001) survey for the RCN of nurse lecturers, as a major outcome was the lack of clarity in the numbers of

lecturers teaching nurses even with a registered nursing background.

Two surveys took place in order to count the numbers of non-nurse lecturers employed by HEIs in England and Wales. First, as part of the request to obtain details of non-nurses to subsequently interview. Second, due to the limitations of the first survey, to count advertisements for nurse lecturer posts which did not have the 'essential' element of having to be a registered nurse. The findings are discussed in the previous chapter, and concluded no clear pattern of employment emerges.

It could be concluded, bearing in mind the limitations of the samples, that no consistent value (using the numbers employed as a measure of value) is placed on the use of non-nurse lecturers between HEIs.

These few paragraphs will hopefully provide a more concise picture of the background, characteristics, and most importantly the role played by non-nurses within the limitations of the data. As well as using relevant literature to expand on the understanding of the non-nurses' roles, their research role is considered in more detail. This is within the context of the nursing professions' expressed need to review their role in nurse education, as recommended by Maslin-Prothero (2005) and Butterworth et al (2005).

The overall profile of the non-nurse lecturer would seem to conform to an academic role within the culture of professional education. With education being the major priority, being largely 'controlled' by external guidance and policies. Alongside 'practice' after graduation as an important element, and scholarship and research

taking a more minor role. This mirrors the nursing academic role, as discussed by Glen (2003), of ensuring theoretical specialism with the competing demands of teaching, research, administration etc.

The knowledge and experience the non-nurses bring to the role would seem to reflect this academic role in professional education.

With the intention of providing a clearer picture of the non-nurses' role, a survey was conducted of non-nurse lecturers teaching on nurse education programmes in HEIs in England and Wales.

Due to the nature of the sample, the interviewees were split into four groups. The largest group, the Academics (A), had a combination of academic backgrounds; where the importance of teaching and furthering discipline knowledge, could be seen as a priority. This resulted in the non-nurses having a greater role in teaching the more 'pure' subjects and involvement in research and scholarly activity. The second and third groups who consisted of Members of the Health Professional Council (HPC) and the Social Workers (SW); not only offered discipline expertise but were able to relate to practice, and along with some of the Academics, teach nurses because of their support of the applied nature of the profession. This group could also be seen to have the potential to support IPL, an area discussed in more detail later. The final group was called the Others (O), as their backgrounds were extremely varied from management, through information technology to the Fire Service. Supported by their previous roles, they offered a variety of subject and practice expertise on the nurse education programmes.

In summarising the non-nurse lecturers' roles three areas are highlighted. The first is the importance of the discipline expertise they add to nurse education. A useful way to explore this is to compare the expertise they bring with the 'Subject Benchmarks for Nursing (QAA 2001). Although this guidance of the content element of nurse education programmes (especially pre-registration) has been supplemented by further documentation, including the 'Statement of Common Purpose' (QAA 2004) which looks at the cross fertilisation with other healthcare disciplines. This still would seem to provide a major reference point for the content needs today. However, the potential 'blurring' of the sources of guidance between the higher education sector and the professional agenda, which is discussed earlier, comes to the fore.

In 2004 the NMC published the 'Standards of Proficiency for Pre-registration Nursing Education' which although wider in remit to the Subject Benchmarks (QAA 2001), includes the 'content' element expected in the programmes of Study (NMC 2004$_a$). The standards, as an essential reference point, are highlighted by the current quality assessors of nurse education Mott MacDonald (2010$_c$), however the 'Major Reviews' of all healthcare programmes (QAA 2003), which the QAA completed in 2006 used the Subject Benchmarks (QAA 2001). The Standards' of Proficiency (NMC 2004$_a$), as a more current document, could be seen to supersede the Subject Benchmarks (QAA 2001), however, the author was surprised that no mention is made of the previous benchmarks in the NMC's list of supporting information.

As stated earlier, the Standards' of Proficiency (NMC 2004$_a$) have a wider remit and include issues related to admissions through to the content of programmes, and frame their sections very much around practice needs. The academic nature of pre-registration nursing programmes is emphasised in the QAA (2001) 'Benchmark Statements'. For example a Diploma 'demonstrate' becomes a degree 'to use', and an academic skill of 'discuss' at diploma level increases to 'critically examine' if the outcome is a degree educated nurse (QAA 2001). Although not a major consideration when considering the role of the non-nurse around discipline expertise in relation to subject knowledge, it does relate to another role shown up in the interviews that of the needs for academic study skills support for nursing students. However, the subject element remains the same, with the difference between the two levels relating to academic levels, and therefore fundamentally a change of adjective.

Returning to the actual topics which are recommended for nurse education; the QAA (2001) splits them into discipline areas, such as the natural and life sciences or, more specifically, topics such as sociology and ethics and law. More academic and key skills are covered in the 'subjects underpinning nursing' and include research, care delivery, problem solving, IT and numeracy. The importance of numeracy skills is also stressed in the NMC (2004$_a$) guidance, and although as stated before, the content element is defined by its effect on practice with less discernable discipline and topic areas, fundamentally the suggested content has not changed.

 The most common subject areas taught by the non-nurses were; 'Communication Skills', 'Pharmacology', 'Research' 'Psychology' and 'Management'. These all relate

to the guidance discussed earlier. Especially with the balance between 'Fitness for Practice' with the skills needed in the workplace, 'Fitness for Purpose' as the nurses understanding the wider context in which they practice, and 'Fitness for Award' the academic skills needed for evidence-based practice and life-long learning (NMC 2004$_a$).

This thesis, however, also relates to post-registration nurse education where the content element, and therefore the discipline expertise offered by a non-nurse, is more difficult to define. The non-nurse lecturers interviewed taught across pre- and post-registration modules and programmes and were just as likely to be module leaders for both areas. Nevertheless, the value placed on the discipline or subject can be measured in other ways, as discussed by Upton (2008) in exploring psychology in health professional education. He not only questions the use of subject experts as service teachers and therefore slotted in when needed, a role the author can personally recognise. But also explores how the hidden curriculum can add or remove value to a discipline, including when a subject or module is taught, its level of resource, and the use of research expertise associated with it (Upton 2008). Unfortunately, this level of detail was not asked for in the survey with the non-nurses, as it would have been useful to investigate further.

This hidden curriculum could also be seen to relate to how many of the interviewees led programmes. None of course were pre-registration leaders as the NMC (2004$_a$) states that they have to be registered nurses. However five were post-registration programme leaders; largely for research degrees but also for specialist areas such as nurse prescribing and public health.

The second role which emerged from the research could be seen as unexpected, as it is about the 'practice' of nursing. The whole of this thesis could be taken up with exploring expressed concerns over the so called 'theory and practice gap', and the author in previous chapters has explored this herself. However, in relation to defining the role of the non-nurses it is important to consider what is meant by 'practice'. One way is to define it as the 'clinical skills of nursing', as considered by Borneuf and Haigh (2010) in their review of evidence and debates on the skills acquisition for nursing students. They suggest that it is not just about care skills but about the critical appraisal of that care and decision making skills.

In relation to the role of the nurse or non-nurse lecturer, the major apprehension seems to be about the relationship with practice, and anxiety over the teaching and support of practical skills (Malllaber and Turner 2006). Carr (2007) in his focus groups with nurse educators based in HE, noted their misgivings about their amended role with their relationship with practice, and concerns that practice is suffering as nurse education is more academic. A response to these concerns could be in the NMC's 'Standards to support learning and assessment in Practice' (NMC 2008$_d$), a document the author admits she was not going to be include in this thesis as it not only emphasises the nurse teachers' and other nurses' roles in practice rather than the HEI setting, but seemed only relevant to the nursing profession. However, it is the most current document that covers nurse educators and makes some interesting points in defining the nurse educators' practice role, and therefore the context of practice. Great stock is taken of the importance of the NMC (2008$_d$) statement on the 20% of time that nurse teachers have to support practice teaching

(Borneuf and Haigh 2010). However as clarified by NMC (2008$_e$) this is not necessarily in practice but can be in a link tutor role, updating mentors and be practice-based research activity.

In relation to this research this clarification of 'practice' is useful in looking at the contribution of the non-nurse interviewees. Not only did they have a clear role in research in practice, an area discussed in more detail later, but many were health and social care professionals who provided support in practice, and also had joint roles as lecturer practitioners. The members of the Health Professions Council, the Social Workers and the Others all had a potential role in supporting practice, if restricted at times. This could be through interprofessional learning and working as required by policy (DH1998$_a$ and 1998$_b$), and discussed in theory by Braithwaite and Stark (1992), Cheek and Jones (2004) and Dickinson (2006). Or maybe as Borneuf and Haigh (2010) suggest, the nurse educators are seeing clinical skills as a lesser part of their role, and with practice educators not having the resources, nursing may have to redefine its professional boundaries, which could be interpreted as a wider look at who provides this role. This view is supported by O'Driscoll et al (2010) in findings from a mixed methods case study in Ireland on the link lecturers' role, who concluded that the gap between university and practice was getting wider. Also, looking across Europe, Spitzer and Perrenoud (2006$_a$ 2006$_b$) and their review of nurse education reforms in Western Europe over the last thirty years, found similar concerns and a need to look wider at the solutions.

In returning to what is viewed as practice, there is also the need for more applied and transferable skills (QAA 2003), an area which alongside academic, study and lifelong learning skills, is a role provided by the non-nurse lectures.

The final area to be explored, when answering the research question on the role of non-nurse lecturers, is that of them supporting nursing within Higher Education. This also relates to the complications of the nurse lecturer and clinical practice. A case-study by Boyd and Lawley (2009), looking at the lack of support for newly appointed nurse lecturers from clinical practice , found that they gained credibility from their recent experience of practice, with the consequence of devaluing the HE culture, and their new teaching and research role. This concern is also highlighted by Andrew et al's (2009) article on developing a community of practice for novice nurse academics.

One consistent theme that has emerged from this thesis is the potential role that non-nurses could play in supporting the research function in nurse education. Whether as seen in earlier publications, such as the ENB (1987) guidance, as providing this role, or in facilitating how it is taught as seen in the data from the survey with non-nurse lecturers, or even contributing to the increasing nursing research profile.

As discussed in the previous chapter, the author observed when looking at the posts advertised for nurse education departments, that many of the roles fundamentally concerned with research did not require a nursing qualification. This was compared to the more teaching focussed posts discussed earlier. Subsequently, a simple

survey of advertisements was conducted to establish the professional backgrounds requested for these research focussed posts.

The findings, when comparing research posts to teaching posts, found that approximately one fifth of teaching posts were open to lecturers without a nursing qualification, when the role requires a clear research element this changes to an even number of posts not requiring a nurse.

Returning to the interviews with non-nurse lecturers, they seemed to have provided a large research role especially with regards to teaching the skills to pre- and post-registration nursing students. This could appear to reflect the nursing professions suggested ambivalence to their research role. With research with nursing lecturers by Evers (2001) and Ryan (2008) suggesting conflicting views over the value given to research, and Devitt's (2007) opinion about the essence of nursing not being about 'ivory towers'.

This involving of the non-nurse lecturers in research, could be seen to link with their role in influencing nurse education. As discussed earlier, the QAA (2001) and the ENB (1987) suggest that other disciplines should have influence over the culture and practice of nursing, a view supported by Braithwaite and Stark (1992) in their article defending the role of the non-nurse lecturer. The Academics interviewed tended to lead the research function in their faculties, and also took the lead in programmes and modules related to research skills and degrees. Although, as discussed by Becher and Kogan (1992), this can work both ways with HE having to look at its own culture with the increase in professional training especially on the power of outside organisations influencing the curriculum.

The interviewees' however, had few management roles that extended into influencing nursing.

The non-nurses could be seen to have a role with supporting nurses in dealing with the culture of HE, a move supported by Deans et al (2003) in establishing nursing as a profession alongside others in HE.

The interviewees embraced the opportunity to apply their subjects to practice, hopefully allaying Hughes (1991, 1992) concerns over non-nurses devaluing the applied nature of knowledge acquisition. They also aimed for more HE career development roles, and one interviewee in particular saw her role in supporting students when they struggled with dealing with the two cultures of practice and HE, a concerned expressed by Carr (2007).

The suggestion that the non-nurses have a role is in supporting the nursing profession in HE links to the next section on the potential added-value of their role.

8.3 The Potential Role of Non-nurse Lecturers Providing 'Added-value' to Pre- and Post-Registration Nurse Education

As proposed in the Introduction Chapter, the role of non-nurses teaching on nurse education programmes had developed into a deficit model where not having a nursing qualification was seen as a problem. In order to negate this, rather than just exploring their role, this thesis has attempted to look at the added-value they could bring to nurse education and nursing itself. This relates directly to the second research question of this thesis: What is their Potential Role in Providing 'Added-value' to Pre- and Post-Registration Nurse Education?

This section brings together the themes from the primary research studies, and along with supporting literature, tries to establish the potential role of non-nurses in providing 'added-value' to pre- and post-registration nurse education.

8.3.1 A Role in Supporting Interprofessional Learning (IPL)

As the author commenced on the exploration of the added-value of non-nurses teaching on nurse education programmes, this was one potential role that was highlighted from the beginning.

Government and professional policies that informed nurse education and practice in the early years of the 21st century, all highlighted the importance of multi-professional and interprofessional learning and working. This view not only came from the healthcare sector with the policy documents of 'Making a difference' and 'Liberating the Talents' (DH 1999 and 2002), but also from nurse education itself, with standards for both nurse education and the teachers of nurses being encouraged to embrace this agenda (NMC 2002$_a$ 2002$_b$).

One of the few articles found concerning non-nurse lecturers by Braithwaite and Stark (1992) championed IPL as a role for non-nurse lecturers in their institution. They however, expressed concerns in response to an article by Hughes (1991), as they did feel that is could be challenging for nurses feeling threatened by their exclusive territory. This 'tribalistic nature' was discussed by Basford (1999) as being common at that time to professions. In trying to explain why, Basford (1999) suggested that when teaching across disciplines, the hidden curriculum makes professional teaching value laden, a view supported by Harden (1996), who summarises that any neutrality is a myth.

Two years after the start of this research, and a further two years of data gathering, has led to the data supporting this initial need for IPL and working and the potential role for the non-nurse. Not only through a planned role in facilitating these approaches to learning and working, but also in not belonging to the nursing profession by adding different subject and discipline expertise, and enabling other perspectives to the education and practice of nurses. This combination of themes is considered first as it was the only one that was highlighted in all of the approaches in the theoretical framework for measuring added-value (Woodward 1993).

As there are numerous terms to describe IPL, which are often debated and at times used inter-changeably', for the purpose of this section, IPL is defined by Leiba (2002), as the facilitation of health and social care disciplines in order to learn and work together. This definition is supported by the World Health Organisation (WHO) (2010) who state that "interprofessional education occurs when two or more professions learn about, from, and with each other, to enable effective collaboration and improve health outcomes" (WHO 2010:13).

Following on from the order the data was collected, the interviews with non-nurse lecturers first suggested this is an area to add value. Aspects included; raising possible differences in theory and practice especially through their different professional backgrounds, and for some, their continued role in practice as lecturer practitioners. This could seem to link with chosen literature on 'Systematic and Critical appraisal' including the popularity and use of teaching approaches such as Problem and Enquiry-based learning.

Referring to the next approach to collecting data that of my online interviews with

nursing students, the students expressed how the non-nurse lecturers could ask those seemingly 'simple' questions about established practices, an area the students saw as adding value in also encouraging them to question theory and practice. The students also stressed that the non-nurses could provide different ideas, not just nursing ideas. This could relate to the 'hidden curriculum', discussed earlier, and highlighted by the non-nurse interviewees as very powerful in nurse education.

The importance of role modelling through the method of shared teaching also emerged from the non-nurse lecturers interviews, and this was one area that was rated positively in the QAA reports of institutions that employed non-nurses, considered in the section on Objective Measurements. Although it was interesting to note, that from the students' perspective, which emerged from the online survey, a lot of the time the students had no idea of the professional background of their lecturer.

Both the non-nurse lecturers' interviews and the QAA Major Reviews' suggested that IPL (and therefore its potential impact on practice) was not being implemented as much as was expected. This was particularly notable in the comparison of Major Review Reports from those institutions who stated that they employed non-nurses to those who did not. Acknowledging the small sample, it was the only issue that did show some difference between reviews, and alongside the other data the findings can add to the discussion. The most comprehensive survey of nurse teachers, by Evers (2001), also confirmed this observation.

The non-nurse interviews took place before the end of 2005, the QAA Reports were

completed in 2006, and although the student survey came later; it did not notably use the language of IPL.

In order to explore the non-nurse lecturers' potential role in more detail, and to make this discussion more current, this section considers more recent literature on IPL. As discussed earlier, IPL has been a major influence on nurse education for nearly twenty years, so as expected there is an abundance of literature to explore. As stated in the literature review, the approach followed is the 'systematic approach', as discussed by Aveyard (2007), with the 'robustness' of the individual articles considered in relation to the research questions. Although in reflection, the author acknowledges that in relation to IPL taking a more narrow selective approach would have made it less time consuming. However, the initial choice of approach illuminates the issues better, and as can be seen later, plenty of other researchers have taken an extremely compartmentalised approach.

There have been numerous policies, projects both local and European, guidance, research and articles concerning IPL with health professionals, as with many aspects of this study, an exploration of them all would be a thesis in itself. Therefore this section attempts to consider some of the most current published work, especially regarding the role of lecturers in HE, and acknowledges writers who have attempted to provide a more concise overview.

The most current and overarching policy document in relation to IPL, at this time of writing, is the WHO 'Framework for Action on Interprofessional Education and Practice (WHO 2010). WHO (2010) state that interprofessional collaboration is essential if we are to tackle the current and future worldwide health problems, and

this document explores healthcare needs, current policy and supporting evidence to suggest ways forward. Considering the statistics through published research on IPL, WHO (2010) deduces that nurses are the largest professional group involved, this is hardly surprising, and is supported by the Editor of the journal 'Learning in Health and Social Care' in a review of IPL articles (The Editor 2006).

With regards to the influence of education providers and in particular lecturing staff, the WHO (2010) states that almost a third of the articles on IPL reviewed concerned university staff, and recommended that staff from a range of backgrounds input into programme development, a view shared twenty three years ago by the ENB (1987), and subsequent writers on nurse education. The WHO (2010) also add, that it is essential that students have real world experience and insight into practice, and that students learn about the work of other professions. This relates well to the role of non-nurses' adding value, as a large proportion of the interviewees belonged to other healthcare professions.

The WHO (2010) also supports the need for a culture shift in health-care delivery, but acknowledge that developing curricula is a complex process and it needs supporting by institutional policies and management, good communication, enthusiasm and a shared vision.

The WHO (2010) provide a useful annex on systematic reviews on Interprofessional education (IPE), which provided some useful literature sources, but also from the perspective of the methodology, reaffirmed the broader approach to the choice and use of the literature. The reasoning is summed up by the use of Reeves et al's (2009) Cochrane Review of evidence to support 'Interprofessional learning: effects

on professional practice and health care outcomes'. As in their choice of methodology they had a clear hierarchy of evidence, in only including Randomised Control Trails (RCTs) and Cost Benefit Analysis (CBAs). Their approach was to take an experimental approach and see what interventions work. This thesis' approach is to explore the 'why' which supports, and values, different approaches to research.

From a policy perspective the NMC (2008_d), in an update on their 'Standards to Support learning and Assessment in Practice', stress the interprofessional agenda and especially the role of other professions around transferable skills. Although, as discussed earlier, these standards are about practice, they are the only current ones to guide the lecturers' role in teaching nurses.

