THE SOCIALISATION OF STUDENT NURSES: THE 'PERI-ENTRY' APPROACH TO THE SOCIALISATION TRAJECTORY.

A four-study examination of the pre and post-entry socialisation experiences of new entrants into nurse education.

Submitted by TERENCE MICHAEL THORNE,
for the degree of DOCTOR OF PHILOSOPHY.

MANAGEMENT SCHOOL, UNIVERSITY OF SHEFFIELD.

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SUMMARY.

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A four-study examination of the pre and post-entry socialisation experiences of new entrants into nurse education.

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This thesis examines the socialisation trajectory experienced by new entrants into nurse education. Specifically, it presents for consideration, the 'peri-entry' approach to the socialisation process. The 'peri-entry' approach is so called because it concentrates, both on the period prior to commencement, and after commencement. The approach covers three phases, the pre-entry phase, the entry/encounter phase, and the post-entry phase. The approach consists of four conceptual components, and these are located in its conceptual framework in the three phases. These conceptual components are; the pre-entry expectation formation phenomenon, Reality Shock, changing images of nursing, and changes in the individual's 'nursing' self-concept. The 'peri-entry' approach suggests that consideration be given to the possibility that reported changes in attitude and emotional states following entry may be due to expectations about the course, formed in the pre-entry period, not being matched by post entry experiences. These post-entry changes, the 'peri-entry' approach suggests, appear to occur in the dimensions of the four conceptual components.

In order to examine the likelihood of this, the four dimensions of the approach are examined empirically by four studies, within the practitioner research philosophy. Each of the studies gave some measured support for the propositions made by the 'peri-entry' approach. Students did appear to hold inappropriate expectations on entry, there was evidence of Reality Shock, their images of nursing did become more negative, and their 'nursing' self-concept did grow progressively more positive.

Recommendations were made as to the most appropriate ways to minimise any negative attitudes towards nursing, and nurse education, that students may develop. Also, suggestions for further research into socialisation in nurse education were made. These further studies, it is anticipated, may identify further possible aspects of socialisation that may also impinge on the educational lives of the students who choose to enter nursing as a career.

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PUBLICATIONS and CONFERENCE PAPERS ARISING FROM THE THESIS

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Sept. 1995. 'Computer analysis of repertory grids'. Poster presented at the 'Nurse Education Tomorrow' conference, Durham University.

March 1996. 'Using personal construct psychology/repertory grid technique methodology in nursing research'. Paper presented at the RCN Research conference, Newcastle.

April 1996. 'A Personal construct psychology approach to measuring changing self-perception of student nurses over the first year of training'. Paper presented at the European Personal Construct Association conference, Reading University.

April 1996. 'Personal construct psychology/ repertory grid technique, its use as a research methodology in nursing'. Paper and workshop/seminar presented at the nursing conference, School of Nursing and Midwifery, University of Sheffield.

Nov. 1996. 'The changes over-time in the self-perception of nurses and the implications for practice: A longitudinal study using Personal construct psychology methodology'.
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March 1997. 'The use of the repertory grid methodology in nursing research'. Paper presented to the research group at the University of Wales, Swansea, in March 1997.

PREFACE

My decision to study the subject of 'socialisation' in this thesis stemmed from my reading of certain of the early, and now seminal, works on the subject of newcomer socialisation into nursing and allied occupational fields (Becker et al 1961, Davis and Olesen 1964, Olesen and Whittaker 1968, Kramer 1974, Melia 1987). A further review of the literature revealed that these were not the only texts available on the subject (Coombs 1978, Simpson 1979). This stimulated further interest. Also, I found, as much of an insight into the phenomenon of socialisation into nursing could be gained from the general organisational literature as it could from the nursing literature (Van Maanen 1977, Wanous 1980). What soon became apparent, having read the literature, was that socialisation is not a concept that can easily be defined, and that it is a complex, multi-dimensional set of phenomena. It was this complexity, and multi-dimensional nature of socialisation, that gave an early impetus for the origins of the 'peri-entry' approach as a way of formalising my thoughts on the subject of the socialisation trajectory of student nurses.

The 'peri-entry' approach to socialisation of new entrants into nurse education, therefore, is the subject of this thesis. It was devised in an attempt to describe, and explain, the multi-dimensional nature of the socialisation process experienced by the newcomer. The approach is examined by four empirical studies, each looking at a different dimension of the process. Like any approach, the 'peri-entry' approach makes no claims to be complete (Meleis 1991), and I am the first to admit that the identified dimensions of the approach may be considered as merely some of the multitude of dimensions that comprise socialisation framework 'whole'. However, if it succeeds in persuading the nursing profession that, in the quest for a more effective and student centred education system, the socialisation of the neophyte is important enough to warrant further serious consideration, then the exercise will have gone some way toward achieving one of its objectives.

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CHAPTER I

INTRODUCTION

1. Introduction.

In this thesis a new approach is described for exploring the nature of the socialisation experiences of new entrants into nursing. Four empirical studies examine the usefulness of the approach in helping us to understand the socialisation of the neophyte student nurse in four selected dimensions of the socialisation trajectory. The approach, described as the 'peri-entry' approach, was so called because it encompassed both the period prior to entry onto the course, and the period following entry. The four dimensions of the approach investigated by the studies were chosen, in part, because they comprise the antecedents, evolution, and possible outcome of the tenet of 'pre-entry expectation formation'. They are therefore linked to each other through pre-entry expectations, albeit somewhat loosely. Apart from the perspective of socialisation associated with the inculcation of the values and norms of the host culture/profession (DuToit 1995, Cohen 1981), they are also the most commonly reported aspects of socialisation (Katzell 1968, Gendron 1981, Furst et al 1962, Greenwood 1993). This provides the added opportunity, through the four study approach, to examine the claims made concerning the socialisation process by earlier studies and theories, and also to consider whether there may be some common source, or conceptual links evident. Earlier reported studies and theories, elicited through a comprehensive literature search, had appeared in the main to approach the socialisation phenomenon from one of two perspectives; they had either concentrated on the transmission of the 'nursing' culture to the new students (Cohen 1981, DuToit 1995), or they had concentrated on a single dimension of the overall impact that socialisation experiences have on the individual (Lindop 1987, Ondrack 1975). There were, though, some notable exceptions to this general rule, certain qualitative studies had explored the 'lived experiences' of new entrants (Melia 1981, Seed 1991), and so, by definition, were examining a more multi-dimensional view of the socialisation phenomenon.

A thorough search of the literature was undertaken early in the project to elicit what had been reported on the four dimensions chosen to make up the 'peri-entry' approach, and a balanced view of the phenomena was sought. However, the literature was, with the exception of the changes in the professional self-concept of neophytes, overwhelmingly one-sided, concentrating in my four dimensions, on the negative effects of socialisation (Katzell 1968, Lindop 1989). Unfortunately, therefore, this bias may appear to reflected in the use of the literature throughout this thesis. Interestingly, though, this negative bias identified in the published work coincides with my own experiences as a practitioner in nurse education.

The phenomenon of 'pre-entry expectation formation', its origins, process, and outcomes within the overall socialisation experience of the new students provides a focus for the thesis and is also the basic conceptual link between the four studies. My role, in carrying out the studies, and presenting my own value system with regard to exploring and interpreting the results and implications of the studies is informed by the debate on the nature and function of 'practitioner-research' (Reed and Procter 1995, Webb 1990), and by being a lecturer in nursing, with seventeen years first-hand experience of the effects of the socialisation process on student nurses. In my seventeen years as a lecturer in nursing, I have had numerous encounters with students, and listened to the experiences of colleagues, where the topic of concern centred on one or more of the four dimensions of the 'peri-entry' approach described and examined in this thesis. These events, and their underlying implications for the well-being of the students, and because they have been professionally disturbing, have been some of the motivating factors in my selecting this area of nurse education for study.

1.1 Thesis structure.

The thesis is divided into two main sections. Section one (Chapters I-VI) is concerned with exploring the generic 'notion' of newcomer socialisation, describing the 'peri-entry' approach (Chapter II), and discussing the theoretical background of the conceptual components and relationships that make up the socialisation influences and

experiences of the neophyte in nursing (Chapters III-VI). It draws both on the nursing, and non-nursing, literature for examples and informed opinion, and uses empirical and theoretical arguments, and discussion points. The 'peri-entry' approach was presented as a succinct, and self-contained way of linking the studies conceptually within a single framework. No claim is made that the parts are all-encompassing, merely that these constituent parts give a relatively broad conception of the socialisation trajectory, both pre and post-entry. Section two (Chapters VII-XI) relates to the empirical components of the thesis, introducing the methods employed in the studies (Chapter VII), and then describing, in four separate, and independent chapters (Chapters VIII-XI), the four studies. Each of the theoretical chapters (III-VI) in the first section relates directly to a study chapter (VIII-XI) in the second section. The four studies, their methods, aims and function, were devised in such a way as to examine the four constituent parts of the 'peri-entry' approach, without claiming causal links, but simply to inform the debate and to pose the question as to whether there may be a link, conceptual or otherwise, between the four dimensions of the approach.

Specifically;

- Chapter II gives a broad view of the socialisation literature, before moving on to a detailed description of the 'peri-entry' approach to the socialisation experienced by student nurses, both in the periods before and after entry into training. The 'peri-entry' approach explores the possibility that the process of socialisation begins long before entry to the course, and that the consequences of this pre-entry socialisation has potentially considerable effects on the socialisation process after entry. Chapter II also reviews the literature on the general topic of occupational socialisation, both in nursing, and in the general occupational fields. As to the socialisation process experienced by the newcomers into nurse education, this is, it is occasionally claimed, a multi-dimensional phenomenon (Simpson 1979). The 'peri-entry' approach chooses four of these separate conceptual components to examine empirically. These are; pre-entry expectation formation, Reality Shock, changing images of nursing, changes in the individual's ‘nursing’ self-concept (chapters VIII, IX, X, XI). Study 1 is described as a small exploratory study, examining the

expectation formation phenomenon. Studies 2-4 are intended to inform the debate concerning the possible implications of the course not meeting the newcomers' expectations identified in Study 1, although they may be considered separately as three individual studies, simply plotting the trajectory in three selected dimensions, of the socialisation of the newcomer. The theoretical background to these conceptual components is explored in chapters III-VI. These are then examined empirically in chapters VIII-XI.