IPL has been a focus of the HEA as explored earlier, with their 'Health Science and Practice' subject area funding and disseminating various projects and articles concerning IPL. One mini project by Pollard et al (2008), which evaluated student learning on an interprofessional curriculum, found that the major factor for positive student feedback was the importance of the use of interactive learning styles by the facilitator. This outcome corresponds to the results from both the students' survey and the non-nurse interviews, showing how non-nurses use these styles and can encourage a more questioning environment. Considering post-registration education and IPL, Hayes (2009) in an evaluation of a clinical skills module, discussed how Problem-based Learning (PBL) can be used to advance transferable skills, an area championed by the NMC (2008_e) as a role for educators who may not be nurses.

Another way in which the non-nurse lecturers can add value is by role-modelling

working together, the importance of which was highlighted by Pollard et al (2008) in their research on the positive influences on IPL. However, Pollard et als' (2008) research also gives examples of negative role modelling, with professionals being protective of their profession and obsessed with hierarchy. This is also observed in an action research project on IPL (M[c]Murtry 2010). Although the project took place in Canada, as it concerned common processes in IPL rather than policy, as with other articles from different countries that have been used, they are justified even though it lies outside the initial search strategy. M[c]Murty (2010) found that teams working and learning together, including the facilitators, experienced more than just role modelling but a 'collective knowledge', which could contribute more widely to the IPL agenda. This could be seen in team teaching across professions, an area explored earlier. M[c]Murty (2010) also observed that rather than blurring of roles taking place, such as the development of a more generic practitioner, professions started to recognise the limits to their role and were more open to the knowledge and contribution of others. This may allay fears, such as those expressed by Hughes (1991), about the lower status giving to nurses within HE then other professions.

An HEA supported project on IPL was the 'New Generation Project' (Barr 2007). As with other projects, it highlighted the importance of the facilitator especially in being interactive with the students and encouraging interaction. This facilitation is also featured by O'Halloran et al (2006), in their article on the development of the project. They also emphasised the importance of observing members of other professions, but unfortunately do not elaborate on the compositions of these

teams.

Begley (2009) commented that although there is an abundance of research on IPL, there is little research on the effectiveness of IPL. This conclusion is reiterated by Reeves (2010) in reviewing the evidence for IPE. In particular the lack of evidence on what elements contributes to interprofessional facilitation and the understanding on how professionals work together. Holt et al (2010) comment on some of these processes in an article on a project to develop maps for assessing competences in transferable skills, a role seen as important by the NMC (2008$_e$) for other professions working with nurses. Unfortunately Holt et al (2010) concentrate on describing the maps themselves, and only touch on particular issues concerning how the professions worked together in the development of the maps. There is however a suggestion on the complexities of the process, with concerns raised in the debates between the professions over the use of different terminology and the academic levels of professions, thus delaying the production of the first map, ironically the one on communication (Holt et al 2010).

In reviewing some small scale studies; Begley (2009) comments on the importance of the group mix, with no group dominating by having large numbers. This could be seen in the context of the large numbers of nursing students with nursing being the biggest professional group in health and social care, and could also relate to the non-nurse lecturers' concerns that IPL was been both led, and in some cases, taught exclusively by the nurse lecturers. Cooper et al (2005) commenting on the gains from IPL, stresses also the importance of the facilitator to encourage participation and questioning and suggests the need for training, an area also

expressed later by WHO (2010), all areas that emerged out of the data on where the non-nurse could add value.

Glen (2002), commenting on the way forward for IPL and nursing, states that collaboration between professions can inspire both teaching content and methods, an area explored in more detail later.

IPL is here to stay in nurse education with the latest policies (WHO 2010, Keen 2010, NMC 2008$_a$), all reaffirming its role, both for nursing, but also in regards to all health and social care provision. Non-nurse lecturers can contribute in various ways through; 'not being a nurse', and therefore demonstrating different role models. In facilitating IPL opportunities, and also, in the use of different knowledge and skills, alongside in some cases, actual practice experience, in order to contribute positively to nurse education.

8.3.2 The Influence of the Non-nurses' Discipline and Subject Knowledge

> To educate a nurse is not merely to initiate them into practice but to introduce them to the body of knowledge that informs that practice (Standish 2007:9).

Although IPL was the one area that emerged from all the approaches to measuring added-value, the importance of the non-nurses having specialist and /or discipline knowledge was suggested most often. Throughout the interviews with the non-nurse lecturers the theme of 'Discipline knowledge' rose out of the data, the student survey reiterated this, and supporting literature has discussed the role of other disciplines influencing nurse education.

The need to specialise in a discipline is fundamental to being an academic in HE, however, as discussed by Becher and Trawler (2001), the concept of what defines a

discipline is not straightforward. To explore the issues related to discipline expertise, it is useful to explore both nursing as a discipline and the other disciplinary backgrounds of non-nurse lecturers. Becher and Trawler (2001) suggest a series of guiding principles to help define disciplines. Taking 'Psychology' as a discipline taught by a number of non-nurse lecturers from the survey, as discussed by Upton (2008), nursing and psychology both seem to conform to the idea of a discipline. Both have named departments and structures in HEs, both are supported by professional associations and specialist journals, have a free standing international community with international and academic credibility, and have appropriate subject matter.

However, Sastry (2005) exploring the relationship between the NHS and HE, suggests that nursing is not acquiring the profile of a typical subject or discipline. This he concludes is due to the high numbers of students, widening participation including lower admission requirements due to the Diploma, and the consequence of these in there being a reduction in the ability to conduct research (Sastry 2005). This, it could be argued, is a natural part of being a health and social care profession within HE. Murray and Aymer (2009) compared the work of social work educators, (another profession represented by the non-nurse lecturers) with other professional groups including nursing. They found the issues suggested by Sastry (2005) were also relevant to other professional education. Large numbers of students and widening participation issues (even though the others were all at degree level or above), with only medics seeing research as a major part of their role, although even they saw no obvious reward for being involved in teaching.

Murray and Aymer (2009) also bring up the conflicting views on the value put on practice and the time involved in supporting placements, alongside dealing with the conflicting demands of HE and professional partners. These potentially incompatible demands however, are going to become more common for potentially most disciplines in HE, as universities are moving towards an employer and skills led agenda (Glen 2009).

Murray and Aymer (2009) define their healthcare educators as belonging to a profession rather than a discipline. But is there fundamentally any difference? Copnell (2010) says a profession is defined by practice autonomy, altruism, a defined body of knowledge and skills, control over the creation and delivery of education, ethics, scope of practice and control over access. He goes on to say that they act in the public interest as a buffer between the state and affiliated organisations, and the individual. However, Copnell (2010) also questions whether their role might just be to legitimate and protect themselves. This is not far removed; it could be suggested, to being a discipline in HE.

If nursing is a discipline, maybe the overarching area of nursing science, as discussed by Thorne and Sawatzky (2007), is its manifestation. Nursing science they consider is an attempt to encompass the complex relationship between subjectivity and objectivity in derived knowledge for and about nursing. In the author's experience she has heard the term 'Occupational Science' used by the Occupational Therapy profession to find a more discrete area to study and research.

If non-nurses can add value through their discipline and subject expertise, how could this manifest in practice?

Issues related to the provision of discipline knowledge are not just reserved to nursing. Upton (2008) looking at psychology being taught on healthcare courses, expresses concerns about the ability of other disciplines outside psychology to teach it, and notes regret that at times the psychologists feel that they were just 'slotted in'. Fanghanel (2007), reporting on a project for the HEA on different lecturers' approaches to their teaching. Distinguished lecturers in whether they saw their role in servicing other disciplines, or if they belonged to disciplines that were perceived as subsidiary to principal disciplines, an example he uses is psychology in the medical curriculum, but, it could be suggested, have easily been similar disciplines in the nursing curriculum.

Psychology is one of the subjects that the non-nurse lecturers taught, and one that the students' felt they may be able to add value to their education by teaching. Upton and Mansell (2008), in a survey of health professional course leaders, could find no evidence to suggest that a psychologist is needed to teach applied psychology, but concerns were raised over the development of the curriculum, and the deeper knowledge that may be not available if provided by the health professional lecturers.

Discussed in more detail earlier is the guidance on the content of pre-and post-registration nursing programmes, the statements about what subjects need including is constantly changing, or some might say, added to. As healthcare needs change it should be the norm, but nursing also has to play a balancing act between HE, the profession and a politically controlled health care system. At present the major documents are the 'Subject Benchmarks' (QAA 2001), the 'Statement of

common purpose' (QAA 2004), the 'Standards of Proficiency' (NMC 2004$_a$), and constant updates reflecting changes in healthcare needs and policy. The only current guidance on the requirements for who should teach the nurses refers to practice learning (NMC 2008$_d$).

In considering the inclusion of certain subjects in the nursing curriculum; Upton (2008) explores why psychology is not a core subject on health professional programmes. He goes on to suggest that there is a battle in health care between behavioural and anatomical subjects. Upton and Mansell (2008) also discuss the important of other subjects, and their supporting disciplines seeming to be more important than psychology such as professional skills, care skills, biology and research.

In considering what students value in the content of their nursing programme, research by O'Brien et al (2008), reporting on the views of Irish student nurses before their first clinical placement, considers this. They suggest that the students have a rudimentary idea of what nursing entails with caring and supporting people and no real idea of content areas. The students also saw little value in physics, psychology and sociology and saw communication and caring as common sense on the whole, with too much theory.

In deciding that discipline knowledge is important and nursing as a discipline embraces many different topics, maybe it is the depth of knowledge that a non-nurse could bring that adds value. As suggested by one of the students surveyed "Those specialised in specific areas such as sociology and psychology may have more details about the subject topic and provide greater understanding".

A small scale study by Mowforth et al (2005) compared the experience of students on two different curricular for behavioural sciences. They raised concerns in their findings about who were the most appropriate people to teach and assess the sciences. They felt that it was essential that the subject is applied to practice but questioned whether all nurse lecturers and practitioners have the specialist knowledge required. This importance of the contribution of subject expertise is highlighted by professional organisations (ENB 1987, QAA 2003) and by Braithwaite and Stark (1992).

Critics of this 'pure' subject approach have concerns about the lack of relationship to practice and increasing the 'theory and practice gap' (Hughes 1991, 1992). However, as discussed by Barrett (2007), there is little evidence to suggest that the perceived importance of being able to apply discipline knowledge to nursing practice, or what he calls 'clinical credibility', helps to facilitate theoretical knowledge to practice. From a discipline perspective the non-nurse interviewees also saw practice or skills in a wider concept. Such as considering the production of knowledge, encouraging the students to explore why the links between theory and practice are not always clear, and the ability to access different data sources. Skills highlighted as essential by the employers and professional bodies in nursing and teaching (QAA 2001, DH 2002, UKCC 1999).

Differing professional practice expertise was also seen as an extra contribution which could be seen to relate well to the skills associated with inter-disciplinary working. Including, 'Kick starting' multi-professional learning and teaching (DH 1999, 2002, UKCC 1999), questioning professional boundaries (DH 2002), and

working in partnership (UKCC 1999). Other areas include those related to the importance of facilitating key skills (UKCC 2001, NMC 2002$_b$, QAA 2003). Examples include; an emphasis on questioning practice and the importance of using supporting evidence, alongside supporting students with study skills, which some nursing students may not have to due to the widening participation agenda.

Looking from a post-registration perspective discipline knowledge is also seen as essential. Hewitt-Taylor and Gould (2002), in a small survey of the learning preferences of paediatric intensive care nurses, found that they preferred to be taught by "Knowledgeable experts" (p. 295). They felt they could discuss issues as needed, and a strong preference was put on the value of their own experience. Latter et al (2000), exploring who should teach pharmacology, found that the nurses were split between wanting to be taught by a subject specialist or a nurse that they felt could apply the subject to practice.

It is worth exploring the fact that a number of the non-nurses' interviewed had a discipline which was another profession, and even considering the interviewees with a more traditional academic background, one of the main motivating factors for teaching nurses was being able to apply their discipline in practice.

How the discipline knowledge is applied can also be an issue in professional education, with the consideration of teaching and learning styles. Biggs (1999), writing as nursing was moving in to HE, suggested that professional knowledge is at odds with university knowledge. And goes on to suggest that professions educated in HE are trained to "label, differentiate, elaborate and justify, when what they need out in the field is to execute, apply and prioritise" (Biggs 1999: 41). Morrall

(2005), exploring the social context of learning in nurse education, concluded that the process of socialisation means nursing students are insidiously taught to conform, and suggests more collaborative challenges and group work, with negotiated learning. Upton (2008) argues that the health care curriculum content is not 'evidence-based' but either 'experience-based', valuing what has always been done, or 'exposure–based', deciding on what will do the job in practice. This link with the discipline background of a lecturer affecting how they teach, is cited by Becher and Trawler (2001), and the research by Fanghanel (2007), who found that the lecturers said that their approach to teaching was influenced by the view of their discipline's place within HE. This opinion was also expressed in the non-nurse lecturers' interviews.

As discussed earlier, the status of disciplines in HE is changing with the move to a more employer and skills led agenda (Glen 2009). Barnett (2000) writing nine years earlier, reflected on the start of these changes and the support needed for the students as the curriculum changes to operational competence. Becher and Trowler (2001) also writing at that time, considered the rise of the new disciplines and domains of knowledge; with Barnett (2000) seeing that there will be a shift to what counts as knowledge, and he reflects on whose discourses will achieve dominance.

The importance of the non-nurses' discipline or subject knowledge has to add value to a curriculum largely prescribed and supported by one discipline, that of nursing. Whether it is with the depth of the subject knowledge they bring, through their ability to find and convey knowledge differently, or because of their different experiences of practicing in healthcare, their knowledge is invaluable.

8.3.3 Supporting the Facilitation of Nursing within Higher Education

Nurse education moved in its entirety into HE in the late 1990s, but as discussed by Watson (2006), some provision had been in HE at lot longer. As explored in the Introduction, Policy Context and the Literature Review chapters, there were general concerns over the move to HE (Farrington 1994, Harden 1996 and Basford 1999), and in relation to this research, with Owen (1998) raising worries that other disciplines may take over.

This section on the potential role of non-nurses adding value emerged as a theme from the non-nurse lecturers' survey of 'Helping to facilitate a Higher Education culture for nursing'. Alongside two themes from the student survey of 'Enabling an outside perspective to their education experience' and 'Encouraging a more questioning environment'. It also clearer relates to the investigation of teaching and learning in nurse education including; the non-nurses' role in facilitating cognitive and transferrable skills, including providing an understanding of the culture of HE, and a link with research and scholarly activity. It also considers whether the potential freedom from the prescriptive 'practice' focus of nursing allows a more opinion and questioning approach to learning by the non-nurse lecturers.

This section is structured via three areas; teaching and learning styles, research, and nursing becoming part of the culture of HE. With the acknowledgment that there is clearly an overlap with other parts of the thesis, but justify this through the approach of the data emerging throughout the thesis, and it would be unrealistic to discuss some of these sections in isolation.

Teaching and learning as discussed earlier, can be seen explored through both the content and the process, and in relation to this section, through the context, in this case HE.

Carr (2008), in his interviews with nurse teachers, (the use of the title 'teacher', is explored later) highlighted how moving into HE had facilitated their use of different teaching styles, as the HE culture encouraged the questioning of theory and practice unlike, he said, a training institution. Darbyshire and Fleming (2008) probe this view, with their article on the controls on nursing students through what they call governing practice in teaching in HE for nurse education. Although they state that the educators don't wish to be controlling, it manifests itself, they say, through the use of student registers, the importance of timekeeping and even with instructions on students' dress and a certain levels of appearance. This alongside the tensions between outcome-based nursing programmes, in potential conflict with the empowerment of students, and the encouragement of professional autonomy (Darbyshire and Fleming 2008). This influence of the hidden curriculum, as discussed by Holloway and Penson (1987) twenty years ago, does not seem to have gone away. It could also be seen to mirror Sastry's (2005:64) statement of nurse education resembling a "public sector training function".

This conflict in how the lecturers might wish to educate their students, and how it can manifest itself, may be explained by the emphasis on practice learning and the subsequent different cultures in practice, a view supported by Castledine (2003). Jowlett et al (1994), who conducted a study of the first wave of students to be taught in HE as part of 'Project 2000', discovered similar views. They interviewed

various stakeholders who were affected by this change including 77 nursing students at various times, before, during and after they had completed the new programme. The students expressed that the main advantage in being in HE was the culture of questioning and the development of academic skills. Although this was not without its problems, as initially the nursing students with their varying backgrounds, did find the academic nature of the course challenging, and the culture of questioning they desired was not one that they saw when out in practice.

In considering the role of non-nurses in being able to educate the students within the culture of HE, one student from the online survey, said they helped in "Encouraging a more questioning environment". With another commenting on that: "They are unencumbered with the politics of the nursing environment and will focus on the facts that need to be given". The non-nurse lecturers interviewed said they found that they could use different learning and teaching approaches more fitting to HE, although they did acknowledge that they could be more influenced by their subject discipline. Two interviewees, commenting on the advantage in not belonging to the nursing profession, expressed that they could: "Look outside the box" (A4) and were "Able to not have an agenda" (O9).

Reflecting on two other issues in relation to teaching in HE. Becher and Trawler (2001) commented that instructor effectiveness is rated more highly in health related professions; this can be seen in relation to the nurse lecturers with the requirements to be registered as a teacher, and in the findings of the non-nurse interviews, where most either had a teaching qualification or were working towards one.

The other issue concerns the potential for a graduate nurse in HE. As Swindells and Wilmott (2003) refer to in exploring key skills such as critical thinking, reflective practice and working in teams, they found that graduates performed better than diplomates. And taking this further in relation to practice outcomes; Long, Bernier and Aiken (2004) found that nursing by a degree educated nurse, rather than a diplomate, led to a decrease in patients' deaths.

The wider view of nursing, and its place as a profession, and the potential role of non-nurses in facilitating this view, relates well to the WHO's (2002) paper commenting on the professional regulation of nurses and midwifes in Europe. They state that nurses themselves have had little input into the debate on their role, and need the power and skills for decision making. They go on to say that they need to deal with change associated with professionalism, such as evidence-based practice, and how to change custom and practice. Nurses must be educated in the skills to enable them to influence policy and change (WHO 2002). This encouragement of the importance of evidence-based practice, is also seen by (Braithwaite and Stark 1992), as a role for non-nurse lecturers, and also links to the second area that of helping with the research functions in nurse education.

Notably in the data from the interviews with non-nurse lecturers, the Academic group tended to provide both module and programme leadership concerning research studies, but also some led the research function in the department. The ENB (1987) saw non-nurses as a support for research. But as acknowledged earlier, there have been many changes since 1987, and nursing is developing its own research base and research skills. However, there still seems to be tensions around

the status of research within the nursing profession. Evers (2001), in her survey of nurse educators, found that they were frustrated by the high value on research in HE compared to teaching. Also the lack of research and scholarly allocated time was a crucial issue (Evers 2001).

Taylor and Cantrell (2006), in a paper that attempts to deconstruct academic career pathways for nursing research, state their concerns of a "perceived backlash against education and even research" (p. 450) within the profession, and conclude that transparent research strategies are needed to facilitate research in Higher Education. This reluctance to value carrying out research, or facilitating research skills with students, is mirrored in findings by Hill et al (2003) in a small scale study of nurse educators. They found that although the educators expressed the view that students seem to value more those teachers involved in research, the custom of valuing clinical practice seemed to conflict with the development of a research culture. This is mirrored in a small ethnographic study by Thomas and Davies (2006), which concluded that there was a tendency for nurse teachers to still utilize what was familiar to them, and highlight their own practice when dealing with students rather than utilizing research. This tendency is reiterated by the opinions of newly appointed lecturers from clinical practice in research by Boyd and Lawley (2009), who saw their professional development needs around teaching but projected "ambivalence towards research activity" p.296.