- Chapter III describes the theoretical and research background to the concept of pre-entry expectation formation as an introduction to study 1, a qualitative study described in chapter VIII. Chapter III considers claims made, both in the nursing and non-nursing literature about how individuals form expectations about impending role changes, and how these expectations develop, and ultimately impact on the socialisation of the individual (Ilgen and Seely 1974, Greenhaus et al 1983).
- Chapter IV covers the research and theoretical background to occupational socialisation generally, and the socialisation into nursing specifically. It describes and evaluates the various models of socialisation of newcomers found in the literature before moving on to describe one reported consequence of initial socialisation experiences: Reality Shock. In the literature, it is suggested that following entry to a new role, individuals quickly adopt negative attitudes (Cronin-Stubbs and Gregor 1980, Horsburgh 1989). The stage-wise process of development of these negative attitudes has been described as Reality Shock (Dean 1983, Kramer 1974). Chapter IV examines the literature concerning this phenomenon, both in nursing, and in the general occupational field, before looking at the phenomenon in the context of new entrants into nurse education (Bradby 1990). Reality Shock in new entrants into nurse education is then examined empirically by a longitudinal quantitative study in study 2 (chapter IX).
- Chapter V looks at the theoretical and research literature surrounding the images held about nursing (Siegel 1968, Davis and Olesen 1964, Collins and Joel 1971). The literature appears to indicate that over-time the new students in nursing change the image they hold of the profession (Roberts 1984). This chapter explores the various descriptions and explanations of these changes in images held

by the students. This concept of image change with regard to new students' images of nursing, is then covered, in study 3 (chapter X), as an extension/replication study of the earlier work of Davis and Olesen (1964).

- Chapter VI examines the literature with regard, both to the general concept of the 'self', and specifically in relation to theories surrounding the existence of a context-specific professional 'self-concept' (Burns 1879, Dai 1952). The literature espouses the view that socialisation has the effect of changing the self-image (Nicholson and Arnold 1989, 1991). As one of the components of the 'peri-entry' approach, the self-concept is examined empirically, using repertory grid technique (Fransella and Bannister 1977), in study 4 (chapter XI).
- Chapter VII describes, and provides a rationale, guided and informed by the postpositivist paradigm and the practitioner research philosophy, for the research methods chosen for each of the studies.
- Chapter XII is the final chapter, and it deals with presenting a brief summary of the thesis, and the theoretical implications of the empirical work, before proceeding to undertake a final discussion and make appropriate recommendations for future practice and research.

1.2 Practitioner research: an introduction and rationale.

By introducing the concept of practitioner research, I felt that the influences of my experience in the field of nurse education has had an inevitable influence on my values when considering the likely components of the 'peri-entry' approach, deciding which dimensions of socialisation to study, approaching and conducting the research, and on the way the data was collected, analysed, and interpreted. Although this apparent lack of objectivity was initially a concern for me, Reed and Procter (1995) explained that far from being a concern, it should be seen as a positive asset. Reed and Procter (1995) explain that a practitioner researcher is a practitioner who is involved in research into areas of their own practice, bringing with them their own 'value system' and experientially-gained knowledge to the research process. They add that, *"Practitioner researchers are people who are part of the world that they are researching in a way that an academic researcher cannot be"* (p.5). Emphatically, Stenhouse (1975) confirms this by commenting that, *"It is not enough that teachers'*

work should be studied: they should study it themselves" (p.143). As a practising lecturer in nursing, my research into this aspect of nurse education grew, primarily, out of concern for the consistently negative attitudes that students appeared to adopt so soon after entry into training, but it was also spurred, in part, by these comments by Reed and Procter and Stenhouse. Another reason to undertake this study was born of a feeling that my colleagues had become resigned to the negative attitudes that students seem to adopt so soon after entry onto the course. Also my colleagues had historically treated with some scepticism the research findings presented by outside agencies into our practice. The researchers, they claimed, just presented their findings and moved on to their next project, leaving staff with the feeling that they were the objects of the research, rather than participants. Reed and Procter (1995) comment that with traditional social science research that, *"It is the practitioners who remain under the microscope, rather than their practice"* (p.11). Colleagues also claimed that, either the research bore little resemblance to the practice of nurse education, or that the findings were rarely if ever incorporated into policy. On this point, Reed and Procter (1995) state that, unlike 'outsider' research, *"The primary aim of practitioner research is usually to solve a critical problem or to develop an understanding about the nature of practice, and ultimately to contribute to the body of professional knowledge"* (p.11). I believed that, as an experienced practitioner in nurse education, and thereby an 'insider', my research could take account of the problems described as being caused by 'outsider research' (Reed and Procter 1995) as well as the many nuances and idiosyncrasies of our practice that only an experienced practitioner could appreciate. Primarily, though, I wanted to explore whether there was, if not a solution to, then at least some explanation of the phenomena associated with the negativity that was so evident amongst our students as they experienced the socialisation process.

2. Statement of the issues and problems.

Over the years, various studies in nursing have shown that individuals entering nursing, or nurses undergoing status or role changes, experience negative feelings about themselves (Arthur 1992, Bradby 1990), about nursing (Roberts 1984), about the new role (Kelly 1991) or about those responsible for, or involved in, the role

change (Greenwood 1993). Observers suggest various antecedents to this negativity when it occurs among new entrants. Generally, though, one of the major factors identified in the literature for the negative attitudes developing so soon after entry is because the initial expectations of the students are not met by the immediate post-entry experiences (Katzell 1968). Some place the responsibility on society for creating inappropriate stereotypes to mislead aspiring nursing students (Gallagher 1987), some place the responsibility on the aspirant for having, and clinging to, unreasonable entry expectations (Stoller 1978), while others blame nurse education itself for not advising entrants at the pre-entry stage, of the realities that they are about to encounter (Ilgen and Seely 1974). Whatever the causes, though, the outcomes are considerable and far-reaching

3. Significance of the issues and problems.

We are told that we, in nurse education, seem to persist in designing curricula that only serve to foster disillusionment and cynicism in our students, leading to dysfunctional socialisation and negative attitudes that many of them carry for the rest of their careers (Matrunola 1996). The literature further tells us that the impact and significance of this appears to rest on the principle that nurse education doesn't seem to have learnt from the lessons of the past, or listened to its students (Simpson 1979), and to compound all of this, research into this area of nurse education is sparse, to say the least, particularly research undertaken by practitioners in education (Webb 1990). If we accept the foregoing as reasonable observations, then the need to undertake further study into the socialisation of the neophyte appears to become an imperative. Which aspect, or aspects, of this process we need to study, appears to be the central question. One might even pose the question of whether there is a hierarchy of aspects.

To date, it appears that the majority of studies into the process of socialisation in nurse education seem to consider the students as passive recipients of an inductive process (Simpson 1979), adopting the values, norms, attitudes and skills of the profession (Cohen 1981, DuToit 1995) without question, and paying little heed to any reaction that the students may have to this process (Simpson 1979). Ultimately, as in so many other cases, the major significance of a dysfunctional socialisation process is

in the cost in its various forms. There is the cost to the individual student (Lindop 1987). This cost may be emotional (Katzell 1968), psychological (Kincey and Kat 1984), physical (Wanous et al 1992), and even financial should they resign from the course (Lindop 1989). There is also cost to the institution, which may be financial (Matrunola 1996) or in having to deal with demoralised academic staff (Mobily 1991). There are costs to the nursing profession, both financial and in morale (Campbell 1989). There are costs for the general public with regard to the images portrayed by a demoralised nursing service (Cole 1994). Finally, and perhaps most importantly there are costs to the patients/clients. A dysfunctioning nursing service, resulting perhaps from a dysfunctional socialisation process, is an inefficient and perhaps even less caring service (Hughes 1980).

4. Aims of the Thesis.

Specifically, the thesis has four broad aims;

i. To gain some insight into the possible source and nature of the pre-entry expectations of the new-entrant student nurses, and the evolution of these expectations through to the point of entry onto the course (van Aswegen and van Niekerk 1994).

ii. To investigate for any evidence of Reality Shock (Kramer 1974) in student nurses following entry onto the three year Diploma course.

iii. To identify any changes in the images that students have of nursing during the first year of their course.

iv. To measure any changes in aspects of the students' context-specific, 'nursing' self-concept over the first year of their training.

These aims relate directly to the four studies reported in this thesis (see chapters VIII-XI).

The conceptual components suggested as comprising the various dimensions of the framework of the 'peri-entry' approach are explored in the theoretical chapters of the thesis. These components then serve to comprise as aspects, or even conceptual relationships, within the four studies, and are described within the general aims of the studies. These are:

- Just what was the 'lay image' of nursing? Because I felt that student expectations were based on this 'lay image' of nursing, I intended to explore the nature and source of the lay image of nursing, and its evolution (Schurr and Turner 1982, Morris and Grazzi-Russo1979). Following naturally from this, and in order to get a more complete conceptual 'picture', it was necessary to discover;
- Why do individuals choose nursing as a career, and on what do they base their decision? (Furst et al 1962).
- Having made the decision to become a nurse, what happens during the period of anticipatory socialisation when the expectations are acted-out in the individual's mind? (Merton 1957).
- What part, if any, do pre-entry expectations play in the phenomenon of Reality Shock (Kramer 1974), which appears to occur following entry to the course? How does the impact of Reality Shock affect the student over time? Do the students resolve their negative views typical of Reality Shock, or do these views persist? (Louis 1980).
- What is 'segmentation' (Melia 1981, 1984, 1987, Bucher and Strauss 1961), and what part does it play in the socialisation of student nurses?
- What are the 'nursing' self-perceptions held by new students on entry and what effect does the post-entry socialisation process have on the self-perceptions of these students? Do their feelings for the course and those who teach it change over time, and if so how? (Becker and Geer 1958).
- What effect does the socialisation process have on the images of nursing held by the students? (Davis and Olesen 1964, Brown et al 1974, Siegel 1968).

Each of these concepts have been involved, singly, in earlier studies into socialisation, so how, if at all, are they involved within the conceptual framework of the 'peri-entry' approach? The strategies to examine the concepts identified in these questions were combined under the 'umbrella' of the four independent, yet conceptually related, studies.

5. Overview of the thesis.

5.1 Introduction and outline.

Coombs (1978) introduced his study of the socialisation of medical students by commenting that,

> *"Although the literature on professional socialisation contains many theory fragments and diverse empirical studies that deal with delimited aspects of the total subject, a comprehensive generic framework that analyses the interplay of changing personality and social structure has rarely been applied to a specific case study. To achieve such a goal has been my ambition".* (p.ix).

Coombs' desire to undertake a study that included various diverse contexts, dimensions, processes and outcomes that serve to make up the 'socialisation of the neophyte' was one of the influencing forces that prompted me, when structuring the 'peri-entry' approach, to look to employ a multi-study approach, and thereby better inform the socialisation debate in nursing. Giving support to Coombs' comments, and confirming my intentions, Levinson (1967) states that,

> *"We have as yet no general theory of socialisation. The literature abounds with fragments of socialisation theory and diverse empirical studies dealing with small chunks of the total problem. The term 'socialisation' refers not to a simple unitary process but to a broad domain of phenomena and theoretical problems. The fragmentary character of the work to date can be overcome only as we achieve greater recognition of the complexity and scope of this domain"* (p253).

In recognising that there were several possible dimensions to the 'peri-entry' approach, it was immediately apparent that neither one single study nor one methodological approach would suffice in creating an integrated picture of individual neophytes, their changing 'lives', nor the interplay between the individual and the multiplicity of attitude changes, contexts and environments in which they find themselves participating. For these reasons, the following strategy was employed.

5.2 Thesis strategy.

Each of the four studies in this thesis explored the evolving and developing events and consequences of different, but arguably interacting and sometimes overlapping, aspects of the socialisation process on the individual students, through their participation in the socialisation milieu during the 'peri-entry' period. A central

contention of the thesis, and one of the foundations of the conceptual approach, is that there is sufficient evidence to suggest that the socialisation process begins long before the individual starts the course, when expectations are formed, and subsequently developed through the process of anticipatory socialisation (Jacox 1973, Clausen 1968). The socialisation process then continues throughout the whole of the course, perhaps with any failure to meet expectations, influencing the process (Mangan 1996). The 'four-study' approach to these phenomena provides broad methods of data collection, that takes account of this longitudinal process, measures it, and attempts to quantify it's effects with qualitative support (Procter 1995). At the same time it strives to give some empirical credence to the proposed 'peri-entry' approach to socialisation.

5.3 The 'peri-entry' approach to socialisation; an introduction based on accounts from the literature.

There have been a number of theories and studies of newcomer socialisation into nursing (Heyman et al 1983, 1984. Cohen 1981). However, published accounts generally pay little or no attention to the significance of the pre-entry period during which the potential recruit forms their expectations about their future career (DuToit 1995). The 'peri-entry' approach to socialisation sets out to be different. It proposes that socialisation into the nursing profession commences at the time that the individual is first exposed to those societal influences that lead them to consider entering nursing as a career in the first place. As a response to these societally induced lay images of the role, the individual considers that they are suitable to enter the profession because of career/individual needs and attributes match (Stoller 1978). Expectations about the career are developed through a process of anticipatory socialisation (Merton 1966, Clausen 1968), and carrying this set of 'expectation-baggage' the individual enters nurse-training. It is considered in the 'peri-entry' approach that following entry, expectations are not met when they realise, amongst other things, that they have entered the education 'segment' of the profession and not the nursing service 'segment' (Melia 1981, 1984, 1987). In short they have become students and not nurses, and their learning is based, by their perceptions, too much in a classroom setting and that this, they feel, doesn't prepare them for the practice of nursing. These

unmet expectations cause negative feelings which have been described as those seen in Reality Shock (Kramer 1974, Dean 1983, Dean et al 1988). In general, this phenomenon persists throughout most of the course (Wierda 1989). Other effects include changes in the individual's image of nursing (Davis and Olesen 1964) and changes in self-concept (Gendron 1981, Kramer 1974).

The fundamental premise, then, of the 'peri-entry' approach is that the socialisation process cannot be approached as a 'one-dimensional' phenomenon, or simply as a series of events that commence when the course starts. Nor, importantly, can the neophyte be viewed merely as a passive recipient of a nebulous and ill-defined socialisation process that inculcates in them the values and norms of the profession (Simpson 1979). Instead, the neophyte must be seen as a reactive or even proactive agent in the process. It is proposed here that there is a likelihood that the impact of the socialisation process causes actions, attitude changes and perceptual responses in the individual as a reaction to their exposure to sequentially occurring events, before, during, and after, the entry period, that is to say, during the 'peri-entry' period. The peri-entry period can be described as comprising three phases; the pre-entry phase, the entry or encounter phase, and the post-entry phase. The four main socialising events, identified by the approach as occurring in these three phases, are explored and empirically examined in the studies introduced below. Each of the four dimensions of the 'peri-entry' approach, although frequently reported as isolated phenomena, have not, in the literature so far, been conceptually linked. The 'peri-entry' approach, therefore, sets out to combine them, paying attention to their earlier 'isolated' reporting, and attempts to conceptually link them as a mechanism for gaining further appreciation of the fact that the socialisation trajectory is a multi-dimensional phenomenon with many conceptually linked parts.

5.4 Overview of the studies.

5.5 Study 1.

The first study involved a series of structured interviews with forty-three candidates with no previous health-care experience, for the Diploma in Nursing Studies course. The interviews were designed to elicit data pertaining to the sources, process and

content of their entry expectations. The principle here was that, because they had no experience of health care work, they would demonstrate a lay understanding of nursing, and their expectations would reflect societally induced expectations arrived at, and amplified, through a process of anticipatory socialisation. Candidates with previous experience of working in the health care field were excluded from this study.

5.6 Study 2.

The second study was a two-part, cross-sectional investigation, designed primarily to examine for the presence of Reality Shock (Kramer 1974, Dean 1983, Dean et al 1988) in twelve groups of students (n=286) throughout the course of their three-year training. The twelve groups were at various stages in the course, from the week of entry, and then at various points throughout the following three years. The process entailed ranking eight 'emotional state' adjectives according to how the students currently felt about the course. These adjectives had earlier been elicited from four focus group interviews, using students not involved in the study. Any trends in the rankings across successive groups towards a primary endorsement of the negative adjectives would give statistical indication of Reality Shock (Kramer 1974).

5.7 Study 3.

The third study was a longitudinal study (T1=on entry, T2=after eighteen weeks, T3=after fifty-two weeks). The study was an extension/replication of part of the Davis and Olesen (1964) study which had looked at how socialisation experiences had influenced the images of nursing that students held over the first year of training. The original study had posed the question, "How do images which students have of nursing upon completion of their first year compare with those they hold on entry?" (p.9). The purpose of the extension study was to explore whether students, through their various encounters with the socialising agents in their first year of training, change their views about the nature of nursing. Specifically, the study investigated whether the students' image of nursing had become more negative over-time, rather than, as Davis and Olesen (1964) had done in the original study, look at whether the participants' images of nursing had become more 'professional' over-time.

5.8 Study 4.

Study four was a longitudinal repertory grid (Kelly 1955, Fransella and Bannister 1977) investigation into the changing context-specific, 'nursing' self-perception of students over the first year of training. The same students were employed as participated in Study 3, and were studied at the same times. The primary intention of this study was to investigate whether exposure to the socialising agents during the study period had any impact on the 'nursing' self-perception of the individuals as had been previously reported in other studies (e.g. Klug 1989, Weller et al 1988). The use of the repertory grid technique also enabled the study of changes in the students' perceptions of those individuals in their education role-set.

6. Conclusion.

My methods were intended to examine the conceptual components and relationships suggested by the 'peri-entry' approach to the socialisation process. It was clear from the outset that this approach was not amenable to a single-study, or single-method approach if it was to achieve its intended aims of providing an insight into the chosen dimensions of the socialisation process. The need was evident, therefore, for separate studies, and to collect data from all of the three phases involved in the process; the pre-entry phase, the entry/encounter phase and the post-entry phase. To achieve this objective, each of the four studies was devised, both as a 'stand-alone' investigation and as a potentially interrelated part of the overall conceptual framework. This structure was intended to identify and describe the issues identified earlier and to satisfy the aims of the thesis.

Finally, I would like to say that, in undertaking this project my motives have not been solely academic; practical considerations were also important. By studying how students adjust to nurse education, and how they are affected, I hope to chart for prospective students a clear and realistic assessment of training vicissitudes. That is, I wish to keep them from falling victim to the ever-present romantic hyperbole. The nursing profession, perhaps through a 'sin of omission' rather then a 'sin of commission', has, for generations, been enveloped in a romantic aura. Since the days of Florence Nightingale the popular image of the nurse has been that of a stalwart and

dedicated person who would follow instructions faithfully and give her all for the patient. She was perceived as gentle and comforting, and moreover, uncomplaining (adapted from Coombs 1978). Maybe, though, one could argue that the nursing profession has, rightly or wrongly, been not only happy to accept this image, but to actively seek to foster it. Also, although it was anticipated that the studies would confirm the views found in the literature (Shead 1991), and identify a less than pleasant socialisation experience for the new students, it is not my intention to judge, rather to encourage us to think, debate, and possibly address any problems identified. It could, for example, be argued that the problems associated with being a student, are actually 'par for the course' and should be there as acceptable as 'rites of passage' into the nursing profession, and may actually serve the positive purpose of 'making us better nurses'.

Having presented this brief overview of thesis, Chapter II looks at the literature on the socialisation phenomenon, presents a comprehensive description of the 'peri-entry' approach, its suggested conceptual components, its possible relationships, and its structure.

CHAPTER II

OCCUPATIONAL SOCIALISATION AND THE 'PERI-ENTRY' APPROACH TO NEWCOMER SOCIALISATION IN NURSE EDUCATION.