Exploring the wider issues and their impact on nursing research, Sastry (2005) notes that research funding is less for nurse education than other HE departments, and is less prominent with fewer research posts and lower academic grades

In relation to the non-nurses role; Taylor and Cantrell (2006) in their analogy of 'Cluedo' players, highlight the role of a non-nurse, and suggest how they can contribute to facilitating nursing research by being a mentor for the nurse lecturers, a function not far removed from the ENB's suggestion in 1987.

A way that non-nurses could help facilitate this role could be in showing that it is the 'practice' of HE, a view held by more traditional disciplines in HE as discussed by Rolfe (2007). In relating back to influences on approaches to teaching and learning, Rolfe (2007) proposes that nurses are forced to choose between teaching and research due to the popularity of the courses and subsequent large numbers of students.

In considering the non-nurse lecturers' role in supporting nurse educations' home in HE, and the wider issues related to the culture of HE, an area that they could help with is the question of the nurse lecturers' identity. This emerged from the interviews with non-nurse lecturers, in that nurse education and nurse educators saw themselves differently from other disciplines in HE, this is reflected in the following quote from an interviewee:

> I see myself as a University Lecturer; whereas the nurses (lecturers) see themselves as nurses. (HPC3)

This is mirrored in the titles that were afforded to the lecturers in nurse education; 'nurse teacher', 'nurse tutor', or a 'subject teacher' (if the lecturer did not have a nursing background). Very few research papers found concerning nurse education use the term academics or even lecturers, as can be observed throughout this thesis. This use of non HE titles may be explained in Carr's (2008) interviews with nurse educators: "Nurse educators struggling with a similar balancing act of being a

nurse and being a teacher in a HE setting" (Carr 2008:126). Evers (2001: 21), in her survey of nurse teachers, quotes one respondent as saying: "We are either HE lecturers or workers for the Department of Health". Holopainen et al (2009), exploring nurse teacherhood with the move of nurse education to HE in Finland, reaffirms the UK perspective, with the Finnish teachers saying that they don't know whether they are nurses or teachers.

It could be suggested that this reluctance to use more common HE titles shows up the lack of acceptance of the culture of HE in nurse education. This is supported by Rolfe (2007) who suggests that it is not justifiable for a nurse in a university department to say they are 'doing nursing'.

Deans et al (2003) states that one of the reasons why nurse education moved into HE, was that it would help to establish nursing alongside other professions and disciplines. This need to identify with their initial profession, rather than their new role in moving knowledge and practice forward, could not only prevent integration but also stifle the development of nursing as a profession. Burke (2006), commenting on her interviews with thirty senior figures involved with healthcare education, found that they found HE welcoming, and they deduced that it was more about individual nurse lecturers not dealing with change.

As discussed in the introduction, nurse education in its entirety had moved into HE by the later 1990s. However, integration had been happening for a considerable amount of time before then, and was accelerated by the new 'Project 2000' curriculum in the late 1980s.

In order to evaluate this new curriculum, which involved a major shift of ideology for nurse education with the student nurse becoming a student in HE, a major study was commissioned by the Department of Health (Jowlett et al 1994). This issue of a 'clash of cultures' was highlighted by both students and staff with the 'supernumerary' status of students seen in a negative light on many placements, and confusion over attendance, dress and professional behaviour norms, which the author suggests still exists in professional education today. However, overall Jowlett et al (1994) found that the students found the experience positive, and as qualified nurses, could see the importance of the development of confidence and self-awareness, and core higher education skills.

It is difficult to assess the impact of any 'type' of lecturer had on the students' experience in Jowlett et al's (1994) research. However, they did interview 31 Higher Education staff which they clearly distinguish from the nursing teachers who 'came with' the students into HE. It could be assumed that some, if not the majority, were non-nurse lecturers.

Finlay et al (2006), considering the main players who influence nurse education, saw the move to HE as potentially causing problems due to "being torn between two masters - the HEIs and the profession" (p701). Academic procedures they argued became the controlling force over nursing programmes, and that nurse educators should have retained control. They acknowledge that the shift to research and publishing can add value but suggest that it dilutes resources.

More recent studies still suggest that nursing is finding the culture of HE challenging. M[c]Arthur-Rouse's (2008) study on new academic staff entering HE

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from nursing practice, commented on their feelings of entering a new culture, of de-skilling, and wanting tips on how to teach effectively. They also, however, comment on the continued culture of 'busyness' of nurse lecturers in HE which comes from practice. Boyd and Lawley's (2009) case study also looking at newly appointed lecturers from clinical practice, found that their recent experience as a nurse gained them credibility as a new lecturer. They conclude that new lecturers need more support to not fall back on nursing practice, a role for the non-nurses as suggested by Taylor and Cantrell (2006).

This continuing reluctance to embrace the more academic nature of the existing nursing programmes is highlighted in research by Carr 2008, commenting on his findings from interviews with 37 nurses teachers in one central London Healthcare Faculty. He reported that some of his interviewees perceived the university to be too academic, with some theoretical content of dubious value.

A reason why the nurse lecturers find it difficult to embrace HE could be that they are expected to be 'Jack of all trades' as discussed by Glen (2009), in her article on a new approach to nurse education in HE. This also relates to this thesis' discussion on titles where the nurses felt that they were expected to not only be academics but credible practitioners. This can be seen in their working conditions, as noted by Evers (2001) survey of nurse teachers commissioned by the RCN, when asking for areas of concern of working in nurse education. A high priority was workload which they saw as very different from 'normal' HE, with three semesters, conflicting demands, biannual intake and the diversity of nurse education. Evers (2001:21), however, comments that:

> It is possible that many academics working in the HE sector could make similar observations about workload to those cited by the nurse lecturers. However, these respondents perceive their situation as in some way unique to the discipline of nursing.

Similar pressures about being in HE are also reiterated by health and social care professions who have been situated in HE a lot longer, as discussed by Murray and Aymer (2009). They also propose a feminist critique, as they reflect that social work and nursing are seen as 'feminised' professions, and therefore may not been seen in the same light as professions such as medicine.

Non-nurse lecturers, operate both within but also at times from a distance from both establish disciplines in HE and nursing. This allows the possibility of facilitating nurse education to explore its own place within HE, whilst potentially not being a threat to the status of nursing. Nurse education has been entirely ensconced in HE for some time but still seems to resist some of the aspects of an academic profession. Maybe by embracing the knowledge, skills and experiences of the non-nurses, they can have the time and the motivation to embrace the HE culture.

8.3.4 Enabling the Nursing Profession to Evolve in Education and in Future Practice

The final area in which non-nurse lecturers could be seen to add value to nurse education, even in the author's eyes, could be seen to be presumptuous, that of helping the nursing profession to evolve. However, in defence all the previous areas including facilitating IPL, applying discipline knowledge, and supporting nursing in becoming part of the culture of HE, have the potential to shape nursing practice. This possible function emerged from the interviews with non-nurse lecturers, and the surveyed students' suggestion that the non-nurses could enable an outside

perspective to their education experience, and encourage a more questioning environment.

Supporting literature is also used to explore this role, but it is acknowledged, almost completely written by nurse academics.   This enabled, from the start, the author to consider the influences on the nursing profession. As throughout this thesis nursing has either complained about others, or criticised itself, for the lack of power they have to influence their own future (Taylor 1993, Fullbrook 2008$_b$, Bishop 2009), although encouraged to contribute more, as by Karstadt (2010). However, the exploration of its future role is well documented and published (Carr 2008, Glen 2009, Watson and Shields 2009). These views are considered, but seem to have no impact in influencing policy changes. This could seem to support the views in an article by Fyffe (2009) where she discusses the role of nursing in shaping policy in the United Kingdom (UK), in that nursing researchers need to engage more both in influencing policy and also in the public arena. As discussed earlier, why nurses may not have a strong voice and little power is more complicated than the perceived lack of the effect by nurse academics, but maybe some of the non-nurse lecturers who lead the research role in nursing departments could help facilitate this.

In the following section; issues related to the teaching and learning approaches used in nurse education to facilitate change, and nurse education per se in influencing the development of the profession are considered separately, whilst acknowledging an overlap, as education prepares students for the profession, and the profession influences education through what is needed for practice.

From the beginning of exploring the literature about the non-nurses' role in nurse education, both policy guidance from the profession and from the sector, suggested their role in encouraging nursing to question itself and the wider issues that impacts on it, through education. Shields and Watson (2007) exploring how medicine needs nursing and how the NHS is at risk with hospital closures and job cuts. Suggest that "Nursing can save the NHS, but to do so, needs a complete overhaul, professionally, in management style and, most importantly, in education" (P.70).

Facilitating this change however, does not just have to be with the students but also within the Faculty where the nurse education takes place. The ENB (1987:4) stressed that non-nurses should become "involved and committed to the philosophy and aims of the School". Although, as discussed earlier, this did not seem to be happening in the HEIs represented in the data from the interviews. The non-nurse interviewees felt that they could teach the nursing students the importance of evidence-based practice and working with others, but also in encouraging them to look at the nursing profession within a social, political and economic context as encouraged by the QAA (2001). With the students' suggesting that other non-nursing ideas could be put forward and used, as stated by one student as having the "Knowledge of different aspects of ideas rather than just nursing ideas".

The process of teaching which may enable the students' wish for a more questioning role was also highlighted, with the development of critical thinking skills to equip the profession for growth and change in the future. Skills stressed as important by Thorne (1997), Varcoe (1997) and Cheek and Jones (2003).

The development of what could be seen as academic skills, such as critical thinking, life-long learning skills and the use and collection of evidence, were all highlighted by the non-nurses interviewed as areas where they could add value. The NMC (2004$_d$) champions these as learning styles in nurse education. And this is more currently reaffirmed by Kardstat (2010), when talking about the existing pre-registration programme, in that "It lays the foundations on which intelligent, compassionate practice is built and enables the problem-solving skills necessary to be a competent nurse" (Kardstat 2010:515)

As the promise of an all graduate nursing workforce becomes more of a reality, Watson and Shields' (2009) in their personal critique of nursing in UK, reaffirm the developing area of research explored earlier, that graduate skills such as accessing best evidence, critical thinking and lifelong learning skills, lead to better patient outcomes. Although concerns about 'practice' emerge again, with the non-nurses interviewed stating that the nurse lecturers can be restricted in their learning styles due to the emphasis on applying theory to practice. However, as discussed by Varcoe (1997), theory and practice should transform rather than maintain the status quo. But unfortunately, as discussed by Castledine (2003), the culture of education in practice is not always open to a questioning environment.

The teaching styles in nurse education will be influenced by the discipline itself, as noted by the HEA et al (2005), what maybe is more interesting, is the question of whether the uses of certain approaches to learning and teaching influence a discipline.

Other external factors also play a part in impacting on the educational approach all nurse lecturers' use. As commented upon by one of the Social Work lecturers, who states when reflecting on the changes since the early 2000s saying that the "....role changed significantly with a heavy teaching commitment and less autonomy" (SW2). The influence of large cohorts of students on professional related courses in HE on the way they are taught compared to other disciplines, is reiterated by Murray and Aymer (2009), in their research which compares social work educators with nurses, teachers and doctors. This effect of the increase of nurse student numbers of approximately 60% is considered by Glen (2009), with nurse education expressing concerns about the students' learning experience.

The next consideration of the potential role of non-nurses in adding value to nurse education; is whether the impact of the non-nurse lecturers' involvement on the development of nursing is restricted to the use of certain educational approaches, or can they influence more widely.

Nursing, as discussed by Taylor (1993), is political by nature as it is politically controlled, and it needs to start questioning and challenging the status quo. Braithwaite and Stark (1992) support this view, citing that the power of the existing culture in which nurses work feeds back into education. This, they say, helps to prevent any changes needed in the culture and practice of nursing required for current and future health care delivery.

Braithwaite and Stark (1992:27) go to suggest that non-nurses can help with "Liberating the profession from outmoded relations and structures". And that they need therefore to be involved with the day to day business of nurse education. The

data from the interviews suggested very little actual influence in nurse education and a climate of less rather than more involvement.

In exploring how non-nurses could help with facilitating the nursing professions' evolution, it is useful to consider where it seems to be going. Since writing the Introduction and Policy context Chapters, policy has moved on in relation to nursing and nurse education. It is also changing as this section is being written, as a new Government has just come into power. However, nursing is controlled by national policy initiatives as deliberated on by Glen (2009), a challenge and a potential headache for any study like this which has to consider these changes, this is reflected upon later.

At the time of writing (Spring 2010) the most current policy on the future of nursing is 'front line care', the report by the Prime Minister's Commission on the future of Nursing and Midwifery in England (Keen 2010). It is considered it in more detail, and some of its recommendations, in the conclusion. From the start concerns were raised over the initial membership of the commission (Bishop 2009), and this view seems to support the earlier discussion on the differing views on the NMC's (2008$_{a)}$) recommendations' for pre-registration training, showing that the nursing profession does not 'speak with one voice'.

Considering what the nursing profession may be evolving into, and the impact that may have on nurse education, is essential if considering the non-nurse lecturers' role.

The previous Government, represented by the major employer of nurses the NHS, and the DH who produce relevant policies, presented a series of recommendations which reiterate the previous announcement of an all graduate workforce, but the ideas seem rather uni-professional for changing healthcare needs as highlighted by WHO (2010). As the Governments' Commission document is largely written by nursing leaders (Keen 2010), it is not unsurprising that they also champion changes to demonstrate clear nursing leadership; an area that Watson and Shields (2009) thought was lost in UK nursing. At the time of writing there have been no published articles to back up these points, but the commission does not seem to acknowledge the academics who have written previously about potential future roles, or even the DH itself in 2002 with the policy, 'Liberating the talents', which questions professional boundaries (DH 2002). Bishop (2009), commenting on the setting up of the commission, does raise concerns about them not considering the tribalism at all levels of healthcare, and whether there will be enough jobs, and the issues that could impact on education.

Glen (2009), building on views expressed in her earlier article on the future of nurse education (Glen and Clark 1999), which explores the skills mix needed for the lecturers' future role in a changing nursing profession, suggests a very different scenario for the future of the nursing profession than Keen (2010). Using models of nurse education derived from the past she presents a view of present nurse education practice, and considers a future role. Her reflections on the present provision are split from 2000 to 2007, and then 2007 onwards, due to the impact on the huge increase in nursing numbers at the start of the decade, which is discussed

earlier, and the start of the period of final constraints from 2007 onwards. The impact of this sudden concern about the public finances after a period of growth in nursing, also contributes to Watson and Shields' (2009) negative view of nursing in the UK. Glen's (2009) view of nursing into the future is very different from the one proposed by Keen (2010), and the NMC (2008$_a$), and although quite radical suggests, a future which is more grounded in healthcare needs, rather than the professions' needs in the future. Glen (2009:501) sees the future of nursing within "an integrated Health and Social Care Community of practice". This she says will deal with issues such as resourcing IPL and practice and partnership working in HE and the NHS. Specific changes include the all graduate nurses (supported by the previous Government: Keen (2010)), which are suggested as essential by Watson and Shields (2009), but although supported by Glen (2009), she proposes that they will be small in number and educated to a masters level, as future leaders in practice. The actual 'practice' of nursing, will be inter-disciplinary at assistant practitioner level, this could be seen to address concerns about the cost of an all graduate workforce (Bishop 2009 and Watson and Shields 2009). From the needs of the professions' perspective this could be seen to be problematic, however, as highlighted by Thomas and Hynes (2009), nursing is not that far removed from a multi-qualified health practitioner with it being an alliance of a wide group of practitioners:

> The alliance holds because of the way nurses are educated and culturalized into the profession; the influence of statutory bodies and the context of nationalized health system (Thomas and Hynes 2009:574).

This brings us back to the role of the non-nurse lecturer in helping with this future. Glen (2009), although concerned in 1999 about non-nurses as highly qualified specialists eroding the nurse teachers role (Glen and Clark 1999), sees a role in her future of interprofessional teaching fellows, with multi-professional education as the norm, the importance of questioning and supporting new ways of working as part of nurse education will become essential.

Glen (2009), the author suggests, has on purpose underestimated the power of cultural norms and the professions. As discussed in the section on IPL, the blurring of professional roles by shared learning does not necessarily happen as concluded by Pollard et al (2008) and M[c]Murty (2010), and commented on by Copnell (2010) when considering the Allied Health Professionals (AHP), the background of some of my non-nurses. Copnell (2010) sees the future policy directives for AHPs being concerned with a move to a more skill based and competence based generic practitioner. This, he suggests, is not seen as positive by the different professions, as losing control over knowledge and skills requirements, the control of which being an element of a profession, will not be given up easily resulting in a less flexible workforce. Returning to nursing, Glen's (2009) future role however, does still have the nurses but in smaller numbers and with very specific leadership and specialist roles.

Glen' (2009) view of the future is mirrored by Whitehead's (2005) Guest Editorial on a more global future of nurse education, with multi-professional education being the norm.

If this vision on nurse education as proposed by Glen (2009) becomes a reality, the role of non-nurses will be clearer, as the skills in facilitating IPL and assistant practitioner training, as well as the graduate skills of the nurse specialist, will need the expertise discussed earlier, which the non-nurse lecturers can provide.

Whatever the future of nursing, whether sticking with its uni-professional status with an increase to an all graduate workforce, or the development of masters level nurse leaders with an interprofessional assistant practitioner workforce, the non-nurse lecturer, can help with the evolution. This is through the non-nurse lecturers' inter-disciplinary base and their ability to encourage the questioning of existing norms and practice. Also, most importantly as stated by the non-nurse interviewees', in their role in applying their expertise in supporting the practice of nursing, and in the end to help improve patient care.

8.4 Concluding Points

This chapter has attempted to synthesise the abundance of literature considered in this thesis alongside the findings from the numerous studies which have explored the research questions. The non-nurses' role has been considered in detail, and their potential for adding value to nurse education has been critiqued alongside present and future policy contexts.

The following chapter endeavours to integrate these discussions in explicitly answering the research questions, and subsequently making recommendations for policy and practice in nurse education.

CHAPTER 9

CONCLUSIONS

9.1 Introduction

As introduced in Chapter 1, this thesis aims to investigate the added-value of non-nurse lecturers teaching on nursing programmes. In doing this it attempts to answer the following research questions:

- To what extent is the contribution of non-nurse lecturers defined in both theory and practice?

- What is their potential role in providing 'added-value' to pre- and post-registration nurse education?

This chapter considers the outcomes of the primary research and the review of the literature and policy context, in order to make recommendations for the policy and practice of nurse education. In considering how to circulate and build of these findings, it also explores further research and dissemination opportunities.

At the beginning of this research journey, the approach in answering the research questions was to investigate the non-nurse's role and how this could be considered to contribute positively to nurse education. In doing so the expectation was to make recommendations about how they could help with nurse education as experienced as a non-nurse lecturer in 2003. However, the requirements needed from the nursing profession, and subsequently the role of nurse education, have changed significantly since then. Returning to the articles by Hughes (1991, 1992), which helped to trigger the original interest in exploring the role of the non-nurse lecturer, Hughes (1992) highlighted the importance of clarifying the future role of the nursing

profession. Therefore these concluding comments and subsequent recommendations are placed within this context.

The findings show that non-nurses can indeed provide added-value to nurse education programmes and, most importantly, are able to help facilitate changes to nurse education in the future. This critiquing of existing and new ideas in order to move nursing forward is championed by Rolfe (2008). It also conforms to the overall methodological approach as described by Woodrow (2000), in aiming for 'authenticity' where the findings are a reality recognised by the community, in this case nurse education.

Areas for adding value include:

- A role in supporting interprofessional learning (IPL)

- The influence of the non-nurses' discipline and subject expertise

- Supporting the facilitation of nursing within higher education

- Enabling the nursing profession to evolve in education and future practice

9.2 The Current (2010) Drivers for Nursing and Nurse Education

In the last few years there has been a concerted effort to clarify the future role of nursing. Substantial reviews have taken place both for nursing itself with the Prime Minister's Commission on Nursing and Midwifery in England (Keen 2010), or further afield with the Bologna Declaration (Davies 2008), and the Tuning Project (2005), looking at nursing across Europe. Even the WHO has reflected on the future of nursing within an interprofessional perspective (WHO 2010).

Nurse education itself has not been immune from the spotlight, and it is not only included in the consideration of nursing in general, but with the outcomes of the NMC (2008$_a$) review of pre-registration programmes.

The interest in the future of nursing is always going to make news. As discussed by Watson and Shields (2009), nursing is protected by the public and constantly criticised by the media. It is also our largest profession in health and social care (WHO 2010), and therefore will always be a combination of a significant resource alongside a considerable cost.

The other potential complication when considering the future of nursing is the many stakeholders and their sometimes seemingly conflicting views of how they see the profession. Stakeholders such as the RCN with its roles in both protecting and representing the profession, with the sometimes opposing views of the organisation and the membership (NMC 2008$_a$, The National Archives 2010). Also, nursing's regulatory body, the NMC, with their role in having to defend the profession, ensure quality practice and education and patient safety, and facilitate nursing careers. As well as securing a fruitful relationship with nursing's main funder and controller of policy, the Department of Health (DH). Other stakeholders include the NHS, which employs the vast majority of nurses, and have to consider the whole service of providing health, and at times social care. The DH and the NHS also have to take into account an increasing population which is getting older, and with more chronic ill health (WHO 2002, 2010).

Then, most importantly, there are the nurses themselves, who embrace not only a number of specialties and care needs, but also do not speak with one voice, which

adds to the complexity of deciding on the future of nursing. Issues include whether nursing is defined as the 'Advanced Practitioner', with concerns that it may be trying to become part of the medical profession, its past (or still present?) controller (Rafferty 1996, Shields and Watson 2007). Or should nursing be concentrating on care and compassion (Keen 2010), or does this reflect an 'out of date' view, with the potential negative impact that nursing is seen as women's work (Allen 2001)? Both views also relate to the on-going debates about the theory and practice of nursing (Mallaber and Turner 2006).

As mentioned earlier, nursing is seen as almost sacred by the general public, and as care receivers their opinions need to be considered. Is it the convenience of nurse-led clinics and nurses being able to prescribe, being the 'practice' of nursing that the public value, or is it a combination of the compassionate 'hand holder' and a person that keeps the ward clean?

Therefore where does that leave nurse education? There seems to be no question that the future is with degree nursing, but it is debatable whether that will be the outlook for all of what we consider nursing at present.   HE continues to realign its focus towards professional education and employer-led provision, as suggested, some years ago, by Eraut (1994). HE and degree nursing offer; academic ability, degree status, research and scholarly activity, and life-long learning skills (Watson and Shields 2009). As discussed earlier, the benefits of degree nursing have been seen in practice and in measures of mobility and mortality. With the Bologna Declaration (Davies 2008), and the Tuning Project (2005), degree nursing is expected to be the norm across Europe. All of this results in a profession that has to

be questioning, flexible, evidence-based, and able to practice the skills of nursing, but there are concerns about this approach. Loder (1998) expressed apprehension over how the professionalisation of nursing and the focus on moving towards a graduate profession will effect recruitment. Do all nurses wish to be graduates and can we financially afford a solely graduate workforce? Sturgeon (2010), in discussing the employment of assistant practitioners in countries with all degree nurses, suggests that it is no coincidence that the UK is turning to degree nursing with the pressure from Europe, and notes the rise in health and social care foundation degrees in producing another level of practitioner: the assistant or associate practitioner.

It is within the context of these uncertainties that the recommendations on the role of the non-nurse lecturer are presented.

9.3. Recommendations on the Role of Non-nurses Providing Added-value to Nurse Education Programmes (Sources from the thesis are presented in brackets (Chapter: Pages) Full details are in Appendix 11)

9.3.1 Recommendations for Nurse Education

IPL continues to be a major driver in nurse education and non-nurse lecturers have a clear role in supporting this, especially, as highlighted by Thomas and Hynes (2009), there are still concerns about the uni-professional health care curriculum (Discussion: 213-221). This role could be through the facilitation of different learning styles as discussed by Pollard et al (2008) (Discussion: 218, 228, 230, 241,242), or through the acknowledgement of the importance of their different backgrounds to provide a 'real world' experience as suggested by the WHO (2010).

Team teaching with nurse lecturers should also be encouraged, not just to deal with large numbers of nursing students as highlighted in this research, but to enable the students to experience the differing practices and opinions they may come across in the workplace. This concept of an evolving 'collective knowledge' (McMurty 2010), goes beyond students experiencing the difference between professional roles and opinions, but could help to develop a more adaptable practitioner, and the possible generic health and social care worker which some nurses may become. Non-nurse and nurse lecturers alike could evolve into the interprofessional teacher fellows as suggested by Glen (2009) (Discussion: 246), where different backgrounds will become the norm rather than the exception. This may help with the prevalence of nurses leading and supporting IPL as the largest group of workers in interprofessional working and care (WHO 2010). With the possible negative effects of this, which are highlighted in this research and supported by Begley (2009), resulting in other professionals' identities being dominated by nursing rather than an interprofessional culture of education and practice.

Concerns have been expressed over the reality of all degree nursing through the different views of the various stakeholders, as considered by Snow and Harrison (2008), or the practicalities of the number of nursing students without A level qualifications (Sastry 2005). This could result in a role for the non-nurse lecturers through the development of the sub-degree interprofessional practitioner (Glen 2009), and corresponds well with the next suggestion of non-nurses adding value with the influence of their discipline and subject knowledge (Discussion: 201-207, 221-229, 246). Their discipline or subject knowledge can support the students with

the relevant study skills needed, a role which emerged out of the research, and help to facilitate possible changes in nurse education with the emergence of a second level practitioner, as suggested by Sturgeon (2010).

The importance of the non-nurses' role in providing specialist knowledge in nurse education came through consistently throughout the research (Discussion: 205-207). Non-nurses can help with the depth of subject knowledge as discussed by Mowforth et al (2005), and counteract any concerns over losing the applied nature of a subject, an apprehension discussed throughout this thesis. This potential shortcoming can be dismissed, by not only the health and social care practitioner background of many of the non-nurse lecturers, but also by the number of non-nurses who came into nurse education as they wished to apply their knowledge to practice   (Discussion: 208, 226). Rather than other disciplines being seen as 'servicing' nurse education, as experienced by Upton (2008), nursing should embrace the role they can have in influencing the curriculum and moving nursing practice forward.

The more generic skills associated with dealing with change are another area of expertise highlighted in this research. An example where the non-nurses already contribute at a skills level is through management and leadership. This would conform well to the recommendations from 'front line care', the report by the Prime Minister's Commission on the future of Nursing and Midwifery in England (Keen 2010), whose main focus for the future of nursing is through their leadership role in health care. The overall aim of the Commission was to promote innovation and set a clear vision, and although there were initial concerns about the

membership as commented on by Bishop (2009), the Commission's blog did provide an opportunity for anyone to comment, and as the NMC's (2008$_a$) report on its consultation, the Commission presents an interesting view of the different opinions of the future of nursing (The National Archives 2010).

Diverse points of view shared included comments on the aims of the Commission, including the cost of the future nurses, the skill mixed required, and whether nursing can really be 'centre stage', and discussions over the academic and generic identities of nursing, and whether specialities are needed. Fundamental divisions are highlighted, with the 'is nursing an art or a science?' debates, the 1950s ideals, and concerns over the use of emotive language such as compassion rather than evidence-based care. Some respondents wondered whether the view of the profession that the Commission presented was out of date. Bishop (2009) also comments on where the interprofessional working agenda is, and although nursing is championed, is it just the view of the membership those of who are already in leadership positions?

Another major area where non-nurse lecturers' can provide a valuable contribution to nurse education is in supporting nursing research, where their potential role in the importance of their subject discipline overlaps in supporting the facilitation of nursing within HE (Discussion: 210, 211, 233, 234). Differences in opinion between the nursing profession, and most aptly for this research, the nurse lecturers, can be seen in their conflicting views on the value of the nurse's research role. Although all nurse education has been completely ensconced in HE for many years, the worth of this is still questioned by elements of the profession. Whether seen as a positive

position or not, the teaching of research skills, the leadership of modules and programmes, and the research arm in faculties and departments fell to many of the non-nurse lecturers interviewed. It has to be acknowledged that this could be because of them been seen as being unable to provide other roles, rather than through a need for their expertise. However, supporting literature discussed throughout this thesis suggests that non-nurses can take this role (Taylor and Cantrell 2006), but more worrying for the nursing profession itself, that nurse lecturers can be quite happy for them to provide leadership in this area. Research by Evers (2001) and Carr (2008) with nurse lecturers, articles by Darbyshire and Fleming (2008) and Sastry (2005), and recent reviews of nurse education and nursing (NMC 2008$_a$, The National Archives 2010), all present a profession that is clearly split about the importance of HE, and in particular the nurse's role in research.

One very simple area in theory where non-nurses can support nursing in working within HE, is to question the discipline's reliance on being a 'practicing nurse' rather than being a 'practicing lecturer' (Discussion 229-238). An interesting example of this was the need for the nurse lecturers to not only keep the title of nurse but to prefer the title of teacher or tutor rather than the more common term of lecturer, as used in HE. If non-nurses were more established in nurse education departments, maybe this more inclusive term would be seen as normal; however, as expressed by one interviewee, their nursing department gave the non-nurses the title of 'subject teacher' (Discussion: 234-235).

Another way in which non-nurses can support nursing in HE includes the use of research within their teaching. Whether it is championing evidence-based practice or through EBL and PBL, the non-nurse lecturers were actively involved and in some cases led this role (Discussion: 218, 228, 230, 241, 242).

The final area where the non-nurse lecturer can provide added-value, is very relevant at present, is in helping the nursing profession to evolve (Discussion: 239-247). As discussed earlier, nursing and nurse education is currently at a crossroads. Non-nurses who are involved with nurse education are an ideal resource to help nursing deal with its own potentially differing viewpoints, both from the nurses themselves, and through current policy announcements.

Non-nurse lecturers were seen by the various contributors to this research to be able to question nursing and also to encourage future nurses, the students, to do this (Discussion: 218, 228, 230, 241, 242). This also can be seen through their role in IPL (Discussion: 213-221) and in encouraging research into nursing itself (Discussion: 210, 211, 233, 234).

Whatever the future holds for nurse education, this research has demonstrated a clear role for non-nurse lecturers.

9.3.2. Recommendations for Nursing Policy

Recommendations on the added-value of non-nurses from a nursing policy perspective can be seen not only in what should be included in policy documents to validate their role, but also in their potential role in contributing to the formulation

of the policies, and in the facilitation of the skills to enable future nurses to be empowered to lead their own development.

There is very little policy guidance on the role of lecturers in nurse education, and practically none on the role of non-nurses. The only guidance unearthed at the start of this research was from the ENB (1987). The ENB in the 1980s was responsible for the education and training of nurses, with the UKCC responsible for standards and registration (NMC 2009). Through a circular to nursing schools rather than a formal policy, the ENB (1987) suggested a largely positive role for a non-nurse, with their stated directive being that they should be involved with the philosophy and aims of the school. There was no mention of non-nurses again until guidance from the NMC in 2008 (the NMC had taken over both the ENB's and the UKCC's roles in 2003). The NMC update on their standards to support learning and assessment in practice (NMC 2008$_e$), refers to contributions by other educators who are not nurses, but provides no clear detail on their input or role. It is interesting to reflect on the importance of education in HE and lecturers, whether nurses or not, as this guidance and its original document (NMC 2008$_d$) are concerned with practice learning only. With regards to the nurse lecturer in HE the most up to date guidance, again from the NMC (2004$_d$), is not only solely for nurses, but concerns itself with the registration of nurse 'teachers' and not necessarily about their role. The ENB's concern about nurse education policy could be seen as pertinent today, as illustrated by the following statement:

> It seems ironic that nurse education may become more rigidly structured in terms of its component subjects at a time when nursing practice is striving towards integration and holism (ENB 1987:31).

In considering the recommendations for policy and guidance on the non-nurse lecturers' role, the findings from this thesis agree with Maslin-Prothero (2005) and Butterworth et al (2005) in that the role of nurses in HE needs to be clarified, never mind that of the non-nurse (Discussion: 217, 239-247). As nursing is controlled by guidance and policy from national priorities, from individual roles to grading and pay structures, it seems that a clear role for all lecturers in nurse education is needed. Nursing may now be considering more radical changes to its future role, education policy should follow. Not as discussed earlier, as recommended by the consultation findings on the future of pre-registration nursing (NMC 2008$_a$), which suggests little changes to nurse education, and the role of the lecturer in HE is not considered at all. But guidance that corresponds to the academic's role in HE in general, this may also help with stated concerns over the integration of nursing into HE. In doing this 'practice' issues can be dealt with where they belong with the providers of care, and the subject needs of the profession can be achieved through employing lecturers with the right subject expertise, rather than with a particular professional background.

Non-nurses can add value by contributing to the development of nursing and nurse education policy itself, a role highlighted by the ENB (1987) and Braithwaite and Stark (1992). Unfortunately this research showed very little input by non-nurse lecturers in individual faculties' strategies, never mind national policies on nursing. However, if the vision of healthcare reflects the WHO's (2010) with its interprofessional needs, and Glen's (2009) vision of fewer specialist nurses educated at masters level, alongside a second level interprofessional worker, which

mirrors the emergence of second level practitioners, as discussed by Sturgeon (2010). Non-nurses will have to be included in more generic health and social care policies on practice and education (Discussion: 239-247).

The final area concerning policy issues and the non-nurse lecturer overlaps with their role in nurse education, that of facilitating the knowledge and skills associated with influencing policy and change, an educational need as highlighted by the WHO (2002) (Discussion: 206, 215, 218, 230, 231, 241, 242). Throughout this thesis non-nurses are seen as lecturers who can help by not only questioning existing practice, but by facilitating the skills of critical thinking as associated with HE provision (Watson and Shields 2009). If nursing and nurse education wish to lead their own future, as stated by Keen (2010), then nurses must be empowered with not only the skills of leadership, but also with the tools to question and justify their position, all areas which, it could be suggested, a non-nurse can add value to.

 Nursing, as discussed throughout this thesis, is a profession largely controlled by those outside the profession. In being firmly ensconced in HE for some years, it is developing the ability to control its own future through evidence-based practice and increased status as the largest professional group in healthcare provision. To continue to achieve this it needs to embrace other partners that can help with the future delivery of healthcare, such as non-nurse lecturers, rather than close ranks and narrow its vision to try and protect a profession that has to evolve.

9.3.3 Recommendations for Future Research and Dissemination

There are three initial areas where further research is needed, as highlighted by this study into the role of non-nurse lecturers. The first investigation stems from the need to explore how health and social care discipline lecturers work together, and embraces the themes of facilitating IPL and the potential impact of role modelling (Discussion: 215, 217). This could also be developed to explore the impact of nursing on the culture of HE (Discussion: 234, 235), and an exploration into how differing teaching styles help or hinder the development of healthcare disciplines in HE (Discussion: 241-242. These potential studies conform well to the research being transferable, as discussed in the Methodology Chapter, in that other applied subjects such as education, could be explored in a similar manner.

The non-nurses' discipline expertise informs the second recommendation of future research and clearly links with nursing currently considering its future role. In the context of changing health and social care needs, nurse education should consider the expertise it needs. This includes experience of teaching across different HE academic levels, including higher degrees, which links with research needs discussed earlier, alongside degree and sub-degree levels (Discussion: 206). It will involve not only being able to facilitate HE skills (Discussion: 228, 232, but also practice issues (Discussion: 206, 208), and IPL (Discussion: 213-221).

The final area of further research stemming from this thesis involves investigating regulation in health and social care education. This includes examining further the numerous, and sometimes conflicting, quality procedures which impact on HE in health and social care. Although attempts were made to streamline the process in

2003 (DH 2003$_a$) with the QAA 'Major Reviews', recent action by the NMC with the use of Mott MacDonald (2010$_a$, 2010$_b$) to review only nurse education, alongside other drivers discussed in this thesis, suggest a limited approach to considering this area. This research will also consider how existing 'gate keepers' operate to help or hinder health and social care education, especially around professional identities and ethical procedures.

 Dissemination of the research findings is an essential element of the research process (Discussion: 261). From the commencement of this study, the author was determined that her thesis would not become 'shelf-bending' research, as defined by Dunleavy (2003), and therefore the initial literature review was published (Dickinson 2006), in order to advertise her interest in this field. This was supplemented with poster and oral presentations at various conferences (Appendix 3), which not only conveyed what had been discovered, but allowed for debate with peers in the field of nursing and higher education. In 2008 the author made the decision to concentrate on writing up her thesis therefore any further dissemination is overdue.

As this thesis embraces numerous themes concerning nursing and HE, the choice of publications and conference themes are not restricted. Although positive in the breath of opportunities, the inter-disciplinary nature of this research has meant that the sources of information, especially in relation to quality of source and methodology, have been expansive.

Another area of consideration is the dual purpose of completing a PhD to not just produce some 'original' insight to add to our understanding of the discipline area,

but also to enable the development of independent researchers. This latter purpose influences the choice of journals and conferences. Although a debated issue, especially in nursing research as discussed by Crookes et al (2010), journals are ranked for quality and therefore the higher the ranking, the higher the perceived value is placed on an article within that publication. It is not the intention to debate the numerous nursing and HE journals and their ratings; however, having an understanding of how the 'system works' is a skill associated with being a competent researcher.

With reference to the author's earlier successes, it is intended that dissemination choices will evolve from previous attempts. Therefore, the journal 'Nurse Education Today' is targeted for the initial article on the overall research findings. This will be supported by a presentation at the next 'Nurse Education Tomorrow' (NET) conference.

Further circulation of the results will reflect the results findings. Regarding IPL, there will be an exploration of the issues raised about lecturers from different disciplines working together to both facilitate IPL, and through the use of different pedagogies (Philosophical Context: 68-71). Exploring cultural norms will also be considered, especially with regard to professional education and HE (Discussion: 229, 230, 232). Another potential article for publication came out of the review of quality measures, and concerns about ethics procedures, and will explore issues around trust, professional regulation, and protection.

Targeted publications will include the 'Journal of Further and Higher Education', the 'Journal of Interprofessional Care' and the 'Journal of Advanced Nursing'. Others

include 'Studies in Higher Education' and 'Nurse Education in Practice'. In Embracing the online communities 'NURSERESEARCHER' will be contacted, and the HEA's subject site (depending on future funding) both for pedagogical issues and IPL themes. The HEA may also provide a first tentative attempt to obtaining research funding with their small grants initiative.