1. Introduction.

This chapter serves two main functions. It introduces the concept of newcomer socialisation, and examines and discusses the relevant literature on the subject, both in nursing and in the general occupational fields. Secondly, this chapter introduces, describes, and explains, the 'peri-entry' approach to the socialisation process. The 'peri-entry' approach is perhaps best considered as a way of ordering, under one 'umbrella', and within a cogent and cognate conceptual framework, those aspects of socialisation that the literature have associated with the experiences of new entrants following the non-meeting of their pre-entry expectations with regard to the nature of their perceived role in their new career. The relationships between the components of the approach are, at best, loose, and although I prefer to consider them as components of one conceptual framework, I feel just as easy if they are considered, by the reader, not as related parts of a whole, but as single, stand-alone aspects of the socialisation trajectory. If by being considered separately, the constituent parts of the 'peri-entry' approach still serve to inform the socialisation debate with regard to the effects of unmet expectations, then the approach will still, I feel, have fulfilled its purpose.

Essentially, the 'peri-entry' approach is concerned with the socialisation process experienced by new entrants into nurse education. It use concepts, relationships, and various theories from the areas of newcomer socialisation and pre-entry expectation formation (e.g. Katzell 1968, Greenwood 1993, Watson 1981). It is the relationships amongst these theories, concepts and their likely relationships, together with their

relationship to pre-entry expectation formation, that makes the 'peri-entry' approach somewhat different from existing approaches to newcomer socialisation (Cohen 1981, DuToit 1995). There is empirical examination of the statements, questions, possible linkages, and other relationships which comprise the approach (see chapters VIII - XI). Supporting literature will also be employed where appropriate (see chapters III-VI), together with my interpretation of the findings through my own value system (Reed and Procter 1995), developed as a lecturer in nursing. The four dimensions of socialisation that comprise the 'peri-entry' approach are; The pre-entry-expectation phenomenon, Reality Shock, changing images of nursing, and the changing 'nursing' self-concept.

These four dimensions of the 'peri-entry' approach are selected for inclusion because;

- the literature appears to indicate that these are the areas in which the most notable changes are encountered.
- although these dimensions of socialisation have frequently been studied individually, they do not appear to have been conceptually linked, or studied within the same project. By so doing, it is hoped to gain a more complete picture to better inform the socialisation debate, without making inappropriate claims for the providing the 'complete socialisation picture'.
- if the reader wishes, she/he can take each of the dimensions separately and consider them simply as part of the socialisation trajectory experienced by the newcomer, and evaluate the findings as such.
- they include the periods prior to, and following entry to the course, and the literature suggests that there may be some conceptual link between the effects of the events in the pre-entry period and the changes noted in the post-entry period (Ilgen and Seely 1974, Jacox 1973, Katzell 1968, Greenhaus et al 1983, Kibrick 1963).
- although, I present the evidence in the studies, I accept that no claim can legitimately be made, in the positivist sense (Guba 1990), for any causal relationship between the four dimensions, or that these are the only dimensions that I could have examined, it does lay the foundation for the claim that more research is needed in relation to the

possible impact of pre-entry expectation formation, and its effects, post entry, on the multi-dimensional nature of socialisation of the individual.

2. Existing theories of newcomer socialisation in nursing.

With a few notable exceptions (e.g. Simpson 1979, Melia 1981, Bradby 1990, Seed 1991), newcomer socialisation in nursing has been rarely studied effectively (Arthur 1992). When it has been studied, it has invariably utilised and/or amended socialisation theories/approaches from other disciplines (Becker and Geer 1958), and employed an 'outsider' social science approach (Reed and Procter 1995). To their credit, though, these borrowed theories/approaches have usually been established empirically in their own fields. Also, as stated above, many of the earlier studies and theories in the subject area of new entrant socialisation have had a tendency to view the pre-entry period in isolation (Gallagher 1987), or ignore it completely, apparently considering the socialisation process only as becoming worthy of study from the point of entry (e.g. Lamond 1974, Gott 1984, Myers 1979, Alexander 1983).

Interestingly, although there have been a number of studies into the socialisation of student nurses (Spickerman 1988, Bradby 1990, Warner and Jones 1981, DuToit 1995, Goldenberg and Iwasiw 1993), there have been only a few attempts to present cogent theories of their socialisation into the profession. Perhaps the best known is that by Cohen (1981), who proposed a four-stage socialisation theory, based on the developmental stages originally described by Erikson (1963). In her introduction, Cohen (1981) states that individuals enter nursing,

> *"...where they may occupy a meaningful social role. Unfortunately, they cannot identify with the nursing profession because the reality of nursing does not fit their expectations. The educational process does not provide the students with the professional socialisation that would clarify the nursing role and allow the student to integrate an emerging self-concept with the reality of nursing."* (p.13-14).

Cohen (1981) comments that the neophyte enters nursing with an image of the profession based on books and television, and holding the values and attitudes of the lay public,

rather than those of the profession. She adds that, in the process of socialisation, the individual gives up the societal and media stereotypes prevalent in our culture and adopts those held by members of the profession. She adds, though, that, on entry, there are some feelings of discontent (Cohen 1981). Although in introducing her theory Cohen mentions the formation of entry expectations, she neglects to include this period in her theoretical approach, concentrating instead on the role of the education service in transmitting the values, norms and skills of the profession. Cohen gave no empirical support for her theory, depending instead on a review of the theoretical and research literature to support the stages of the theory (McCain 1985). This is not a criticism of Cohen, in fact there is some support for using this approach to supporting a new theory (Meleis 1991). Even when a theory is tested empirically, it adds validity to the claims if earlier reports support the thesis of the new theory (Lincoln and Guba 1985). However, the Cohen theory has only been tested once. McCain (1985) tested the theory using the Professional Socialisation Staging Scale (PS3), which consists of four subscales representing the four stages of the theory. The test, which was administered to 422 students on eight clinical nursing courses, did not support the Cohen theory because the students in the sample did not show progression through the developmental stages (McCain 1984). However, McCain (1985) cautions that,

> *"The question of validity of Cohen's model versus the validity of the PS3 is conjectural, largely because in the social sciences, one study cannot validate or invalidate theory"* (p.185).

Ondrack (1975) also set out to establish empirical support for an approach to newcomer socialisation. He claimed that successful socialisation occurs if there is, what he calls, cue-consistency. Cue-consistency, he describes as occurring when there are only a few differences in relevant attitudes and values between the individual's significant others. These significant others he identifies, primarily, as the teaching staff and the clinical staff. Ondrack went on to claim there would be no positive socialisation if cue-*in*consistency occurred. Cue-*in*consistency is said to exist when there are many differences in relevant attitudes and values between the individual's significant others. Employing a cross-sectional sampling procedure, a nursing attitudes questionnaire (NAQ) was administered

to the entering class in three schools of nursing, and to the graduating classes at the same three schools. Nurse teachers at the three schools, head nurses, and staff nurses were also given the questionnaire. The number of significant statistical differences found on subscales within the NAQ between teachers and head nurses, and teachers and staff nurses was used as an index of cue-consistency within each school. The school with the least internal differences would be rated as having the most cue-consistency between students' significant others. Tests of entering and graduating students' scores were conducted to assess differences in the extent, and direction, of the changes in students' attitudes. The study showed that, *"An environment of relatively consistent attitude and role model cues for students appears to encourage more pronounced socialisation among students in a particular direction than an environment of low consistency in cues"* (p.97).

Colucciello (1990) used Hall's (1967, 1968, 1975) 'Professional Inventory' to measure the degree of socialisation of three cross-sectionally sampled groups of students at different academic levels. The object was to determine whether there were significant differences in professional socialisation between the groups. Hall's Inventory consists of an attitude scale designed to measure the subject's degree of professionalism. The Inventory is based on the assumption that the attitudes and ideologies held by its practitioners demonstrate the degree of professionalism characteristic of the profession. The results indicated that there is a decline in the degree of reported professionalism as they progress through the course from junior student to graduate. This, Colucciello claims, indicates that as the students progress through the course, they become less idealistic and begin to exhibit minimal commitment. Importantly, in the context of the 'peri-entry' approach, Colucciello (1990) adds that students' disenchantment with nursing originates in the education system and in problems with the socialisation process.

Both Ondrack's and Colucciello's studies have implications for the 'peri-entry' approach: they both look at the entry characteristics of students, and how attitudes change over time. However, they are limited in the aspects of the socialisation process measured,

although both have sought empirical support for their models. Both authors adopted a cross-sectional approach, although Ondrack (1975) acknowledged that a longitudinal study would have been better. Both approaches assume the socialisation process to begin at the point of entry to the course, paying only passing attention to the expectations held by the neophytes on entry, mentioning only the likelihood of the students holding an idealistic view of nursing. Both theories are also unidimensional in that they measure only the development of professionalism in the students as a benchmark of a successful socialisation process. Colucciello (1990) describes successful socialisation thus;

> *"They (the students) come to perceive the world as nurses and thus reify nursing's culture. Simultaneously, they are confronted with challenging opportunities and crises, which also eventually reinforce this new identity and facilitate internalisation of attributes characteristic of a profession"* (p.19).

Summary.

Ondrack (1975) found support for the hypothesis that socialisation would be more successful in an environment of cue-consistency than in an environment of cue-inconsistency. Colucciello (1990), in her study, found that there appeared to be a decline in the degree of professionalism reported by the students as they progressed in their professional role, with the respondents placing more emphasis on the bureaucratic aspects of their role.

The main shortcomings of these three theories can be summarised as follows;

- They are examined with cross-sectional, rather than longitudinal data.
- There was little consideration of the pre-entry period.
- There were only single studies undertaken, which aren't adequate to validate a theory (Blalock 1982).
- The socialisation process is considered only in the single dimension of professionalism, and the interpretation of just what professionalism means, is open to debate.
- The studies make no reference to the implications of the concept of segmentation (Bucher and Strauss 1961, Melia 1984) on the socialisation process. The socialisation of the neophyte is often described as, *"...a complex process that involves*

internalisation of the values and norms of a group into a person's own behaviour and self-concept" (Martins 1988, p.27). However, the socialising agents, at least initially, are members of the education segment and not the nursing service segment. The implications of this dichotomous situation, where the student expects to be socialised into nursing, and finds themselves being socialised into 'education' is not explored in any of the three theories.

These methodological and conceptual issues raised concerning the three theories unfortunately limits their contextual applicability.