The final recommendation regarding the dissemination of the findings relates to not only the non-nurse's role in influencing health and social care policy, but also considers how this policy controls nursing and nurse education. Therefore an attempt will be made to feed into the current debates, especially through the DH, coalition Government, BIS, and through colleagues and friends in the RCN and the NMC.

9.4 Summary of the Main Recommendations

- Non-nurse lecturers need to have an equal role in facilitating interprofessional learning and encouraging interprofessional working in practice

- Non-nurses lecturers should be valued for their discipline knowledge in the enabling of HE specific skills, and in the depth of information they can provide in relevant subject areas.

- Non-nurse lecturers can encourage a HE culture for nurse education, including the importance of research and scholarly activity.

- Non-nurse lecturers need to be seen to benefit the evolution of nursing in encouraging both nurses and students to question existing norms, and in contributing to nursing and health and social care policies.

9.5 Concluding Points

This chapter has made recommendations that have emerged from this thesis based on the drivers on Nurse Education as seen in 2010. However, as discussed throughout this thesis, Nursing and HE policy is constantly evolving, and with the new Government that took power in May 2010, with its change in political ideology it has started to, and will continue to, substantially impact on nursing and HE policy and practice.

Acknowledging this reality, the author believes that the recommendations highlighted from this exploration into the Non-nurse lecturers' role will be valid into the future.

This thesis, as discussed earlier, has a duel role in not only providing some 'original' research but in preparing the author to become an autonomous researcher. The following chapter reflects on this process and what she has learnt on the way.

CHAPTER 10

REFLECTIONS

10.1 Introduction

This, as the final chapter of my thesis, is intended to provide a reflection on the process leading up to the completion of my thesis. In doing so, it will hopefully achieve one of the objectives of completing a PhD, that of becoming an autonomous researcher (Dunleavy 2003).

The style of writing and the presentation correspond to a reflective approach, in particularly 'Reflection in Action' (as defined by Fook et al 2006). The approach chosen mirrors my initial motivation for choosing the topic to research, as the problem was very much grounded in my experience. This alongside my continued allegiance to the philosophical basis of my research approaches, which I discuss in my Methodology Chapter. These approaches attempt to reflect the ideologies of HE and nursing, my own preferences, and most importantly the needs of my research questions.

As a student completing a part-time degree, it has been over six years from beginning to end. In exploring issues relating to two areas both largely controlled by central policy, HE and nursing, I have had to consider these changes as my studies progressed. Although this has been challenging, it has also contributed, I believe, to a better understanding of the complexities of working and researching nurse education.

10.2 Conclusions on the Process of my Research

This section does not reflect on every aspect of completing my thesis, but considers particular 'critical incidents', in the language of reflective practice, that have emerged out of the process.

It is worth considering, if I am to learn from this process, what kind of a PhD scholar I have been. Heinrich (2001) conducted focus groups with self-defined 'passionate scholars' who were completing their PhD studies. I have to admit, rather surprisingly, that the criteria conform to the type of student I was. Heinrich's first criterion is that the topic being researched is drawn from experience. As a non-nurse lecturer who perceived that there were problems rather than opportunities with the role, it fit well. The other principle is a potential vulnerability about speaking out as there may be people with a lot personal investment in the topic. As, by exploring the non-nurses role, I have had to critique nursing per se, it is an area I can relate to. This challenging of peoples' personal views is also discussed by Rolfe (2008), who considers that nursing research suffers from being too reluctant to debate.

Rolfe's (2008) view of how this critique can take place is relevant to my methods of critiquing others research, but also on self-reflection. Rolfe (2008) splits styles of critique into their different purposes, and I have explored them here in relation to my research. The first style is 'Procedural critique', this relates clearly to my exploration of my methodology, which I have touched on later in this chapter. Plus it would cover my critique of the many papers I have used, and the consideration of whether I was too critical, or not enough at times. 'Peer review critique', is an

interesting area for me. I could be seen as a 'peer' in two ways, first as a healthcare lecturer in HE, and second, as a non-nurse. I am also not a 'peer' when referring to the nursing profession. Whether I am seen, or perceive myself, as a 'peer' has impacted on the process of completing my research, with the advantages and disadvantages of operating outside the nursing profession. 'Personal critique', Rolfe (2008) explains, is more about valuing the importance of debate. I hopefully will achieve this in defending this thesis. 'Radical critique and the dominant discourse' is his last area, and probably relates the most to my concerns over my use of critique throughout my thesis. This is highlighted by two observations: first, as my research has meant questioning a profession's practises and culture. And second, that my chosen methodology could be seen as 'less scientific', or 'soft', especially within nurse education at the present time, and is it therefore considered as being 'good enough' quality in conforming with the need to pass my doctorate.

Returning back to giving myself a student title, I will embrace being a 'Passionate Scholar', as I was going to choose something quite different!

The other 'type of researcher' I have seen reflected in me over the process of completing this thesis, is one that spirals from self-confidence to self-doubt. Heinrich (2001) confirms these feelings as being common to doctorial women, especially in nursing research. Factors she says that produce these emotions include: the presence or absence of support, having to make sacrifices, and self-discovery. Her research suggested the need for support from other students, especially female, in going through the process. As my research has been solitary in nature, I have attempted to find my support from elsewhere. I am grateful for the

internal conferences and study days put on by my institution where I am a student. Also to my employing institution, which although it sees research as a secondary activity (as in most health profession education, an area I have explored earlier), has allowed me, alongside colleagues, to set up our own scholarly activity group with pre- and post-doctoral researchers, and I have benefitted from their wealth of experience and expertise.

Delamont et al (1997) consider the influences on the research we choose to do depending on which stage of our career we are in. This consideration of the wider contextual issues also relates to whether you research alone or as part of a team. Although I am not sure that I chose to research alone and later on in my career, or whether circumstances dictated it, like Delamont el al (1997) I do believe it impacts on the research process. This is illuminated by one of my early experiences in meeting other PhD students at a PhD training event. I remember sitting talking to a group of young women who were spending most of their time gutting fish and testing for chemicals for their theses. Their topic was chosen for them, they worked in a team, and even the methodology had also been prescribed. Reflecting on working alone, and having to decide on my own topic, led me to a brief moment of envy. That is until I realised that I had the choice of what to research and how to research it, without dealing with egos and team dynamics. In retrospect, it might not have been their different experience of 'doing a PhD' that was responsible for that brief moment of envy, but the wish to be twenty years younger and have trips to the Amazon.

As illustrated above, one of the biggest influences on my research could be seen as a combination of small 'critical incidents', that amalgamated into one overarching issue, that of the timescale for completing my PhD studies part-time. Summarising the process into a timeline, I can be seen to start my studies in 2002, with my concerns about my changing role at work, which is considered in more detail in my Introduction Chapter. This acknowledgement of how the length of time to complete this thesis impacts on my research, relates well to my aim to structure my thesis in what Dunleavy (2003) refers to as an 'opening out model', where importance is given to how the reader is presented with the research findings over time.

Officially I commenced my studies in 2003 when my proposal was accepted by the Institute for Learning (IFL) in the University of Hull. I chose the IFL rather than my own faculty, then the Faculty of Health, as I had completed my Masters with them and had been impressed by the level of support I had received. In retrospect, it might have been a subconscious decision to distance myself from nursing due to the nature of my research; however, I was unaware of that at the time. Concerning my research focus of nurse education, the situation in 2002/3 could be seen as positive due to high levels of funding and a substantial increase in nursing students, especially pre-registration. However, this also seemed to be impacting negatively at times on those who taught the nurses and the ideals of IPL.

2005 saw my first ethics application being accepted. Obtaining ethical permission in education, especially if it involves health professionals, is a learning experience. In a positive way it has helped me in my aim to be an autonomous researcher, and has highlighted to me the importance of reducing any risk when researching people.

However, it also taught me about the lack of trust between institutions, with the need to submit eight applications to six different HEIs. I am unsure whether that benefits anybody.

In 2005 I completed my initial literature review. From a methodological perspective it allowed me to explore any relevant research to inform both the formulation of my research questions, and the results themselves. It also enabled me to 'play' my first doctorial 'game'. Borrowing a male analogy, I 'marked my spot' by publishing my findings, and thereby making a claim to this area of research. Referring back to my impact of time on my thesis, the evidence I discussed then could be seen not only as less current, but since nurse education is largely controlled by policy and guidelines, the issues it raised could have changed from writing the article to publication. These changes of policy, guidance, organisational focus, and governance have been a major consideration throughout my thesis.

2005 into 2006 saw me undertake my first survey with the non-nurse lecturers, and was probably the first time I was aware of the 'gate keepers' in nurse education. In obtaining access to resources, in this case staff, my request at times was judged on not only the perceived quality of my research, but in whether I should be researching this area in the first place. This also related to a few of my ethics applications, when whether I should be allowed to research the questions and the methodological reasoning (i.e. the need for, and the quality of my research) seemed to be the major factors considered rather than the risk assessment.

Two other factors were relevant in 2005, the start of the reduction in health professional education funding, and my change of job.

I moved to York St John University from Hull in 2005. My research was fundamentally about nurse education, and my methodological stance was about engaging with the people involved. Therefore moving to an institution where I would not be teaching nurses (nurse education is not provided accept for some limited shared learning CPD) had the potential to be a problem. In retrospect, it did produce some challenges, including access to students and staff expertise. However, it also gave me some distance, and more of an objective eye, than might have been the case if I had been ensconced in a nursing department. My ex-colleagues continued to support me, and the almost entirely nurse-focused conferences that I spoke at were welcoming and willing to consider my views. York St John also gave me the opportunity to compare my findings on nurse education with other health professional courses, and although not included as a formal part of my thesis, allowed a greater personal understanding of the issues in relation to a wider group of professionals.

In 2006, I completed my research qualification, which I had needed to obtain in order to submit my thesis. These qualifications were introduced due to concerns about both the support of research skills for doctoral students, and also the need to ensure quality in their research. They could be seen to be an added burden, especially as they are not included in the final assessment as a 'professional doctorate' qualification. They also may seem to confuse the purpose of completing a PhD as discussed by Trotter (2003), in its experiential style of 'learning on the job'. However, I found the modules useful, if only to reinforce my initial methodological decisions.

The data needed for my 'objective measurements' became available from 2003-2006, and therefore the time period was set for when I could do my comparisons. After a disappointing response to my focus groups, my survey with the students took place at the end of 2008 and taught me some new skills in online research. From then until the present day in 2010, I have attempted to write everything up, the process of which I explore below.

As with the whole of this chapter, the next section on the reflections on my methodology does not include all aspects, but only areas I feel are worth highlighting. I have started with the process of 'writing up', which although could be seen to not provide an 'opening out' model as attempted, does, I believe, put my methodological approach in context.

'Writing up' can be considered not as a formal part of the research process as discussed by Rolfe (2009), but instead as an action that needs to be completed to allow for dissemination. 'Writing as', he proposes, is about still wanting to engage the reader and allow for debate and discussion. I have embraced this 'writing as' within this section, because I feel that there are still disputes about the values given to different types of research in HE and nursing, and the debate needs to continue. Also, as the writing of my thesis is only part of the requirements of completing a PhD, and there is still the challenge of a viva and the need to defend my thesis, the discussion continues.

It is a risk as well as a necessity to consider the limitations of my research, as a thesis is judged on its quality, and sign-posting my examiners to its limitations may not be beneficial. I am drawn towards the advice of a colleague who recently

completed his PhD (successfully) to not include any mention of limitations at all. His reasoning was that he could then know what would be covered in his viva. Very seductive; however, if I am to be 'authentic', as proposed by Woodrow (2000), and represent the reality within my research community, I have to be honest when considering the quality of my research. It is also, I suspect an assumption of my examiners that I consider my research's limitations, and as advised by Dunleavy (2003) when writing up your research, you need to manage the readers' expectations.

I explored in my Methodology Chapter how I hoped that my overall approach to my research would relate to the 'critical paradigm' (Blaxter et al 2006). In not only exploring issues in relation to my research questions, but also, in suggesting changes to practice that may resolve these issues. My conclusions on my outcomes will hopefully highlight this.

Regehr (2010) comments on the situation of health professional education research in Canada, which not only do I believe applies here, but is also very relevant to my choice of methodology. Regehr (2010) proposes that health professional education is struggling with a number of issues regarding the place and value of research in the field. Areas include: theory building versus applied research, generalisations versus contextually rich data, and local solutions versus multi-institutional research. In reflecting on my choice of a mixed methods approach to my research, favouring an interpretivist paradigm with largely qualitative methods seems, as was intended, to have embraced elements which represent one side of the methodological stance. This paradigm which Regehr (2010) argues in support of, is seen in a lesser light in

medical education, with words used to describe it including 'soft' and 'unscientific'. Rolfe (2009), in relation to nurse education in the UK, in agreement with Regehr (2010), suggests that empirical scientific research has become the most valued activity (i.e. highly rewarded), with nurse academics trying to enhance their power and credibility. Whether this goes back to the 'handmaiden' role of the nurse to the medical profession, or the attempt to become a 'mini', and 'cheaper' doctor, with the divergent views I discuss earlier, there still remains a culture in nursing research, I suggest, which perceives certain methodologies to have more value, rather than considering the 'right tool for the job'. Relating this to its potential impact on nursing, Rolfe (2009) argues that decisions made about nursing may be missed due to researchers being measured by dominant methodologies.

In relation to health professional education, the dominant methodology as discussed by Regehr (2010) is concerned with the 'imperative of proof', and not with an educational focus of the importance of an 'imperative of understanding'. In relation to my research, acknowledging the size of my sample, the comparisons of the Major Reviews of Health Professional programmes by the QAA were my attempt to provide an example of 'objective measurements'. The results highlighted a difference in relation to IPL, a nod to the 'imperative of proof' when considering the non-nurse lecturers role. However, as I consider earlier, in isolation it does not help with exploring which aspects of their role potentially helped with IPL, or whether it even had anything to do with their employment. In this way, the 'imperative of understanding' is not covered in the QAA reports. Looking conversely however, the opinions I gathered on the potential role of the non-nurse from

themselves, the students and the literature, provided data to achieve an 'imperative of understanding,' but no proof. Taking a middle line on each methodological stance, I believe each should have equal value in relation to its purpose. This view seems to be supported in the HE sector overall, with Gage (2007) and Bassey (2007) saying that HE embraces more than one type of research, and that quantitative and qualitative are equally beneficial.

As in life, carrying out research can involve a decision on whether to compromise one's values to make things easier; in my case an example would be to have a more narrowly focussed literature review. It can also involve wondering if we should make decisions which are more acceptable to the culture that we operate in. This would include for me the decision to not research nursing as an outsider, and whether to choose a more scientific or quantitative approach. I justified my approach to my research in detail in my Methodology Chapter, and alongside these reflections, hopefully have provided the reader with enough information to make a judgment on its worth.

In aiming to provide clarity in my research, one area that has been challenging was clarifying the terms to use throughout my research. The first decision was what to call the 'type of lecturer' I wanted to explore, and unfortunately, after trying out various phrases the simplest was the 'non-nurse'. I say 'unfortunately', as it seemed to relate to the deficit model I was trying to avoid.

The next area was the scope of nurse education. As I seemingly was exploring a narrow field with my non-nurses, and my original role and the literature (Hughes 1991, 1992, Braithwaite and Stark 1992) all considered pre- and post-registration

nursing, I decided to choose all nurse education provision in HE. In retrospect, I feel choosing one aspect would have been better, especially pre-registration nurse education, as the requirements are more easily defined. I would have had to deal with less information; however, the breadth of the non-nurse's role might have been lost. During the period of time of my research, the nomenclature of 'pre- and post-qualifying' nurse education became popular with policies and published articles. Luckily, however, it seemed to disappear at fast as it came.

Clarifying terms continued to be an illuminating issue, especially in the titles used by the nurses (and some non-nurses) working in nurse education. The various names used by the lecturers I discuss earlier, and I suggest, say a lot about their acceptance or not of an HE culture.

Another deliberation on the names we award ourselves relates to the number of organisations involved in health care and education, and their subsequent use of acronyms and abbreviations. This is demonstrated by my substantial Glossary. Six years is a long time in the public sector and many of the organisations had changed names (some more than once), also adding to the Glossary's size.

In trying to avoid a deficit model of non-nurses being a problem in nurse education by what they could not do, I was determined to look at what extra they could bring. That is when I made the decision to explore the 'added-value'. I will acknowledge that my supervisor did warn me about the pitfalls of using the term, but mirroring my term of 'non-nurses' it provided what I thought was a clear definition. As can be seen in my Literature Review Chapter, deciding on exploring the 'added-value' did not prove to be easy. But both the journey I took to get there, and the original

choice of Woodward's (1993) definition, I feel conform exactly to what I was trying to achieve. It not only provided what I needed to answer my research questions, but reflected the complexities of the differing research ideologies that have informed my research. As Kekale (2000) concludes, some quality assessment measures suit some disciplines more than others.

It is useful to consider Woodward's (1993) own concerns over his theoretical approach to measuring added-value, starting with his misgivings over the potential cultural biases of the 'Experts' included in his approach of 'Expert Systems'. Examples of this emerge from my research; however, I see them as largely positive as it shows a passion for their role, profession and/or organisation.

Woodward in 1993 expressed concerns about the lack of the collection and use of students' views (Woodward 1993). Now we have worries that they have too much power over what is taught and how, and reiterate Woodward's misgivings about the contrast between popular versus successful teaching (Woodward 1993).

The use of 'Objective Measurements' highlights a much wider debate about the value given to types of research in nursing and HE. It also relates, I suggest, to the type of profession nursing has developed into, and its issues over status and power. The final approach of 'Systematic and Critical Appraisal' goes to the heart of what we consider good teaching to be (Woodward 1993). Even in the last six years of carrying out my research, I have seen the emergence of new technologies in teaching and learning. We now have what is known as the 'Google generation', who have only ever existed with computers and the internet, and the impact on education will continue to grow.

By choosing Woodward's (1993) approach to measuring added-value, the one voice that was not considered as much as it should have been was the eventual receiver of nursing services: the patient. However, I did discuss some emerging evidence that links nurse education levels to patient outcomes. Not only can the decision of what knowledge is included in nurse education programmes be gained from patients (Cassidy 2009), but also the outcome of that use of knowledge in forming the nursing curriculum can be judged by the patients the nurses care for (Upton and Mansell 2008).

The final area I wish to reflect on is the wider impact of my ability to carry out doctorial research. Being successful, or not, in my research could be seen to have more wide ranging implications than just the impact on my self-esteem and career, as discussed by Mitchell and Carroll (2008). One measure of success of both a researcher and the research function of a university is calculated by the numbers of successful PhD students. This could be seen as an 'objective measurement', as proposed by Woodward (1993), in my research's theoretical framework, as it allows for the collection of numbers and statistics. But in isolation this says little about the content, and possibly the quality, of the actual thesis: a good analogy, I would suggest, between quantitative and qualitative research. However, this is not completely 'authentic,' as the name of the institution and the supervisor is on the thesis, so wider more qualitative judgements can be made.

To end this section on my reflections on the process, I hope I have achieved my aims. Not only in attempting to justify some of the methodological decisions I have made, which have impacted on me answering the research questions, but also in

helping the reader to judge my ability as an autonomous researcher, who although she may not always conduct the perfect study, will be able to reflect, and most importantly learn, on where she went wrong.

10.3 My Concluding Thoughts

Recognising, and acknowledging, that my thesis is in its final configuration, and that my 'opening up' (Dunleavy 2003), needs to 'close down', leaves me with mixed emotions. My doctorate journey has resulted in me answering my research questions with the result of making recommendations on how non-nurses can add-value to nurse education programmes. I have also learnt about the process of 'carrying out' research and touched on the challenges of publishing and presenting at conferences.