2.1 Studies of newcomer socialisation in fields other than nursing.

In fields other than nursing, particularly in the field of organisational socialisation, much more consideration has been given to developing theories of newcomer socialisation, with several theories available for consideration and comparison (Feldman 1981, Louis 1980, Wanous 1976, Van Maanen and Schein 1979). Reviewing the literature indicated that these theories do have implications for the study of nurse socialisation. However, a number of the studies look upon the socialisation process as a period of learning to 'fit in' with norms of the new employer and learning the job role (Ostroff and Kozlowski 1992). A number of other studies focus on organisational socialisation, rather than occupational socialisation, which limits their transferability to the nursing context (Schein 1968, Chao et al 1994, Caplow 1964). Others have looked at socialisation from the perspective of career and organisational commitment and attrition (Blau 1985, 1989, Hill and Wilson 1994). Importantly, though, some studies have investigated aspects of the socialisation process that have a direct reference to the 'peri-entry' approach, but undertaken in different occupational settings. This, in its own way gives some general occupational validity to my approach, even though my approach is situated in the one occupational setting of nurse education. Examples of these studies include the following;

- Anticipatory socialisation was studied by Bucher et al (1969), Shuval (1980), Merton (1966, 1968).

- Entry expectation formation and the effects on the socialisation process were studied by Nicholson and Arnold (1991), Arnold (1985), Wanous (1976), Vroom (1966), Vroom and Deci (1971), Louis (1980).
- Reality Shock was studied by Dean (1983), Dean et al (1988), Huling-Austin (1992).
- Occupational choice was studied by Becker and Carper (1970), Ginsberg et al (1951), Blustein (1988), McGuire (1966).
- Professional self-concept was studied by Dai (1952), Burns (1982), Markus and Wurf (1987).
- Staged socialisation was studied by Eron (1955), Becker and Geer (1958), Raggett (1975).

The overriding observation one can make of these studies is their narrow focus when considering the socialisation process. However, they give some indication, by their chosen methodologies and their results, of the various conceptual components adopted within the 'peri-entry' approach. Generally this is enough to make some comparison between their results and those of the studies examining the 'peri-entry' approach. To review specific studies in some depth, and to identify their relevance to the 'peri-entry' approach, I paid attention to those studies which look at the socialisation process in some of those occupations which are, like nursing, the subject of childhood play. The reason for this is that in these occupations the entry, and immediate post-entry problems, may have similarities to those that occur in nursing, and therefore may be viewed in the same context as those studies that explore the 'peri-entry' approach. With regard to general occupational socialisation studies, I have again only included those that pay some attention to the period of change from being an 'outsider' to being an 'insider' in an occupation or organisation. This, again, has some relevance for the 'peri-entry' approach. Therefore the studies to be reviewed are;

1. Wanous et al (1992), who undertook a meta-analysis of thirty-one studies into the effects of newcomer expectations on attitudes.
2. Nicholson and Arnold (1991), who carried out a longitudinal study into how the expectations of newcomers into an organisation compared with their experiences.
3. Kagan (1992), who reviewed forty studies into the socialisation of new teachers.

4. Eron (1955), who studied the effects of medical education on medical students' attitudes.
5. Becker and Geer (1958), who studied the fate of idealism in medical schools.
6. Bennett (1984), who undertook a longitudinal study into the socialisation of police recruits.

(N.B. Studies 1 and 2 deal with the socialisation experiences when moving from being an outsider in an organisation/occupation, to being an insider. Studies 3 to 6 deal with the socialisation into occupations where the occupation can be described as being the object of childhood play).

In beginning their meta-analysis, Wanous et al (1992) make the observation that, *"Met expectations has also been an important psychological variable in various stage model theories of organisational socialisation"* (p.288). They go on to explain that their search for the effects of 'met expectations' had located thirty-one studies involving 17,241 individuals. The review identified that,

- Organisational commitment was measured in all studies.
- Intention to remain was typically measured with a single item that asked employees their intention to resign or remain.
- Job satisfaction was measured in a variety of ways, from ad hoc methods to formal job satisfaction scales.
- Job survival was measured in eighteen studies, typically as a dichotomous variable (e.g. stay vs. leave).
- Job performance was measured in a variety of ways, from supervisory and self-ratings to quality and quantity of output.

These five variables, each concerned with the effects of having entry expectations met, or not, were subjected to meta-analysis. Importantly from the perspective of the 'peri-entry' approach, results indicated that there was high job satisfaction and organisational commitment when expectations were met. Of a lesser correlation was the 'intention to remain' and 'job survival'. The weakest correlation was with 'job performance'. In support of their results, Wanous et al (1992) comment that this was the type of causal

sequence suggested in the 'met expectations' literature. Their results make the inclusion of the effects of unmet expectations of student nurses in this thesis relevant and necessary.

Nicholson and Arnold (1991) described their longitudinal study of new and recently recruited graduates to an oil company. The study was designed, using questionnaires, repertory grids, and in-depth interviews, to discover how their expectations compared with their experience. Again indicating some relevance to the 'peri-entry' approach, the authors initially point out that the literature describes how, following entry, there is considerable disappointment and disillusionment with the reality they encounter. In this respect the aim was to discover the impact of work experiences on the attitudes and behaviour of the new entrants, and how this experience differs from their expectations. Nicholson and Arnold (1991) employed a stratified sample. The stratification consisted of five levels: the total intake of four departments for the year the research commenced (n=33), and a further sixteen (four from each department) randomly selected from each of the previous four years' intakes (n=64), giving a total core sample of ninety-seven. T1 saw the new starters being interviewed and given questionnaires within the first two weeks of tenure. At T2, six months later, the core sample (n=97) was sent repeat measures of some of the T1 scales. At T3, (after a further six months), all T1 measures were repeated. Data analysis revealed some general features. Between T1 and T2 there was significant evidence that the newcomers' experience did not live up to expectations. Between T1 and T3 the data indicated that there was some recovery in perceptions, in the direction of expectations. The findings of the Nicholson and Arnold (1991) study showed some similarities to the Reality Shock studies of Dean (1983), Dean et al (1988), Dean and Wanous (1983), and Kramer (1974). Importantly, and as I suggested within the framework of the 'peri-entry' approach, Nicholson and Arnold (1991) claimed that it would appear that graduates enter business with an erroneous set of expectations, based on stereotypes about the world of commerce.

Having explored the results of those general studies, which in their own way indicate some support for the selected components of the 'peri-entry' approach, it is appropriate now to review those studies that, like nursing, are the subject of childhood play. With regard to teacher education, Kagan (1992) reviewed forty 'learning-to-teach' qualitative studies. Consistent themes were evident in the studies, with findings being relatively cohesive. Kagan (1992) states that each of the studies documented the role played by pre-existing beliefs/images and prior experience in filtering the content of the course work. Each study also testified to the stability and inflexibility of prior beliefs and images. Important themes that emerged from the review reflected this predilection with preconceived expectations of the course, as did the emergence of the individuals' self-image as a teacher (see chapters VIII and XI). This self-image, it was claimed, was based very much on ideals of the teachers role gained when the individuals were, themselves, pupils at school. Some of the final comments by Kagan (1992) could have been written to apply, not only to the student teachers in the forty studies she reviewed, but to the context of the 'peri-entry' approach to the socialisation of nursing students. She states that if one regards most contemporary teacher training programmes,

> *"...one realises that things have not changed much in twenty years: 'Teacher education is not speaking to teachers where they are. Feelings of anger and frustration about teacher education are typical among teachers' (Fuller and Brown, 1975 p.50). Almost every one of the forty articles reviewed...indicates that university courses fail to provide novices with adequate procedural knowledge of classrooms, adequate knowledge of pupils or extended practica needed to acquire that knowledge, or a realistic view of teaching in its full classroom/school context"* (p.162).

Kagan (1992) concludes by saying that some of the concrete inferences one can draw include:

- *Procedural, not theoretical knowledge;* A primary goal of preservice programmes should be providing procedural knowledge to novices and promoting the acquisition of standardised routines.
- *The relevance of self-reflection;* The necessary and proper focus of a novice's attention and reflection may be inward on their own behaviours, beliefs, and image of

self as a teacher. Novices who do not possess strong images of self as a teacher when they first enter the classroom may flounder.

- *Extended interaction with pupils;* As novices are making their images and beliefs explicit, they also need to be acquiring knowledge of pupils: their aptitudes, interests, and problems. It appears that this can only be accomplished through extended practica; the two to four limited kinds of practica entailed in most contemporary programmes are not sufficient.
- *Cognitive dissonance;* Cognitive dissonance may be necessary for novices to confront their own beliefs and acknowledge that they need adjustment. This may require placing a novice in a classroom with an experienced teacher whose beliefs may be at variance with those of the novice.
- *The relevance of theory;* One might begin to question whether formal theory is relevant to teachers at any point in their professional development. A growing body of literature suggests that even the most seasoned and expert teachers build informal, contextual, highly personal theories from their own experiences.

(Kagan 1992, p.162-163).

These inferences are particularly transferable in nature to the sort of inferences that one might expect if a similar set of studies were undertaken in student nurse education (e.g. Bickerton 1996).

Two famous studies looked at the socialisation of new medical students (Eron 1955, Becker and Geer 1958). Eron (1955) studied, through a battery of questionnaire type psychological tests, the presence of humanitarianism, cynicism, and anxiety in medical students. He hypothesised that the cynicism that he had observed, was related to the anxiety which had been engendered by the traumatic nature of the subject matter with which medical students must deal. As a result, the students lose much of the humanitarianism. On the basis of this hypothesis, Eron predicted that fourth year medical students would have more anxiety than first year students, and would be more cynical and less humanitarian. The results indicated that seniors were quite certainly more cynical than the freshmen. However, with regard to anxiety and humanitarianism, there was no

significant difference between the groups. One explanation that Eron gives for these occurrences in the socialisation of medical students, is the nature of their course. Initially the subject matter is academic study of the sciences, whereas the fourth year student is required to deal with real patients who cannot always be classified according to the text book. One is forced to ask the question whether in nurse education, where the nursing students also have theoretical input only at the beginning of their course and then are required to deal with real patients, if similar emotions might be stimulated. Becker and Geer (1958) produced similar findings to Eron (1955). They found that freshmen entered medical school as idealists, believing they were going to devote their lives to the service of mankind. They become disillusioned when they do not get to treat real patients, and so fulfil their fantasies. They also feel that the theory they learn is not relevant to medical practice and the teaching staff know nothing about the practice of medicine. The medical students, though, do manage to separate their cynicism from their idealistic feelings, and by postponement, protect their belief that medicine is a wonderful thing, that their school is a fine one, and that they will become good doctors. In summary, Becker and Geer (1958) comment that,

> *"...as school comes to an end, the cynicism specific to the school situation also comes to an end and their original and more general idealism about medicine comes to the fore again, though within a framework of more realistic alternatives. Their idealism is now more informed although no less selfless"* (p.55).