The journey does, however, continue with me 'defending my thesis and continuing to publish and present in the future. In conclusion, I feel privileged to have been able to finish my research, and hope that it contributes to the ultimate aim of providing excellent health and social care services in the future.

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Appendix 1: Research Proposal

Research Proposal

Title

An exploration of the 'added-value' of non-nurses teaching on pre and post registration nursing programmes

Literature appreciation

Although the areas of nurse education and practice are well researched little is available about the role of non-nurses. The following states some of the main issues; I have put my more 'critical' thoughts in brackets

Government policy position

- Making a Difference Strengthening the nursing, midwifery and health visiting contribution to health and health care(Department of Health (DOH) 1999)

It states that Universities and the NHS need to work more closely together and wishes to 'kick start' more multi-professional learning and teaching. It stresses the importance of continuous professional education which is patient centred, cuts across service and professional barriers and focussed on research and development.

- Liberating the Talents (DOH 2002)

Major focus on that one of the needs of nurses in primary care is to break down traditional professional roles. Examples include increased flexibility between services and between staff to cut across outdated organisational and professional barriers. Also considers the extension of nursing roles to take on some work of GPs (Hardly suggests a strong professional base), with the importance of joint posts and less emphasis on protecting professional roles. The policy suggests that current professional boundaries need questioning, and that education should help support this including working with the NHSU and Work force Development Confederations for joint education and training programmes

Professional policy perspective

- English National Board (ENB) (1987) circular to nursing schools giving guidance for the employment of non-nurse specialist teachers.

They stress that with current developments (don't state what) that our role needs developing from just teaching in certain areas. They suggest that we should now be employed so that we can become "involved and committed to the philosophy and aims of the school" p.4. That we could teach on a variety of courses and look at application and access (Would it be of more use for us to help encourage the questioning of philosophies especially with client and inter-disciplinary perspectives?). (The guidance still uses a deficit model) as it stresses that we should not be employed if nurses could teach this area, the importance of only having a small percentage of non-nurse teachers, and the importance of their link with higher education for research.

"It seems ironic that nurse education may become more rigidly structured in terms of its components subjects at a time when nursing practice is striving towards integration and holism"(ENB 1987:31)

- Fitness for practice (United Kingdom Central Council for nursing, Midwifery and Health Visiting (UKCC) 1999)

This is a review of pre-registration education of nursing and midwifery .The main areas are increasing flexibility, achieving fitness for practice and working in partnership. Recommendations included:

Quality of education to be addressed by inter-professional learning and teaching as appropriate

Explicit encouragement for inter-professional learning (I will need to explore an assumption that an academic could help with this process?)

Development of shared learning resources

When considering inter-professional education it states that it should allow practitioners to identify and maintain their own philosophies of care (Can we help or hinder this?)

- Registered nurse teacher Guidance (UKCC 2000 and updated Nursing and Midwifery Council (NMC) 2002) States that you need to complete a recognised programme of study to register as a nurse teacher and you have to be registered as a nurse. (This is not about competence to teach nurses I presume but requirements for the register?) It lists the programmes outcomes. (Same areas as a more general educational course with examples and policies being health care focussed.

Examples of articles exploring the role of non-nurse lecturers

The role of lecturers in nurse education

 Some related issues from the literature:

 The earlier experience of nurse education makes a lot of nurse teachers unable to treat students as adult learners. This is also supported with nurse education focusing of competences of practice(Farrington 1994) rather than a more questioning research based area suitable for HE. He goes on to argue that the need to hold professional power keeps this child like approach. Although policies suggest a change, practice is not following. He states that if the role of universities is to serve as an activating, facilitating agency for students and a catalytic agency for social change for society. Then nurse education is not succeeding with this. (Looking at differing cultures)

Owen (1988) discusses that one of the visible outcomes of nurse education moving into HE that of sharing skills, could result in other disciplines taking over. Basford (1999) also discusses the tribelistic behaviour of professions and the need to ensure that teachers are

adequately prepared to take on the role of teaching across disciplines, not only with an educational didactic, but across socio-cultural, psychological and affective domains .

"We must accept that teaching is a political activity, and be aware that everything we teach is value-laden and that neutrality is a myth" (Harden, 1996:35)

I would also have to explore the concept of 'added-value' including a critical review from an ideological and historical perspective, and in context in relation to nurse education.

Research questions

- Can non-nurse lecturers provide 'added-value' to pre and post-registration nurse education?
  - How at present is the contribution of non-nurse lecturers defined in both theory and practice?
  - What is their potential role in providing 'added value' to pre and post-registration nurse education?

Research methods

Initial and ongoing literature review especially concerning changes in policy towards the role and the education of nurses

Both quantitative and qualitative data will be needed.

Initial quantitative information to establish the numbers and roles of non-nurses employed within nursing departments in Higher Education in England .After clarifying exactly the data needed I would hope this could be gathered using e-mail and through a central point such as Human Resources Departments. Permission will have to be obtained from the University of Hull and all other providers of nurse education (Ethical approval?)

Initial thoughts on the qualitative side include using the literature and a convenient sample of non-nurse tutors and nurse lecturers (focus groups? Online chat rooms?), to establish possible fields to explore in more detail. This would inform the later stages of the research.

Possible themes and ideas could evolve from the question whether non-nurse lecturers help to develop a culture in nurse education which reflects the needs of the patients, Government and the profession. Relevant issues could include a generic nursing role, extension of nursing practice, trans disciplinary working, the development of a research based profession etc.

Suitability to personal situation

This is an issue which effects most of my working life. To what and how I teach and research. To my relationship with the School and my colleagues, and my involvement in the Schools culture and management.

Accessibility of information sources

Working within this field and in Higher Education should provide almost privilege access to information (Ethical approval?) However, as a non-nurse this may have its problems due to issues explored in the literature concerning the nature of professions. As with all research the process of accessing information will be as illuminating in informing the issues, as the outcome.

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Appendix 2: Summary of my Search Strategies

Rationale

The approach taken was that of a 'systematic approach' (Aveyard 2007). The

literature as a whole is critically appraised through quality of source, and inclusion

and exclusion criterion.

Search strategies:

- Initial Literature Review

- Expert Systems

- Students' Views

- Objective Measurements

- Systematic and Critical Appraisal

- Discussion and Conclusion

Other supplementary searches took place to provide information for my

'Introduction' and 'Methodology' chapters. Also, due to the nature of my thesis and

the timescale of 'writing up', other more current resources were added at times.

This section includes examples of search terms and specific details on the search

strategies for the major chapters.

Examples of search terms from each literature search

Search terms: Initial Literature Review: Added-value (Also for 'Objective Measurements')

	Concept 1. Search Terms	Concept 2. Search terms	Concept 2. Search Terms	Concept 3. Search Terms	Concept 4. Search Terms	Concept 5. Search Terms	Concept 6. Search Terms	Concept 7. Search Terms
	AND	AND	AND	AND	AND	AND	AND	AND
OR	Added Value		Non-nurse	lecturers	Nurse Education	Higher Education	England	Wales
OR	Add	Value	Generic	Educators	Nurse Training	Universities	United Kingdom	
OR	Increase	Importance	Topic specialist	Teachers	Nursing programmes	Training Schools	Britain	
OR	Attach	Merit	Health Professionals	Tutors	Nursing courses	Nursing schools		
OR	Supplement	Benefit	Inter-disciplinary	Instructors		Colleges		
OR	Measuring	Quality		Facilitators		Hospitals		
OR	Calculating	Excellence				Education establishments		
OR	Appraisal	Calibre				Training establishments		
OR	Assessment	Standard						
OR	Evaluation	Distinction						

Search terms: Expert Systems: Added-value (Also for 'Objective Measurements')

	Concept 1. Search Terms	Concept 2. Search terms	Concept 3. Search Terms	Concept 4. Search Terms	Concept 5. Search Terms	Concept 6. Search Terms	Concept 7. Search Terms	Concept 8. Search Terms
	AND	AND	AND	AND	AND	AND	AND	AND
OR	Added Value		Non-nurse	lecturers	Nurse Education	Higher Education	England	Wales
OR	Add	Value	Generic	Educators	Nurse Training	Universities	United Kingdom	
OR	Increase	Importance	Topic specialist	Teachers	Nursing programmes	Training Schools	Britain	
OR	Attach	Merit	Health Professionals	Tutors	Nursing courses	Nursing schools		
OR	Supplement	Benefit	Inter-disciplinary	Instructors		Colleges		
OR	Measuring	Quality		Facilitators		Hospitals		
OR	Calculating	Excellence				Education establishment		
OR	Appraisal	Calibre				Training establishment		
OR	Assessment	Standard						
OR	Evaluation	Distinction						

Search terms: Students' views: Nurse education (Also for 'Systematic and critical appraisal', 'Discussion' and 'Conclusion')

	Concept 1. Search terms	Concept 2. Search terms	Concept 3. Search Terms	Concept 4. Search Terms	Concept 5. Search Terms	Concept 6. Search Terms	Concept 7. Search Terms	Concept 8. Search Terms
	AND	AND	AND	AND	AND	AND	AND	AND
OR	Student	Views	Non-nurse	lecturers	Nurse Education	Higher Education	England	Wales
OR	Pupil	Opinions	Generic	Educators	Nurse Training	Universities	United Kingdom	
OR	learner	Voice	Topic specialist	Teachers	Nursing programmes	Training Schools	Britain	
OR	Apprentice	Attitudes	Health Professionals	Tutors	Nursing courses	Nursing schools		
OR	Scholar	Beliefs	Inter-disciplinary	Instructors		Colleges		
OR	Trainee	Judgment		Facilitators		Hospitals		
OR	Under-graduate	Thought				Education establishment		
OR	Diplomate					Training establishment		

Search terms: Students' views: Higher education (Also for 'Systematic and critical appraisal', 'Discussion' and 'Conclusion')

	Concept 1. Search terms	Concept 2. Search terms	Concept 4. Search Terms	Concept 6. Search Terms
	AND	AND	AND	AND
OR	Student	Views	lecturers	Higher Education
OR	Pupil	Opinions	Educators	Universities
OR	learner	Voice	Teachers	Training Schools
OR	Apprentice	Attitudes	Tutors	Education establishment
OR	Scholar	Beliefs	Instructors	Colleges
OR	Trainee	Judgment	Facilitators	Training establishment
OR	Under-graduate	Thought		
OR	Diplomate			

Search terms: Discussion and Conclusion: A role in supporting interprofessional learning (Working)

	Concept 1. Search Terms	Concept 2. Search terms	Concept 3. Search Terms	Concept 4. Search Terms	Concept 5. Search Terms	Concept 6. Search Terms	Concept 7. Search Terms
	AND (OR EXCLUDE)	AND	AND	AND	AND	AND	AND
OR	Non-nurse	lecturers	Nurse Education	Multi-professional	Working	Different	Approach
OR	Generic	Educators	Nurse Training	Inter-professional	Functioning	Dissimilar	Way
OR	Topic specialist	Teachers	Nursing programmes	Trans-professional	Practice	Disparate	Attitude
OR	Health Professionals	Tutors	Nursing courses	Multi-disciplinary	Application	Other	Concept
OR	Inter-disciplinary	Instructors		Inter-disciplinary	Use	Distinct	Method
OR		Facilitators		Trans-disciplinary			Mode
OR				Multi-agency			
OR				Inter-agency			
OR				Trans-agency			

Search terms: Discussion and Conclusion: A role in supporting interprofessional learning (Learning)

	Concept 1. Search Terms	Concept 2. Search terms	Concept 3. Search Terms	Concept 4. Search Terms	Concept 5. Search Terms	Concept 6. Search Terms	Concept 7. Search Terms
	AND (OR EXCLUDE)	AND	AND	AND	AND	AND	AND
OR	Non-nurse	lecturers	Nurse Education	Multi-professional	Learning	Different	Approach
OR	Generic	Educators	Nurse Training	Inter-professional	Education	Dissimilar	Way
OR	Topic specialist	Teachers	Nursing programmes	Trans-professional	Knowledge	Disparate	Attitude
OR	Health Professionals	Tutors	Nursing courses	Multi-disciplinary	lore	Other	Concept
OR	Inter-disciplinary	Instructors		Inter-disciplinary	study	Distinct	Method
OR		Facilitators		Trans-disciplinary	Training		Mode
OR				Multi-agency	Tuition		
OR				Inter-agency			
OR				Trans-agency			

Search terms: Discussion and Conclusion: The influence of the non-nurses' discipline and subject knowledge

	Concept 1. Search Terms	Concept 2. Search terms	Concept 3. Search Terms	Concept 4. Search Terms	Concept 5. Search Terms	Concept 6. Search Terms	Concept 7. Search Terms
	AND (OR EXCLUDE)	AND	AND	AND	AND	AND	AND
OR	Non-nurse	lecturers	Nurse Education	Discipline	Practice	Experience	Expertise
OR	Generic	Educators	Nurse Training	Field of study	Application	Personal knowledge	Ability
OR	Topic specialist	Teachers	Nursing programmes	Subject	Work	Participation	Command
OR	Health Professionals	Tutors	Nursing courses	Interest	use	Observation	Mastery
OR	Inter-disciplinary	Instructors		Branch of knowledge		Background	Proficiency
OR		Facilitators		Area		Doing	Skill
OR				Speciality		Familiarity	

Search terms: Discussion and Conclusion: Supporting the facilitation of nursing within HE

	Concept 1. Search Terms	Concept 2. Search terms	Concept 3. Search Terms	Concept 4. Search Terms	Concept 5. Search Terms	Concept 6. Search Terms	Concept 7. Search Terms	Concept 8. Search Terms
	AND (OR EXCLUDE)	AND	AND	AND	AND	AND	AND	AND
OR	Non-nurse	lecturers	Nurse Education	Higher Education	Culture	Research	Teaching	Learning
OR	Generic	Educators	Nurse Training	Universities	Convention	Examine	Coaching	Education
OR	Topic specialist	Teachers	Nursing programmes	Training Schools	Customs	Study	Instruction	Knowledge
OR	Health Professionals	Tutors	Nursing courses	Nursing schools	Mores	Scholarship	Training	lore
OR	Inter-disciplinary	Instructors		Colleges	Society	Analysis		study
OR		Facilitators		Hospitals		Inquiry		Training
OR				Education establishment		Investigate		Tuition
				Training establishment		Experiment		

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Search terms: Discussion and Conclusion: Enabling the nursing profession to evolve in education and in future practice

	Concept 1. Search Terms	Concept 2. Search terms	Concept 3. Search Terms	Concept 4. Search Terms	Concept 5. Search Terms	Concept 6. Search Terms	Concept 7. Search Terms
	AND (OR EXCLUDE)	AND	AND	AND	AND	AND	AND
OR	Non-nurse	lecturers	Nursing	Evolve	Questioning	Informing	Influence
OR	Generic	Educators	Nurse	Develop	Examining	Advising	Direction
OR	Topic specialist	Teachers	Nursing profession	Progress	Inquiring	Educating	Effect
OR	Health Professionals	Tutors	Nursing discipline	Advance	Investigating	Enlighten	Guidance
OR	Inter-disciplinary	Instructors	Registered nurses	Grow			Impact
OR		Facilitators		Mature			

Search terms: Discussion and Conclusion: Enabling the nursing profession to evolve in education and in future practice (Ethos)

	Concept 1. Search Terms	Concept 2. Search terms	Concept 3. Search Terms	Concept 4. Search Terms	Concept 5. Search Terms	Concept 6. Search Terms	Concept 7. Search Terms
	AND (OR EXCLUDE)	AND	AND	AND	AND	AND	AND
OR	Non-nurse	lecturers	Nursing	Ethos	Questioning	Informing	Influence
OR	Generic	Educators	Nurse	Mentality	Examining	Advising	Direction
OR	Topic specialist	Teachers	Nursing profession	Mind set	Inquiring	Educating	Effect
OR	Health Professionals	Tutors	Nursing discipline	Culture	Investigating	Enlighten	Guidance
OR	Inter-disciplinary	Instructors	Registered nurses				Impact
OR		Facilitators					

Hand searches also took place for the 'Discussion' and 'Conclusion' chapters for 2009 and 2010 in 'Nurse Education Today', 'Journal of Interprofessional Care' and 'Times Higher Education'

	Initial Literature Review	Expert Systems	Students' Views	Objective Measurements	Systematic and Critical Appraisal	Discussion and Conclusion
Purpose	1.To provide an appreciation of the literature that helped to form the research questions and the PhD proposal 2. To illuminate the area of study especially concerning existing research, polices and providing a theoretical framework for measuring 'added-value'.	1. To obtain literature to help answer my research questions and refers to and/or is written by 'Experts' in the field. 2. As part of the 'constant comparative' approach (Cohen et al 2000) of analysing my interviews, to provide literature which relates to the key themes.	1. To obtain literature to help answer my research questions and refers to and/or is written by Student nurses. 2. As part of the 'constant comparative' approach (Cohen et al 2000) of analysing my interviews, to provide literature which relates to the key themes.	1. To obtain literature to support my discussion of 'objective measurements in nurse education and HE. 2. To help to discuss the emerging themes from my comparison of review documents	1. To obtain literature which helps to answer my research questions and refers to teaching and learning on nurse education programmes.	1. To obtain literature to help critically analyses my results in order to answer my research questions. 2. To facilitate in critiquing my research process.
Inclusion criteria	Empirical/Primary studies or reviews of empirical studies directly related to the topic Some relevant secondary sources to provide opinion on the primary studies English language only Relevant to practice in England and Wales (Other sources were included for the non-	Empirical/Primary studies or reviews of empirical studies directly related to the topic Some relevant secondary sources to provide opinion on the primary studies English language only Relevant to practice in England and Wales (Other sources were included for the non-	Empirical/Primary studies or reviews of empirical studies directly related to the topic Some relevant secondary sources to provide opinion on the primary studies English language only Relevant to practice in England and Wales (Other sources were included for the non-	Empirical/Primary studies or reviews of empirical studies directly related to the topic Some relevant secondary sources to provide opinion on the primary studies English language only Relevant to practice in England and Wales (Other sources were included for the non-	Empirical/Primary studies or reviews of empirical studies directly related to the topic Some relevant secondary sources to provide opinion on the primary studies English language only Relevant to practice in England and Wales (Other sources were included for the non-	Empirical/Primary studies or reviews of empirical studies directly related to the topic Some relevant secondary sources to provide opinion on the primary studies Predominantly English language only, however some translated articles were used.