The final study in this section is that by Bennett (1984), who undertook a longitudinal questionnaire study of police recruit occupational socialisation. Bennett presented and tested a three stage model of socialisation, comprising anticipatory, formal and informal stages. Bennett (1984) hypothesised that the attitudinal and value differences between police and citizens are due to the unique demands of the occupation. He adds that this socialisation hypothesis focuses upon both the structure of the occupation and the process by which recruits drawn from the general public become experienced officers with a police 'personality'. The study results showed that the values held by recruits were changed over the time they were in the academy in the direction of those held by experienced officers, a finding clearly supportive of the socialisation explanation of the

police 'personality'. However once field work began, the recruits experienced Reality Shock, and the values held by recruits became at variance with those held by experienced officers. Bennett felt that this discrepancy may be due to the fact that they do not perceive that the police officer reference group affords viable comparative, normative, or supportive functions.

The foregoing studies were chosen because of their apparent transferability to the nurse education context, and to demonstrate that there is a generic phenomenon described as occupational socialisation. This can be a useful tool to employ if no studies are available within your own occupational group and one needs to identify, explain or describe aspects of the socialisation process. The studies were also useful, in that they explored the same conceptual components employed in the 'peri-entry' approach, and examined empirically in chapters VIII-XI of this thesis. To reiterate, the four dimensions of the 'peri-entry' approach are; pre-entry expectation formation, Reality Shock, changing images of nursing, and changing 'nursing' self-concept. The reports mentioned here gave some legitimacy to the inclusion of these four chosen components in the 'peri-entry' approach, and the empirical direction of the four studies chosen to examine them (see chapters VIII-XI).

2.2 Theories of newcomer socialisation in fields other than nursing.

Although the foregoing section was useful in identifying specific studies into various dimensions of the socialisation process, it is important to identify and describe the dominant general theories that exist in the field of occupational socialisation, and to identify those elements of those theories that can be applied to the nursing context.

In the general occupational field, the most popular approach to describing the socialisation process is the 'stage model' approach. Stage models of socialisation have been widely reported (Louis 1980, Van Maanen 1976, Feldman 1976, 1981, Raggett 1975, Nicholson and Arnold 1989, White and Mufti 1979, Reichers 1987,). The stages proposed by each of these authors can be summarised as follows:

- Louis (1980) describes three stages: anticipatory, encounter, and adaptation.
- Van Maanen (1976) describes three stages: anticipatory, encounter, and metamorphosis.
- Feldman (1976) describes four stages: anticipatory, accommodation, role management, and outcomes.
- Feldman (1981) describes three stages: anticipatory, encounter, and change and acquisition.
- Raggett (1975) proposes three stages: initiation, internalisation, and evolution.
- Nicholson and Arnold (1989) describe four stages: anticipatory, encounter, adjustment, and stabilisation.
- White and Mufti (1979) suggest six stages: innocent commitment, recognition of incongruity, low cunning, role play, internalised adjustment, and stable internalisation.
- Reichers (1987) proposes three stages: pre-entry/encounter, anxiety, adjustment.

The important factor with each of these models is their incorporation of the pre-entry and encounter periods into the socialisation process. This, again has significance for the 'peri-entry' approach, because it also places some emphasis on the pre-entry and encounter periods in the socialisation process. With the exceptions of White and Mufti (1979), and Raggett (1980), all of the other theorists place some emphasis on what they describe as the 'anticipatory phase'. This is the period, prior to entry, when the recruits anticipate their experiences in the organisation they are about to enter. *"During this period, outsiders develop expectations about their life in the organisation and on the job. It is here that the unrealistic expectations identified by Wanous (1977) develop"* (Louis 1980, p.230). As in the 'peri-entry' approach, the encounter phase is highlighted as having great significance for the successful socialisation of the newcomer (Feldman 1981, Nicholson and Arnold 1989, Van Maanen 1976). Nicholson and Arnold (1989) comment that, *"The encounter phase is concerned with the shocks and surprises of first familiarisation with new circumstances and demands and what is needed to facilitate sense making and emotional coping"* (p.23).

The two models which describe the stage model approach to the socialisation of new teachers (White and Mufti 1979, Raggett 1975), begin their stages with the entry of the newcomer into the profession. Raggett (1975) describes how the new teacher is presented with 'the new world' of the teacher. The socialisation process in this example involves the individual coming to terms with the realities of their new role, and making sense of what they perceive. White and Mufti (1979), on the other hand, describe the incongruities that the new teacher encounters when the ideals that they had brought with them about teaching, bear no resemblance to reality. The other stages mentioned above are encapsulated in what, in the 'peri-entry' approach, is described as the post-entry phase.. During these post-encounter phases the newcomer experiences initiation to the task of learning new skills, resolution of outside conflicts, and finally general satisfaction, stabilisation and adaptation to organisational norms (Nicholson and Arnold 1989, Reichers 1987, Feldman 1976).

The number of phases described in any theory appears to depend, to a large degree, on the structure and nature of the theory being expressed, and on the view of the author as to where the theory can be divided. Authors tend to divide their models into phases that signal major events, or changes in the socialisation process. Also, this sub-division of models into phases enables the authors, if they wish, to study empirically, the events occurring in those phases. This was, in part, how I decided on the appropriateness of the division of the 'peri-entry' approach into three phases; pre-entry, entry/encounter and post-entry. I followed, loosely, the staged approach described by other authors (Van Maanen 1976, Feldman 1976, 1981, Raggett 1975, Nicholson and Arnold 1989, White and Mufti 1979, Reichers 1987), and adapted it to the particular needs of the 'peri-entry' approach.

3. Origins, development and structure of the 'peri-entry' approach to socialisation.

The origins of 'peri-entry' approach to socialisation grew, in part, out of several years of hearing students say how disappointed they were with their new career in nurse

education, and reading in the literature how various authors, having identified the same problem, had sought to find an explanation, albeit usually unidimensional (Parker and Carlisle 1996, West and Rushton 1986, Lindop 1991, Heyman et al 1983, 1984). I was aware of the comments by Levinson (1967), who stated that, *"The term 'socialisation' refers not to a simple, unitary process but to a broad domain of phenomena and theoretical problems"* (p.253). With this in mind, and cognisant of the fact that the negativity reported in many of the reports, had in a number of cases been linked to a discordant socialisation caused by the experiences of the students following entry, being at variance with their expectations (Ilgen and Seely 1974, Mangan 1996, Kibrick 1963), I sought to 'bring together' four of the most-often reported areas where change was experienced. This 'loose' amalgam of four socialisation phenomena was the beginning of the 'peri-entry' approach. There was no intention, initially, to seek any conceptual link between these socialisation occurrences, except that there appeared to be, at their source, the concept of expectation formation. Any stronger relationship between the components, than this tenuous link with pre-entry expectation formation, is left open to debate.

Detailed review of the literature revealed a paucity of multi-dimensional theories related to new-entrant socialisation, particularly with regard to the role of the pre-entry expectation phenomenon. This resulted in the motivation to further develop the 'peri-entry' approach. All available literature, both nursing and non-nursing, was reviewed to elicit the prominent published themes regarding the concept of socialisation, in an attempt to give some credence and relevance to the components of the approach, and thus giving a more complete 'picture' for any debate that the approach might stimulate.

Following review of the literature, three omissions became apparent. Firstly, the tendency had appeared to be to look upon socialisation solely as the process of inculcating in the student the values and norms associated with nursing (DuToit 1995), usually treating the student as the passive recipient of the socialisation process (Simpson 1979). Secondly, only scant attention appeared to be paid to the pre-entry period and the process of expectation formation and evolution. Thirdly, the concept of segmentation (Bucher and

Strauss 1961, Melia 1981, 1984, 1987), and its effects in occupational socialisation, was ignored. The first priority, therefore in devising, and giving some fruitful structure to, the 'peri-entry' approach, was to redress this imbalance and to recognise, in the structure of the approach, that the socialisation of the neophyte is a multidimensional and longitudinal phenomenon, which begins long before commencing on the course. Earlier studies, though, had identified, and empirically tested, some important aspects of the socialisation process. These aspects included Reality Shock (Kramer 1974, Dean et al 1988, Dean 1983), changes in the image held about nursing (Davis and Olesen 1964, Brown et al 1974, Day et al 1995), and changes in the professional self-image (Dai 1952, Kelly 1992, Meleis and Dagenais 1981). It was decided that these apparently pivotal, acting and interacting, dimensions of the socialisation process, as evidenced by their prominence in the literature, and apparent links to the expectation formation phenomenon, would constitute the entry and post-entry phases of the 'peri-entry' approach. The period leading up to entry is an essential component part of the 'peri-entry' approach. A number of authors have paid some limited attention to this aspect of socialisation (Kibrick 1963, Williams and Williams 1959, Jacox 1973), but I considered this period to be so crucial to the process, that consequently it received close scrutiny when devising the approach. The concepts comprising the pre-entry phase were again gleaned from the socialisation literature (Katzell 1968, Jacox 1973, Stoller 1978) and combined, together with my own sense of priorities, based on my experience, in a relational way (Reed and Procter 1995). Jacox (1973) comments that, *"It is important to recognise that professional socialisation does not begin with entry into a professional school, but has its roots in the earlier experiences of a person which result in the decision to join a particular occupational group"* (p.6). The interacting concepts evident from the literature in the pre-entry phase were identified as, the lay image of nursing, the individual's context-specific self-concept, the individual's image of the nursing role, and the concept of anticipatory socialisation. Consequently, these concepts were incorporated into the approach. I was always conscious, though, of the fact that other variables, not included in the approach, must be at work throughout the socialisation period, labelling my approach, therefore, as only partially complete (Keck 1994). However, I decided that these were the

main, and most influential agents, and so concentrated on the impact that they were making in the overall process. It was imperative, from the outset, that each aspect and relationship of the newly structured approach would be examined empirically. Each phase, each dimension of the various phenomena, and each major relationship statement was subsequently examined by the four empirical studies. The loose structure of the approach, therefore, had given a sense of direction for me to follow with regard to gaining some understanding of the possible interacting components of the socialisation process. If it achieved nothing else, the 'peri-entry' approach gave some structure to identifying potential concepts that might, in some way, impact on the socialisation experiences of the newcomer.