	practice and policy areas) however, this was due to the policy context of Nurse Education) Published up to and including 2004	practice and policy areas) however, this was due to the policy context of Nurse Education) Published in 2004 and to the present day	practice and policy areas) however, this was due to the policy context of Nurse Education) Published in 2004 and to the present day	practice and policy areas) however, this was due to the policy context of Nurse Education) Published in 2004 and to the present day	practice and policy areas) however, this was due to the policy context of Nurse Education) Published in 2004 and to the present day	Largely relevant to practice in England and Wales (Other sources were included for the non- practice and policy areas and for the discussion on Europe) Published in 2004 and to the present day
Exclusion criteria	Primary and secondary sources not related to the topic area and then subsequent research questions Not English language Relevant to practice outside England and Wales (Limitations as above)	Primary and secondary sources not related to the topic area and then subsequent research questions Not English language Relevant to practice outside England and Wales (Limitations as above) Published before 2004.	Primary 'research' not related to the topic area and then subsequent research questions Not English language Relevant to practice outside England and Wales (Limitations as above) Published before 2004.	Primary 'research' not related to the topic area and then subsequent research questions Not English language Relevant to practice outside England and Wales (Limitations as above) Published before 2004.	Primary 'research' not related to the topic area and then subsequent research questions Not English language Relevant to practice outside England and Wales (Limitations as above) Published before 2004.	Primary 'research' not related to the topic area and then subsequent research questions (Limitations as above) Published before 2004.
Electronic searching: Portals	**York St John University Library** Subject sites: 'Health and Life Sciences' and the sub section of 'Health and Social care' 'Education and Theology' and the	**York St John University Library** Subject sites: 'Health and Life Sciences' and the sub section of 'Health and Social care' 'Education and Theology' and the	**York St John University Library** Subject sites: 'Health and Life Sciences' and the sub section of 'Health and Social care' 'Education and Theology' and the	**York St John University Library** Subject sites: 'Health and Life Sciences' and the sub section of 'Health and Social care' 'Education and Theology' and the	**York St John University Library** Subject sites: 'Health and Life Sciences' and the sub section of 'Health and Social care' 'Education and Theology' and the	**York St John University Library** Subject sites: 'Health and Life Sciences' and the sub section of 'Health and Social care' 'Education and Theology' and the

	subsection of 'Education' **University of Hull Library** Subject sites: 'Education Studies' 'Nursing, Midwifery and Allied Health Professionals'	subsection of 'Education' **University of Hull Library** Subject sites: 'Education Studies' 'Nursing, Midwifery and Allied Health Professionals'	subsection of 'Education' **University of Hull Library** Subject sites: 'Education Studies' 'Nursing, Midwifery and Allied Health Professionals'	subsection of 'Education' **University of Hull Library** Subject sites: 'Education Studies' 'Nursing, Midwifery and Allied Health Professionals'	subsection of 'Education' **University of Hull Library** Subject sites: 'Education Studies' 'Nursing, Midwifery and Allied Health Professionals'	subsection of 'Education' **University of Hull Library** Subject sites: 'Education Studies' 'Nursing, Midwifery and Allied Health Professionals'
Electronic searching: Databases	British Education Index CINAHL ERIC (Educational Resource Information Centre) MEDLINE PUBMED	British Education Index CINAHL ERIC (Educational Resource Information Centre) MEDLINE PUBMED	British Education Index CINAHL ERIC (Educational Resource Information Centre) MEDLINE PUBMED	British Education Index CINAHL ERIC (Educational Resource Information Centre) MEDLINE PUBMED	British Education Index CINAHL ERIC (Educational Resource Information Centre) MEDLINE PUBMED	British Education Index CINAHL ERIC (Educational Resource Information Centre) MEDLINE PUBMED
Electronicsearching: Search engines and internet gateways	BIOME (Now INTUTE) National Library for Health NMAP (Now INTUTE) OMNI (Now INTUTE)	BIOME (Now INTUTE) National Library for Health NMAP (Now INTUTE) OMNI (Now INTUTE)	BIOME (Now INTUTE) National Library for Health NMAP (Now INTUTE) OMNI (Now INTUTE)	BIOME (Now INTUTE) National Library for Health NMAP (Now INTUTE) OMNI (Now INTUTE)	BIOME (Now INTUTE) National Library for Health NMAP (Now INTUTE) OMNI (Now INTUTE)	BIOME (Now INTUTE) National Library for Health NMAP (Now INTUTE) OMNI (Now INTUTE)
Electronic searching: Websites	Department for Education and Skills (Now Department for children, Schools and Families) www.dcsf.gov.uk/hegateway/ and	Nursing and Midwifery Admissions Service (Now under UCAS) www.ucas.ac.uk Department for Education and Skills (Now Department for	Department for Education and Skills (Now Department for children, Schools and Families) www.dcsf.gov.uk/hegateway/ and	Mott Macdonald www.nmc.mottmac.com Healthcare Inspectorate Wales www.hiw.org.uk Department of Health	Sector Skills Councils www.ssda.org.uk Higher Education Finding Council Wales www.hefcw.ac.uk Department for Education and Skills	All previous websites plus for Europe: European Nursing Federation www.fepi.com Tuning http:///tuning.unideu

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Department for Innovation, Universities and Skills www.dius.gov.uk/ Department of Health www.dh.gov.uk/ Higher Education Academy www.heacademy.ac.uk/ Higher Education Funding Council for England www.hefce.ac.uk/ National Health Service www.nhs.uk/ Nursing and Midwifery Council (Also UKCC and ENB publications) www.nmc-uk.org/ Quality Assurance Agency www.qaa.ac.uk/ Royal College of Nursing www.rcn.org.uk/ Skills for Health www.skillsforhealth.org.uk/	children, Schools and Families) www.dcsf.gov.uk/hegateway/ and Department for Innovation, Universities and Skills www.dius.gov.uk/ Department of Health www.dh.gov.uk/ Higher Education Academy www.heacademy.ac.uk/ Higher Education Funding Council for England www.hefce.ac.uk/ National Health Service www.nhs.uk/ Nursing and Midwifery Council (Also UKCC and ENB publications) www.nmc-uk.org/ Quality Assurance Agency www.qaa.ac.uk/ Royal College of Nursing www.rcn.org.uk/ Skills for Health www.skillsforhealth.org.uk/	Department for Innovation, Universities and Skills www.dius.gov.uk/ Department of Health www.dh.gov.uk/ Higher Education Academy www.heacademy.ac.uk/ Higher Education Funding Council for England www.hefce.ac.uk/ National Health Service www.nhs.uk/ Nursing and Midwifery Council (Also UKCC and ENB publications) www.nmc-uk.org/ Quality Assurance Agency www.qaa.ac.uk/ Royal College of Nursing www.rcn.org.uk/ Skills for Health www.skillsforhealth.org.uk/ The National Student Survey www.thestudentsurvey.com/	www.dh.gov.uk/ Higher Education Academy www.heacademy.ac.uk/ Higher Education Funding Council for England www.hefce.ac.uk/ National Health Service www.nhs.uk/ Nursing and Midwifery Council (Also UKCC and ENB publications) www.nmc-uk.org/ Quality Assurance Agency www.qaa.ac.uk/ Royal College of Nursing www.rcn.org.uk/ Skills for Health www.skillsforhealth.org.uk/ The National Student Survey www.thestudentsurvey.com/	(Now Department for children, Schools and Families) www.dcsf.gov.uk/hegateway/ and Department for Innovation, Universities and Skills www.dius.gov.uk/ Department of Health www.dh.gov.uk/ Higher Education Academy www.heacademy.ac.uk/ Higher Education Funding Council for England www.hefce.ac.uk/ National Health Service www.nhs.uk/ Nursing and Midwifery Council (Also UKCC and ENB publications) www.nmc-uk.org/ Quality Assurance Agency www.qaa.ac.uk/ Royal College of Nursing www.rcn.org.uk/ Skills for Health www.skillsforhealth.or	sto.org Ireland www.nursingboard.ie Plus Leeds university open access resources www.leeds.ac.uk

			Unistats www.unistats.com/		g.uk/	
Secondary sources	Books, and the reference list of books and papers, were also used and obtained through the Universities of Hull and York St. John Library facilities. Also, thanks to my nursing colleagues, through the RCN library	Books, and the reference list of books and papers, were also used and obtained through the Universities of Hull and York St. John Library facilities. Also, thanks to my nursing colleagues, through the RCN library	Books, and the reference list of books and papers, were also used and obtained through the Universities of Hull and York St. John Library facilities. Also, thanks to my nursing colleagues, through the RCN library	Books, and the reference list of books and papers, were also used and obtained through the Universities of Hull and York St. John Library facilities. Also, thanks to my nursing colleagues, through the RCN library	Books, and the reference list of books and papers, were also used and obtained through the Universities of Hull and York St. John Library facilities. Also, thanks to my nursing colleagues, through the RCN library	Books, and the reference list of books and papers, were also used and obtained through the Universities of Hull and York St. John Library facilities. Also, thanks to my nursing colleagues, through the RCN library

Grey literature (Unpublished or semi-published literature)	Obtaining information which is not available through standard sources is by definition difficult. The websites already discussed did provide some of this information especially letter, internal reports etc. Also various conferences provided both oral and written information. Searching for grey literature was not actively done at this stage, later stages have taken advantaged more of this area and have used sites such as SIGLE http://opensigle.inist.fr and the use of 'experts' in various organisations. (Sources included in the list of websites)	Obtaining information which is not available through standard sources is by definition difficult. The websites already discussed did provide some of this information especially letter, internal reports etc. Also various conferences provided both oral and written information. Searching for grey literature was done through SIGLE http://opensigle.inist.fr and the use of 'experts' in various organisations (Sources included in the list of websites)	Obtaining information which is not available through standard sources is by definition difficult. The websites already discussed did provide some of this information especially letter, internal reports etc. Also various conferences provided both oral and written information. Searching for grey literature was done through SIGLE http://opensigle.inist.fr and the use of 'experts' in various organisations (Sources included in the list of websites)	Obtaining information which is not available through standard sources is by definition difficult. The websites already discussed did provide some of this information especially letter, internal reports etc. Also various conferences provided both oral and written information. Searching for grey literature was done through SIGLE http://opensigle.inist.fr and the use of 'experts' in various organisations (Sources included in the list of websites)	Obtaining information which is not available through standard sources is by definition difficult. The websites already discussed did provide some of this information especially letter, internal reports etc. Also various conferences provided both oral and written information. Searching for grey literature was done through SIGLE http://opensigle.inist.fr and the use of 'experts' in various organisations (Sources included in the list of websites)	Obtaining information which is not available through standard sources is by definition difficult. The websites already discussed did provide some of this information especially letter, internal reports etc. Also various conferences provided both oral and written information. Searching for grey literature was done through SIGLE http://opensigle.inist.fr and the use of 'experts' in various organisations (Sources included in the list of websites)

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Appendix 3: List of Conferences, Training Days, and Research Modules and other Supporting Information

Date	Activity	Reflections
January 2004	Interview with David Waugh Teacher Education	This discussion enabled me to see that the issues I was exploring in Nurse Education were similar to other professions
Spring 2004	Faculty research seminar	I presented my reflections on my first few months of my studies to my peers. My main themes were about self confidence, motivation, time management and multi-tasking. Reflections on my presentation included attempting to include too much information and relief that people attended. Six years later the same themes and concerns exist!
2003/2004 and 2004/2005	Postgraduate Training Certificate Research Modules: • Communication Skills (05002) • Research Design and the Practicalities of Research (05013) • Managing the Research Process (05001) • Library and Information Research Skills by Independent Study (05003) • Computer Data Management (05008) • An Introduction to Qualitative Research (05011)	As I was not completing a 'professional doctorate' I was unaware that I would need to successfully complete some research modules, and therefore this regulation was a surprise. However, the modules did prove to be beneficial not only in the relevance of the content, but more importantly in being able to meet and learn with other post-graduate research students. I decided to complete the modules early to enable me to concentrate on my research. In retrospect leaving some choices to nearer the end may have

		helped with some analysis and 'writing up' skills.
March 2005	Poster presentation at the RCN International Research Conference Belfast	Trying to summarise my research questions into one poster was difficult. However, it did enable me to be able to state clearly what my research was about; being succinct is a developing skill. This conference also enabled me to publicise my ideas with a nursing audience and obtain feedback which I used for my initial survey and as part of a research module.
May 2005	Article based on my initial literature review accepted for publication in 'Nurse Education Today'	I learnt the importance of accepting help from the Editor and considering, if not agreeing with, feedback from my peers.
September 2005	NET Education in Health Care Conference Durham	Although I did not present at this conference I found the support and encouragement when discussing my research with nursing colleagues invaluable. I intended to submit the following year but this became difficult due to changing my employment
March 2006	Presentation at the RCN International Research Conference York	Fortunately my application to present at this conference had already been submitted before I changed employment. As with other presentations I

		included too much, but received a lot of valuable feedback from those who attended.
2007	New post Rejected article	The requirements of my new job made it very difficult to attend nursing conferences. I submitted another article at this time, however I will admit that some of the destructive criticism knocked my confidence, and I made a decision to concentrate on finishing my own research.
November 2008	Presentation at the IFL PhD students research conference	I was asked to present by my supervisor (no is not really an option) Although it was useful to reflect and discuss the trials and tribulations of the 'writing up' process, once again I learnt more from my fellow students and appreciate these events.

Appendix 4: Initial Letter to Deans

Julie Dickinson

Lecturer

University of Hull

Cottingham Rd.

Hull HU6 7RX

Dear (name of the Dean or equivalent)

RE: An exploration of the 'added value' of non-nurses teaching on pre and post-qualifying nursing programmes

I would like to invite you to support me in my research on the above topic for my PhD.

I am seeking your assistance in two ways:

- Firstly, to obtain the number of non-nurses as a proportion of your overall teaching staff.
- Secondly, in providing information that will enable me to contact relevant lecturers i.e. via your e-mail system.

My research attempts to answer the following questions:

- Can non-nurse lecturers provide 'added value' to pre and post-qualifying nurse education?
- How at present is the contribution of non-nurse lecturers defined in both theory and practice?
- What is their potential role in providing 'added value' to pre and post-qualifying nurse education

One of my research methods is to interview by phone, e-mail or in person lecturers who are non-nurses and who contribute substantially to pre and post-qualifying nursing programmes. I have defined a substantial contribution as a lecturer who **assesses work and provides academic supervision** as well as has a teaching commitment to modules and programmes.

The interviews should take no longer than thirty minutes, and I will provide similar information on the aims of my research and the content of the interviews to enable the interviewees to provide informed consent.

As regards to confidentiality any information gathered will be stored securely, the analysis will be ratified by the interviewees, and no names of individuals or institutions will be used in any written reports including my these or published articles.

If you would like to take part in my research please contact me on: J.Dickinson@hull.ac.uk, 01482 464689, or in the Faculty of Health and Social Care at the above address.

If you wish to discuss any aspects of the research with my Supervisor, his contact details are: Professor Derek Colquhoun the Director of Research and Graduate Studies, d.colquhoun@hull.ac.uk, 01482 465814, or in the Institute for Learning at the above address. Or contact his secretary Jackie Lison who also supports the Ethics Committee which granted approval for the research. Her contact details are j.lison@hull.ac.uk, 01482 465988, or in the Institute for Learning at the above address.

Thank you for considering my request and I hope to hear from you in the near future. If you require any further information and/or wish to contact me please do not hesitate to do so.

Yours faithfully

Julie Dickinson

Lecturer

Appendix 5: Pilot Non-nurse Interview Schedule

Interviews with non-nurse lecturers (Pilot)

Introduction and process:

Thank you for agreeing to take part, I would just like to restate the purpose of the interview:

Firstly, to collect information on the numbers and roles of non-nurse lecturers

Secondly, to explore your views on the possible 'added value' you bring to nurse education and

Thirdly to ask your views on the content and process of the interview

(Check that that is fine and that there are no questions and that the consent form is signed)

Questions:

1. What is the name of your Faculty/School and Institution? (this is not for comparison purposes but to allow me to comment on the spread of responses and the language used)

_____

2. What is your job title?

Lecturer ☐   Senior Lecturer ☐   Professor ☐   Tutor☐   Nurse Educator☐

Nurse Teacher☐   Other _____

3. Is your job title different to the one you applied for? (On your contract or job description

Yes ☐   No ☐   Don't Know ☐

If yes, what was your job title?

Lecturer ☐   Senior Lecturer ☐   Professor ☐   Tutor☐   Nurse Educator☐

Nurse Teacher☐   Other _____

Why did your job title change?

_____

_____

4. How many years have you worked in your present role?

<1 ☐   1-5 ☐   6-10 ☐   10 plus ☐

5. Do you belong to a profession?

Yes ☐   No ☐   Don't Know ☐

If yes, what is it?

Academic☐   Social Worker☐   Medic☐   Physiotherapist☐   Dietitian☐

Podiatrist☐   Pharmacist ☐   Other_____

If no or don't know, how would you define you role?

_____

6. What was your previous job role?

Academic☐ Which specialist area? _____

 Social Worker☐   Medic☐   Physiotherapist☐   Dietitian☐   Podiatrist☐

Pharmacist ☐   Not working ☐   Other_____

7. Which of the following tasks are parts of your role?

a. Pre-registration nurse teaching?

None☐

(very approximately what proportion of time is allocated to them?)

 A little ☐   A lot   ☐   Most of my role   ☐

b. Post-registration nurse teaching?

None☐

(very approximately what proportion of time is allocated to them?)

A little ☐   A lot   ☐   Most of my role   ☐

8. Are you a pre-registration module leader?

Yes ☐   No ☐   If yes, what is it called?_____

9. Are you a post-registration module leader?

Yes ☐   No ☐   If yes, what is it called?_____

10. Are you a pre-registration programme leader?

Yes ☐   No ☐   If yes, what is it called?_____

11. Are you a post-registration programme leader?

Yes ☐   No ☐   If yes, what is it called?_____

12. Do you have any managerial role within the School/Faculty?

Yes ☐   No ☐   If yes, what is the role?_____

13. Do you do any of the following roles?

Pre-registration marking ☐   Post-registration marking ☐   Academic supervision ☐

Personal supervision ☐   link tutor role ☐   other ☐   Please state_____

14. Do you carry out any research?

Yes ☐   No ☐   If yes, in what topic or topics?_____

15.Do you do any inter-professional teaching?

Yes ☐   No ☐   If yes, what and who does it

involve?_____

16. Do you belong to any working groups within the School/Faculty?

Yes ☐   No ☐

a. If yes, what are they and what is your

role?_____

b. If yes, do they include people from other organisations?

Yes ☐   No ☐

a. If yes, who are they and what is their

role?_____

.17. Do you have a learning and teaching strategy for your school/faculty?

Yes ☐   No ☐   Don't know ☐

a. If yes, does it define the requirements of good quality teaching in nurse

education?

Yes ☐   No ☐   Don't know ☐

If yes, in what way?_____

b. Does it mention the roles of non-nurse lecturers? Yes ☐   No ☐   Don't know

☐

If yes, in what way?_____

c. Does it mention the role of inter-professional working

Yes ☐   No ☐   Don't know ☐

If yes, in what way?_____

18. Do you have a research and scholarship strategy for your school/faculty?

Yes ☐   No ☐   Don't know ☐

a. If yes, does it define specific areas to research Yes ☐   No ☐   Don't know ☐

If yes, which ones?_____

b. Does it mention the roles of non-nurse lecturers Yes ☐   No ☐   Don't know ☐

If yes, in what way?_____

c. Does it mention the role of inter-professional working

Yes ☐   No ☐   Don't know ☐

If yes, in what way?_____

20. Do you team teach with nurse lecturers?

Yes ☐   No ☐

If yes, why?_____

21. Have you completed a teacher training course?

Yes ☐   No ☐

If yes, which one?_____

22. How do you see your career progressing?

Happy as it is   ☐   More teaching   ☐   More research   ☐

Back into professional practice elsewhere ☐   Into another faculty   ☐   Higher

academic post   ☐   Higher management post   ☐   Don't know ☐   Other

☐ Please state _____

22. What was your motivation for teaching nurses?

_____

23. In what way do you feel that your approach to nurse education is similar to your nurse colleagues?

_____
—

24. In what way do you feel that your approach to nurse education is different to your nurse colleagues?

_____
____

25. As a non nurse what extra do you feel you bring to the educational experience and the subsequent practice of nurses?

(Prompts if needed- inter-professional learning and working, questioning professional boundaries, enriching the philosophy of the School/faculty, encourage critical thinking, student-centered learning, expansion of subject areas, culture of Higher Education etc.)