Consequently, the primary and pivotal constituents, and previously identified theories and concepts, comprising the theoretical framework of the approach can be enumerated as follows;

1. *Theories associated with the popular lay perception of nursing*, because these are instrumental in influencing the individual's entry-expectations (Bridges 1990, Kalisch and Kalisch 1987).
2. *The process and consequences of pre-entry expectation formation.* This is important because the development and nature of entry-expectations influences the individual's positive or negative attitude to the course following entry. This is especially the case if the expectations are at variance with experience (Ilgen and Seely 1974, Greenhaus et al 1983).
3. *Theories surrounding nursing's changing images of itself.* It is argued (Davis and Olesen 1964) that students' images of nursing move through stages from the lay image of nursing to the more professional image of nursing held by experienced nurses (Black and Germain-Warner 1995, Davis 1975).
4. *Theories surrounding occupational choice, with particular reference to nursing.* Why people choose any career, and particularly nursing, is a central issue in the study of pre-entry expectation formation. People choose a career because it matches their needs and perceived occupational qualities (Ginsberg et al 1951). Following on from

this choice, career expectations are formed based on available information (Muhlenkamp and Parsons 1972, Hunt 1996).

5. *The concept of anticipatory socialisation (Merton 1966), and its role in the formation of pre-entry expectations.* This is an important concept, because it is through this process that the individual acts out their impending new role. If the occupational choice, and resultant expectations are at variance with reality, then the effects are amplified by the process of anticipatory socialisation (Katzell 1968, Bucher et al 1969).
6. *Theories surrounding the concept of occupational segmentation* (Bucher and Strauss 1961, Melia 1981, 1984, 1987). This is a central issue in the socialisation of the neophyte student nurse. It is proposed in chapters VIII and IX that it is the effects of anticipating entry into the wrong segment of nursing that is a major factor in the development of negativity.
7. *The concept of 'Reality Shock'.* It is important to review this concept because it is proposed in Chapter IX that the effect of not meeting entry expectations is the onset of Reality Shock (Kramer 1974, Nicholson and Arnold 1991, Dean 1983).
8. *The concept and related theories concerning self-perception, particularly from the Personal Construct Psychology perspective* (Fournier and Payne 1994). It is often suggested that during the period of training, the student nurse undergoes a change in their 'nursing' self-concept, caused by their experiences on the course (Kelly 1991, Weller et al 1988). It is important, therefore, considering the part it might play in the socialisation process, to consider it in the context of the 'peri-entry' approach. Also, in this context (Gormley 1993), and in the context of practitioner research, the personal construct psychology approach to measuring the self-concept was considered to be the most appropriate.
9. *Theories of newcomer socialisation, with particular reference to nursing.* To evaluate the relevance of the 'peri-entry' approach, it was necessary to compare it with earlier approaches and to evaluate, by this comparison, the strengths and shortcomings of, both the 'peri-entry' approach, and the earlier approaches (Cohen 1981, DuToit 1995).

4. Interactions and relationships between the constituent concepts.

If one were, by drawing on the relevant literature and anecdotal experiences, to theorise about the nature and structure of 'peri-entry' approach, then the suggested conceptual relationships, and their theoretical underpinnings, which might be proffered for debate may be described as follows;

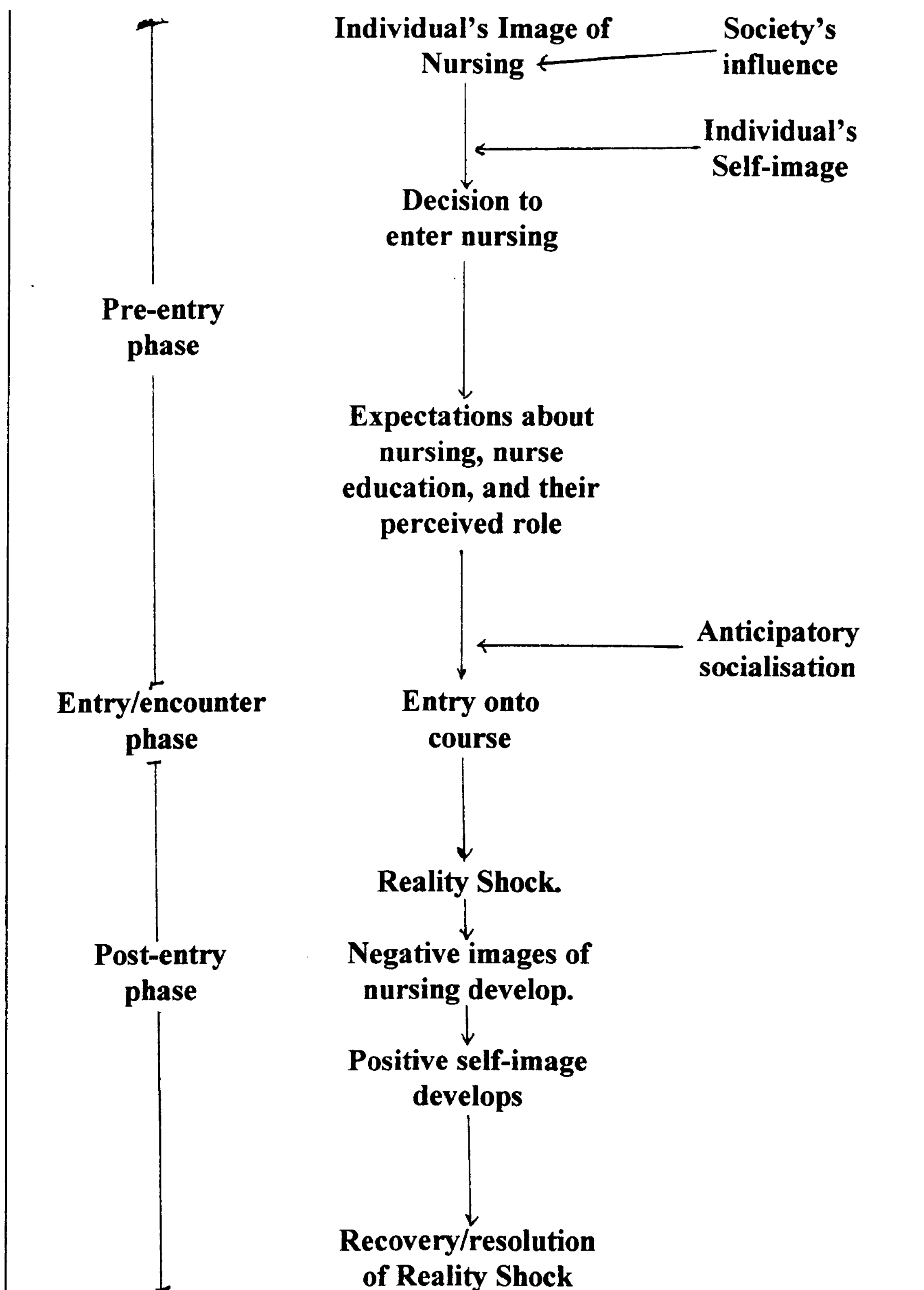
- The lay image of nursing (Gallagher 1987) acts on the individual prospective applicant causing them to have an idealised or glamorised view of nursing (Kalisch and Kalisch 1987). This, when combined with their self-image (Super 1957), in turn causes them to feel that they have the necessary attributes to carry out the perceived role (study one, chapter VIII) (Soothill and Bradby 1993). Importantly, however, the lay image holds little perception of the role of a student nurse, and so little or none is transmitted (Borrill 1987). The prospective candidate thus applies for a role in a nursing segment different from the one they imagine they are applying for (study one, chapter VIII) (Bucher and Strauss 1961). The pre-entry expectations, therefore, are based on erroneous beliefs about the new segment and role (Kibrick 1963). These beliefs are consolidated through the process of anticipatory socialisation (Merton 1966), and the individual ultimately enters with a firmly held set of expectations about themselves in their new role, and about the role itself (Kincey and Kat 1984). They imagine the role to be a nursing role and not an educational role, and themselves as nurses and not as students (study one, chapter VIII) (Simpson 1979).
- The net effect on the neophyte following entry is that Reality Shock soon ensues (study two, chapter IX) (Bradby 1990), causing negative attitudes to develop about the course (Lindop 1989). Because their view of their nursing self no longer 'sits comfortably' with their experiences, this self-image is also affected (study four, chapter XI) (Kelly 1992). However, counter to what one might expect, and is generally reported (Arthur 1992), the 'nursing' self-image of the students does, in fact, become more positive over-time (Gendron 1981, Heywood et al 1983, Weller et al 1988). Gendron (1981) found that, counter to popular reported findings, that as the

course progressed the students became more positive in their self-image because they were growing in confidence and competence, and anticipating reaching the end of the course. Also affected are the students' images of the nursing profession and of nurse education, which become more negative over-time (study three, chapter X) (Mangan 1996).

- Ultimately, toward the end of their three-year course, the neophyte's emotions stabilise, due to experience and a process of self-rationalisation (study two, chapter IX) (Kramer 1974, Louis 1980).

These, then, might the suggested theoretical underpinnings, and possible relationships to be examined within the 'peri-entry' approach to new entrant socialisation. These relationships are shown in figure 1. As identified above, these relationships are examined in the four studies of this thesis, (see chapters VIII to XI).

Figure 1. Linear representation of the 'peri-entry' approach.



5. The phases of 'peri-entry' socialisation.

The 'peri-entry' approach to socialisation consists of three consecutively occurring stages. For convenience, the phases are described in sequential order.

5.1 Pre-entry phase.

A theoretical overview.

The pre-entry phase is of an indeterminate length, varying from individual to individual (Soothill and Bradby 1993, Birch 1975). It begins when the prospective new entrant first becomes conscious of the lay image of nursing and begins to consider that they might be suitable to occupy the role (Sonahee 1988). The phase culminates at the point that the neophyte enters the school of nursing on the first morning of their three-year course.