_____
_____
_____
_____
_____
_____
_____
_____

Process:

Time=

What made you respond to my request?

Have you any suggestions on how to encourage others to take part?

Were there any questions you did not understand?

_____

Where there any questions that you felt were irrelevant?

_____

Are there any alterations you feel I should make to make the interview clearer?

_____

Are there any questions that I need to add?

Any other comments?

Appendix 6: Non-nurse Interview Schedule

Interviews with non-nurse lecturers (Draft two after the pilot)

Introduction and process:

Thank you for agreeing to take part, I would just like to restate the purpose of the interview:

Firstly, to collect information on the numbers and roles of non-nurse lecturers

Secondly, to explore your views on the possible 'added value' you bring to nurse education

 (Check that that is fine and that there are no questions and that the consent form is signed)

1. What is the name of your Faculty/School and Institution? (this is not for comparison purposes but to allow me to comment on the spread of responses and the language used)

_____

2. What is your job title?

Lecturer ☐　　Senior Lecturer ☐　　Professor ☐　　　Tutor ☐　　Nurse Educator ☐　　Nurse

Teacher ☐　　Nurse Practitioner ☐　Lecturer/Practitioner ☐

Other _____

3. Is you post:

 Permanent? ☐　Fixed term? ☐　Secondment? ☐　Where are you seconded from?

_____

4. Is your post:

Academic? ☐　Academic-related ? ☐　Other? _____

5. Do you work part-time?

Yes ☐　　No ☐

If yes, what is your other job/s?

Academic elsewhere ☐ Which specialist area? _____

Social Worker☐   Medic☐   Physiotherapist☐   Dietitian☐   Podiatrist☐

Pharmacist ☐   Not working ☐   Other_____

6. Is your job title different to the one you applied for? (On your contract or job description

Yes ☐   No ☐   Don't Know ☐

If yes, what was your job title?

Lecturer ☐   Senior Lecturer ☐   Professor ☐   Tutor☐   Nurse Educator☐   Nurse

Teacher☐   Other _____

Why did your job title change? _____

7. How many years have you worked in your present role?

<1 ☐   1-5 ☐   6-10 ☐   10 plus ☐

8. Do you belong to a professional body?

Yes ☐   No ☐   Don't Know ☐

If yes, what is it?

Academia ☐   Social Work ☐   Medicine ☐   Physiotherapy ☐   Dietetics ☐

Podiatry ☐   Pharmacy ☐   Other_____

If no or don't know, how would you define you role? _____

9. What was your previous job role?

Academic☐ Which specialist area? _____

Social Worker☐   Medic☐   Physiotherapist☐   Dietitian☐   Podiatrist☐

Pharmacist ☐   Not working ☐   Other_____

10. Which of the following tasks are part of your role at present?

a. Pre-registration nurse teaching?

None☐

(very approximately what proportion of time is allocated to them?)

 Most of my role ☐   A lot ☐   A little ☐

b. Post-registration nurse teaching?

 None☐

(very approximately what proportion of time is allocated to them?)

Most of my role ☐   A lot ☐   A little ☐

11. What topics do you teach at present?

 _____

12. Are you a pre-registration module leader at present?

Yes ☐   No ☐   If yes, what is it called?_____

13. Are you a post-registration module leader at present?

Yes ☐   No ☐   If yes, what is it called?_____

14. Are you a pre-registration programme leader at present?

Yes ☐   No ☐   If yes, what is it called?_____

15. Are you a post-registration programme leader at present?

Yes ☐   No ☐   If yes, what is it called?_____

16. Do you manage people and/or resources within the School/Faculty at present?

Yes ☐   No ☐ If yes, what does it involve? _____ If

relevant, do you employ non-nurses? Yes ☐   No ☐   Why? **_____**

17. Do you do any of the following roles at present?

Pre-registration marking ☐   Post-registration marking ☐   Academic supervision ☐

Personal supervision ☐   link tutor role ☐   other ☐   Please state_____

18. Do you carry out any research at present?

Yes ☐   No ☐ If yes, in what topic or topics?_____

19. Do you publish at present?

Yes ☐   No ☐ If yes, in what topic or topics?_____

20. Do you do any inter-professional teaching at present?

Yes ☐   No ☐ If yes, what and who does it

involve?_____

21. Do you belong to any working groups within the School/Faculty at present?

Yes ☐   No ☐

a. If yes, what are they and what is your

role?_____

b. If yes, do they include people from other organisations?

Yes ☐   No ☐

a. If yes, who are they and what is their

role?_____

22. Has your job profile changed significantly since you started?

Yes ☐   No ☐   If yes, in what way? _____

And why? _____

23. Do you have a learning and teaching strategy for your school/faculty?

Yes ☐   No ☐   Don't know ☐

a. If yes, does it define the requirements of good quality teaching in nurse education?

Yes ☐   No ☐   Don't know ☐

If yes, in what way?_____

b. Does it mention the roles of non-nurse lecturers? Yes ☐   No ☐   Don't know ☐

If yes, in what way?_____

c. Does it mention the role of inter-professional working

Yes ☐   No ☐   Don't know ☐

If yes, in what way?_____

24. Do you have a research and scholarship strategy for your school/faculty?

Yes ☐   No ☐   Don't know ☐

a. If yes, does it define specific areas to research Yes ☐   No ☐   Don't know ☐

If yes, which ones?_____

b. Does it mention the roles of non-nurse lecturers Yes ☐   No ☐   Don't know ☐

If yes, in what way?_____

c. Does it mention the role of inter-professional working

Yes ☐   No ☐   Don't know ☐

If yes, in what way?_____

25. Do you team teach with nurse lecturers?

Yes ☐   No ☐

If yes, why?_____

26. Have you completed a teacher training course?

Yes ☐   No ☐

If yes, which one?_____

27. How do you see your career progressing?

Happy as it is   ☐   More teaching   ☐   More research   ☐   Back

into professional practice elsewhere ☐   Into another faculty   ☐   Higher

academic post   ☐   Higher management post   ☐   Don't know ☐   Other

☐ Please state _____

28. What was your motivation for teaching nurses?

_____

_____

29. Is your approach to nurse education similar to your nurse colleagues?

Yes ☐   No ☐   In what way? _____

_____

30. As a non nurse what extra do you feel you bring to the educational experience and the subsequent practice of nurses?

(Prompts if needed- inter-professional learning and working, questioning professional boundaries, enriching the philosophy of the School/faculty, encourage critical thinking, student-centered learning, expansion of subject areas, culture of Higher Education etc.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Thank you for taking part, have you any questions?

Appendix 7: Student Focus Group Questions

The questions I will be asking are taken from my other study and the literature. They are:

    a. What working backgrounds would you want your lecturers to have?
        i. Why?
    b. What subject expertise would you want your lecturers to have?
        i. Why?
    c. What teaching styles would you want your lecturers to have?
        i. Why?
    d. Do you think you have been taught by a lecturer who is not a nurse?
        i. If yes, why did you think this and did they contribute anything extra to your learning experience?
        ii. If no or don't know, do you think non nurses could contribute to your learning experiences
    e. Any other comments?

Due to the small numbers of students attending my focus groups, I used the data collected and the feedback from the students, to inform my online survey (Appendix 7)

Appendix 8: Online Survey Questions

Paper copy of the on-line survey (The formatting is different on the online survey)

Welcome

I am currently a PhD student at the University of Hull. I am also a lecturer at York St John University.

I am investigating the role of non-nurse lecturers teaching on nursing programmes and your opinions will enable me to add the students' voice to my findings.

Ethics permission has been granted by the University of Hull.

This survey should take about 10 minutes to complete and your reply will be anonymous.

The last section will give you the opportunity to leave your email address for the £50 Amazon draw and will not be used in the research.

Data Protection Statement

All data collected in this survey will be held anonymously and securely. No individuals or students will be identified in the findings.

Cookies and personal data stored by your web browser are not used in the survey.

Your Details

I am a:

- ☐ First Year Diploma Nursing Student
- ☐ Second Year Diploma Nursing Student
- ☐ Third Year Diploma Nursing Student
- ☐ First Year Degree Nursing Student
- ☐ Second Year Degree Nursing Student
- ☐ Third Year Degree Nursing Student

Your Opinions: Lecturers Backgrounds

My lecturers should:

	Strongly Disagree	Disagree	Don't Agree or Disagree	Agree	Strongly agree
Have a Nursing Background	○	○	●	○	○
Have a Health and Social Care Background	○	○	○	○	○
No particular Background just knowledgeable of their subject area	○	○	○	○	○

Please state what professional background you would prefer your lecturers to have to teach the following subjects:

Please state what professional background you would prefer your lecturers to have to teach the following subjects:

	Nursing Profession	Health and social Care Background	Subject/Discipline Specialist
Anatomy and physiology			
Clinical Practice			
Evidence-based Practice			
Multi/Inter Disciplinary working			
health care Policy			
Nursing models and theories			
Psychology			
Research			
Sociology			

Your Experience

I have been taught by a Lecturer who is not a Nurse

○   Yes

◉   No

○   Don't Know

 I have been taught by a Lecturer who is not a Health and Social Care Practitioner

○   Yes

○   No

○ Don't Know

Your Opinions: Non-nurse lecturers

What (if anything) do you feel a non-nurse lecturer could add to your learning experience?

Thank you

Thank you for completing my survey. If you wish to be added to the draw for the Amazon voucher please leave your email address below

Appendix 9: Survey Monkey Details and Privacy Policy

Privacy Policy

Last Updated 5/2/2008

**Survey Monkey's Privacy Policy is available at
http://www.surveymonkey.com.**

It covers areas such as:

Information Collection

Log Files

Cookies

Information Use

Communications from the Site

Sharing Information.

Opting Out

Links to Other Sites

Access to Personally Identifiable Information

Legal Disclaimer

General Security Policy
'If you have any questions about security on our Web site, you can send email us at support@surveymonkey.com'

Changes in this Privacy Statement

If you have any questions or suggestions regarding our privacy policy, please contact us at:

Online Support:	http://www.surveymonkey.com/HelpCenter
Phone:	503-225-1202
Fax:	503-225-1200
Email:	support@surveymonkey.com
Mailing Address:	SurveyMonkey.com 815 NW 13th Ave. Suite D Portland, OR 97209

Appendix 10: Example of Coded Documents

priorities outlined in the NHS Plan and National Service Frameworks demand new ways of working that will influence the structure and composition of the revalidated programmes, both at pre-registration and postgraduate level.

12. The masters level programmes are aimed at addressing the government health and social care agenda and are designed to promote shared learning. The first intake of students for the 2.75-year MSc Nursing Studies programme began in 2003-04. The students already have a first degree and, on completion of the MSc, they also achieve the Registered General Nurse qualification. The practice component meets NMC requirements. There is a heavy theoretical workload in the second and third year of the programme. The other programmes offered at masters level are post-registration and may be accessed on a part-time basis. This effectively improves accessibility for qualified practitioners and promotes their lifelong learning.

13. The Foundation Degrees in Health Care Sciences and Health and Social Care have been created in response to the Government's Modernisation Agenda. They have appropriate learning outcomes that enable students to become competent support workers who will enhance their capability in practice and continue professional development.

Curricula

14. The undergraduate pre-registration nursing programmes, together with the MSc pre-registration nursing route, are designed to meet the standards of the key stakeholders. The current curricula have been reviewed against the guiding principles *relating to communication skills* for healthcare professionals. In addition, the pre-registration joint award programmes, BSc (Hons) Social Work/Mental Health Nursing and Social Work/Learning Disabilities Nursing, are mapped appropriately against the social work competencies as well as nursing requirements.(*core skills)*

The programme specifications are explicit in identifying the personal and professional development opportunities within the curriculum. *Subject-specific and transferable skills* are clearly articulated within the curriculum documents. *(QAA4)*

15. The curricula are current and continue to be reviewed to meet the changing demands of practice, government policy and NHS initiatives. Key stakeholders are involved in curriculum

design and ongoing development activities. *Interprofessional learning opportunities* feature in the undergraduate and postgraduate curricula and are a positive aspect of this provision. The MSc Nursing Studies pre-registration programme is shared with occupational therapy, radiography and physiotherapy programmes, using appropriate problem-based learning triggers. *Shared learning* opportunities on the pre-registration programmes occur both in the University and in practice. *(IPL QAA4)*

16. Progression through the curricula is evident from the use of the portfolio of learning and the academic levels indicated throughout published programme documentation.

The academic standards of the pre-registration programmes are appropriate for the diploma, advanced diploma and degree outcomes and meet the FHEQ guidelines and Subject benchmark statement for nursing. Similarly, the extensive provision of post-registration and postgraduate studies is meeting both practice demands and FHEQ standards, and is innovative and contemporary in design. Of note is the development of the MSc Evidence Based Practice, with its focus on the promotion of effective and efficient healthcare. This programme provides a framework that addresses some of the challenges demanded from recent government initiatives. The programme *is multiprofessional* and offers five different masters programmes with evidence-based practice at the centre of the curriculum. The framework has been developed in collaboration with the health discipline Practice-based learning is an integral feature of the curricula and constitutes 50 per cent of all pre-registration nursing programmes. Placement learning opportunities are appropriate to enable the learning outcomes to be achieved. The partnership between the University, the WDC and the NHS Trusts in interpreting the curricula is strong.

18. The curriculum designed and organised to enable the student to achieve the competencies required by the NMC. The

and key players in the

curriculum is predicated on the need for the enrolled nurse, on completing the programme, to be a safe, competent, confident, accountable practitioner, with skills of self-motivation and *study skills as a basis for lifelong learning*. The curriculum design enables four pathways leading to registration on the relevant Part of the register. Practice environments in the student's home Trust are organised within the format of a learning contract with the practice assessor and academic tutor.

Summary of academic and practitioner standards for clinical psychology

With respect to academic and practitioner standards in clinical psychology, the reviewers conclude that: Strengths' earning outcomes are communicated clearly in the student handbook, students understand
them, and how to achieve them (paragraph 73);assessment feedback is consistently well structured and useful (paragraph 81);external examiners have noted improvement in the standard and presentation of the theses(paragraph 83);there is a 100 per cent completion rate(paragraph 85).
Weaknesses: due to recent staff changes, the availability of a sufficient pool of suitably-qualified clinical
psychologists to sustain the applied clinical psychology focus of the research element within the curriculum is a cause for concern. A research tutor has now been appointed but has not yet taken up the post and there is no clear agreement between the key stakeholders as to whether the interim and longer-term arrangements are sufficient to sustain the integrity of this important strand within the curriculum (paragraph 75);it is currently not proving possible to sustain the level of continuity in tutorial supportenvisaged in the original design of the PPD
strand of the curriculum, and it is not clear how this unique area of the curriculum can be sustained (paragraph 76);the current challenges of curriculumdevelopment are being met by appointing an
academic tutor with curriculum development responsibilities. This important innovation has unfortunately been achieved at the expense of the two vacated PPD tutor posts (paragraph 77);given the current staff turnover, it is not clear that the course team will be able to sustain a pool of suitably-qualified internal examiners (paragraph 81);assessment feedback to trainees is occasionally
significantly delayed (paragraph 82).

Overall, the reviewers have limited confidence in the academic and practitioner standards achieved by the ▬▬▬▬▬▬▬▬▬

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C   Quality of learning opportunities
Learning and teaching

86.   The University's learning, teaching and assessment strategy (LTAS) provides the strategic
vision across the institution and has been enhanced by the development of a school-specific strategy within its framework. The School's Learning and Teaching Committee monitors the LTAS and produces annual reports detailing the progress made towards achieving the targets and action plans for the achievement of the framework. Student evaluation questionnaires, both in paper and on-line versions, enable students to give feedback by which the School can effectively evaluate the quality of its learning and teaching. The Learning and Teaching Coordinator holds copies of completed evaluation questionnaires centrally.

87.   The teaching methods across the provision include core lectures supported by seminars,
workshops and/or laboratories. Nursing andmidwifery students are involved in *interprofessional and multiprofessional learning* within the University setting, mainly by means of common lectures at level 3 and above. Both staff and students gave *positive evaluations* with *multiprofessional teams working more effectively having broken down* professional Barriers as a result of interprofessional learning. Students on the MSc Nursing Studies programme, also experience *interprofessional learning* with students on the occupational therapy, radiography and physiotherapy programmes by means of shared *problem-based learninq_triggers*. However, students on the ENCC and RTP courses do not have similar opportunities for interprofessional learning. There is evidence that Doctorate in Clinical Psychology trainees and pre-registration nursing students experience interprofessional learning on placements. *(QAA4)*

88.   School staff ensure that, throughout allprogrammes, teaching is drawn from the underpinning philosophy of *evidence-basedl practice.* Progressive development of all students is monitored through professional development portfolios. Students receive a number of taught sessions to develop the skills associated with portfolio development. Among the post-registration programmes, students set up learning contracts with their tutors. On the Doctorate in Clinical Psychology programme, trainees have varioustutors who help to identify their profile of needs at the start of their programme.

89.   The School offers a mixture of traditional teaching with more *student-centred* and *(QAA5)*

Appendix 11: Sources to Support my Recommendations

Recommendation and/or issue	Source (Chapter: page/s)
Nurse Education	
Interprofessional Learning:	(Discussion: 213-221)
Learning styles	(Discussion: 218, 228, 230, 241, 242)
Lecturers different backgrounds	(Discussion: 217,232)
Team teaching	(Discussion: 219)
Interprofessional 'teaching fellows'	Discussion: 246)
Discipline and Subject Knowledge:	(Discussion: 205-207, 221-229)
Study skills	(Discussion: 206, 241-242)
Second level practitioner	(Discussion: 245)
Depth of subject knowledge	(Discussion: 205-207, 226)
Applied subject knowledge	(Discussion: 208, 226)
Management and leadership skills	(Discussion: 240-241)
Research	(Discussion: 210, 211, 233, 234)
Supporting Nursing in HE:	(Discussion 229-238)
Titles	(Discussion: 234-235)
Teaching styles	(Discussion: 218, 228, 241, 242)
Helping the Nursing Profession to Evolve	(Discussion: 212, 239-247)
Teaching styles	(Discussion: 218, 228, 230, 241, 242)
IPL	(Discussion 213-221)
Research	(Discussion: 210, 211, 233, 234)
Nursing Policy:	
Policy guidance on the lecturers' role in health professional education	(Discussion: 217, 239-247)
Input into health and social care policies	(Discussion: 239)
Questioning skills development for students	(Discussion: 206, 215, 218, 230, 231, 241, 242)
Research and Dissemination:	
Research: Lecturers working together	(Discussion: 219)
IPL and role modelling	(Discussion 215, 217)
HE culture	(Discussion: 234, 235)
Teaching styles	(Discussion: 218, 228, 230, 241, 242)
Research: Discipline expertise	(Discussion: 205-207 221-229)
HE experience including higher degree, degree and sub degree levels	(Discussion : 206)
HE skills	(Discussion: 228, 232)
Practice issues	(Discussion: 206, 208)
IPL	(Discussion 213-221)

Research: Quality and ethics	
Quality	(Methodology: 125-127)
Ethics	(Methodology: 128-129)
Dissemination	(Discussion: 261)
Inter-disciplinary nature	(Philosophical Context: 68-71)
Independent researchers	(Philosophical Context: 72)
Team teaching	(Discussion: 219)
Teaching styles	(Discussion: 218, 228, 241, 242)
Cultural norms	(Discussion: 229, 230, 232)
Quality	(Methodology: 125-127)
Ethics	(Methodology: 128-129)