Interaction of constituent concepts during the pre-entry phase.

The interaction of the concepts in the pre-entry phase is of particular importance because it is this series of interactions that lead to the nature and structure of the neophytes' entry expectations. Importantly, the nature and structure of these entry expectations are pivotal in the socialisation process that continues during the next phase, the entry/encounter phase.

The relationships, occurring during the pre-entry phase, can be described as follows;

- The lay image of nursing (rarely of nurse education) has some impact upon the individual and perhaps even causes them to form an image of nursing that they believe to be an accurate reflection of reality. The lay image of the nurse is described by Kaler et al (1989) as one who is embued with, "*...attributes culturally typed as feminine: tenderness, warmth, sympathy, and a tendency to engage much more readily in the expression of feeling*" (p.88). A study by Beletz (1974) identified a composite lay image of a nurse as a "*...female nurturer, medicator, physician's assistant, maid, and administrator*" (p.434).
- There is a match between the individual's secondary (nursing) self-perception (Dai 1952) and their image of nursing and the nurses role (Soothill and Bradby 1993).

- This match of perceptions, best described in the context of self-efficacy theory (Bandura 1977), is what prompts the individual to apply to enter nursing. Bandura (1977) postulated that efficacy expectations (expectations that one can successfully perform a given behaviour) are a major determinant of behaviour or behaviour change. In accordance with this, individuals consider their own qualities and attributes, compare them with their perceptions of the qualities and attributes required by a nurse. If the two perceptions match-up then they may be prompted to apply to enter nursing.
- In the making of the decision to enter nursing, and during the period leading up to commencement the individual experiences the effects of anticipatory socialisation (Merton 1966, 1968), fantasising about their forthcoming new role as a nurse. The aspiring student forms an idea of their impending new role as a nurse (based usually on the lay image) and acts out that role in her/his mind, in anticipation of carrying out the role for real (Du Toit 1995, Van Aswegen and Van Niekerk 1994).
- This series of interactions creates in the individual, a set of expectations of what their new career will entail. These expectations relate to the role, themselves in that role, the education process to be undertaken to prepare for the role, and the nursing profession as a whole (Jacox 1973, Stoller 1978, Kibrick 1963). These expectations, are based, it seems, on the lay image of nursing.

5.2 Entry/encounter phase.

A theoretical overview.

The entry/encounter phase begins at the point of entry onto the course and lasts for a period of about four weeks (see study two, chapter IX). This time period coincides with the extent of the 'honeymoon' period of the Reality Shock (Kramer 1974, Dean et al 1988) phenomenon described in Chapters IV and IX, and is the point at which the pre-entry preparation and expectations of the neophyte meet with the realities of nurse education.

Interaction of constituent concepts in the entry phase.

The concept relationships that occur in the entry/encounter phase revolve around the fact that the neophyte's pre-entry expectations are tested against their immediate entry experiences. These relationships can be described as follows;

- The set of 'expectation baggage' brought to the role by the student sets the scene for possible dissonance to occur. This is because the expectations are based on the assumption that the individual will be entering nursing, and not nurse education.
- All the positive dimensions of the anticipatory socialisation process create an overwhelming feeling of satisfaction that the 'fantasies' can now be lived out in reality. The caring, altruistic, and dedicated images of themselves as nurses are, at last, at the point of being able to be fulfilled in practice (Psathas 1968).
- Entering the nurse education segment (Melia 1981, 1984, 1987), and not the expected nursing segment (Land 1993) initiates, in the neophyte, an almost immediate sense of confusion (see study two, Chapter IX). They have not become nurses as they had expected. They are still students sitting in a classroom, unable, at least initially, to fulfil their fantasies of caring for patients.

5.3 Post-entry phase.

A theoretical overview.

The post-entry phase begins after the euphoria of the four week 'honeymoon' period wears off. During this period the effects of the unmet entry expectations, and the resulting dissonance, create a 'dissemination of concept relationships' (the formation of new concept relationships, following the interactions between concepts at entry). These disseminated concept relationships occur in the three main dimensions of the 'peri-entry' approach; Reality Shock, changes in the individual's images of nursing, and changes in their perception of their 'nursing' self. The socialisation experiences comprising the post-entry phase of the approach remains, and can be empirically supported as so doing, throughout the remainder of the three year course (See study two, Chap. IX).

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Interaction of constituent concepts in the post-entry phase.

The post-entry phase, like the earlier phases in the 'peri-entry' approach, consists of a number of identifiable concepts and phenomena. These concepts disseminate from unmet entry expectations, and each interacts, resulting in dynamic changes in the individual.

- All interactions of concepts appear to stem from unmet pre-entry expectations (study one, chapter VIII). This results in, or at least coincides with, the onset of Reality Shock (study two, chapter IX), changes in the nursing self-concept (study four, chapter XI), and negative changes in the images of nursing (study three, chapter X).

The sequence of events is as follows;

- The socialising agents inherent in nurse education begin to act on the neophyte (DuToit 1995).
- The individual's nursing self-concept appears to be unaffected by the negative aspects of the socialising experience, and appears to become more positive against generally held expectations (Gendron 1981).
- The individual's conceptual image of nursing appears to change, negatively, over the period of the phase.
- The phenomenon of Reality Shock continues into its more negative aspects, coincidental with the encounters in the 'real world' of nurse education.
- The impact of the realisation of being in an unexpected segment appears to initiate negative feelings about the whole concept of nurse education, and nursing, to develop.
- Ultimately (after 30 months), there comes about, perhaps through the actions of the socialising agents, and cognitive resolution on the part of the students, a stabilisation of attitudes and emotions.

I think it important, if only in the interests of debate, to present the theoretical dimensions of the 'peri-entry' approach as a conceptually related structure as I have done here. I accept that this is only one way of describing the socialisation process, but it is a way that is based on the considerable weight of relevant literature, and is supported by my own experiences, and those of my colleagues. The four empirical studies (chaps. VIII to XI) are devised to examine these issues. Essentially they seek to explore whether it can be

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reasonably asserted that the phenomena described above can be reasonably linked conceptually, and whether the sequence of events in the 'entry' and 'post-entry' phases occur as a direct consequence of the events of the 'pre-entry phase', or whether the events can only be considered as four separate aspects of the socialisation trajectory.

6. Conclusion.

This chapter has been an explanation of the nature and structure of the 'peri-entry' approach. The following chapters (chaps. III - VI) are devoted to an in-depth description and review of the theoretical and empirical backgrounds to the various major components of the approach. Chapter III, the first of the theoretical chapters, describes the theoretical and research background surrounding the individual's formation of pre-entry expectations.

CHAPTER III

PRE-ENTRY EXPECTATION FORMATION: RESEARCH and THEORETICAL BACKGROUND

1. Introduction.

In the previous chapter the 'peri-entry' approach to socialisation was described, and the centrality of the concept of expectation formation to it explained. Because the 'peri-entry' approach puts such emphasis on the events occurring in the period prior to entry, particularly the nature and formation of pre-entry expectations, the accounts from the literature, of these events, takes on particular significance in appreciating the implications for the socialisation process as a whole. Jacox (1973) comments that, *"...although the formal beginning of professional socialisation is admission to a professional school, a person's expectations and ideas about a profession, in this case nursing, actually begin to develop at a much earlier time* (p.7). This chapter, therefore, is concerned with identifying the various components of the pre-entry phase of the 'peri-entry' approach from the literature. Specifically, it is concerned with examining the expectations the students have on entry, the sources of these expectations and how they evolve in the period leading up to entry.

Jacox (1973) comments that the socialisation process begins, not on entry into training, but when the individual is first exposed to the influences that prompt them decide to become a nurse. In support of Jacox (1973), I suggest that early pre-entry socialisation experiences, and the set of entry-expectations, may be the foundation of the whole of the socialisation process. With some notable exceptions (Katzell 1968, Jacox 1973), little attention has been paid in published work to this aspect of the newcomer's arrival on the course.

There are several phenomena involved in the pre-entry phase that may have some impact on the individual as they consider the pros-and-cons of available occupations, ultimately reaching the decision to enter nursing. Although the various phenomena in

the pre-entry phase have been explored extensively by other authors, they have usually been approached singularly, and without reference to any possible interaction between the different elements (Naughton 1987). This chapter, therefore, although primarily describing and evaluating the significance of propositions suggested by others, attempts also to suggest that we consider the possible links that may exist amongst them.

Kibrick (1963) suggests that the pre-entry expectations of new students influence their adaptation to the course. She emphasises that, *"The knowledge which a student has about the nursing program and the role of the nursing student may vary from comprehensive and accurate to negligible and inaccurate"* (p.140). The only failing of this otherwise comprehensive study was that she only used one dependent variable, the 'drop-out' rate. The choice of independent variables reflected a good understanding of the concepts emergent in the pre-entry period. She identified these concepts as; the students' self-concept, her perceptions of the student nurse's role, the student's anticipated adjustment, her motivations for entering nursing, her socio-economic background, and her personality characteristics.

Outside nursing, studies into the adjustment that the individual makes to the work environment, seem to concentrate on coming to terms with the realities of the work organisation rather than the quest for self-fulfilment (Arnold 1985). This is usually not the case with those who choose to enter the caring professions, and certainly not the case with nursing (Muhlenkamp and Parsons 1972, Dyck et al 1991, Land 1994). In general terms, Arnold (1985) comments that the extent to which an individual can know her/himself and the milieu of any work environment, before entering employment, is limited. He says that, *"...it is useful to be able to inform young people in advance about the likely features of working life in order to aid their subsequent adjustment"* (p.309). The lesson to be learnt here for the nursing profession, though, is that career previews for the prospective student nurse appear, currently, to be overwhelmingly derived from the media and society's stereotypes (Gallagher 1987). One comment from Arnold (1985) that can be transposed into the nurse-education setting is,

> *"...counsellors involved with young people after entry to employment may be able to use the unexpected aspects of early work experiences to help them explore the viability of their expectations and assumptions, and thus 'make sense' of their world at work"* (p.309).

In his questionnaire, and interview study of 104 new graduates in the first few months of employment, Arnold (1985) discovered that, *"Although newcomers to work organisations attempt to anticipate what will happen to them, there are often unexpected events and perceptions which can have a major impact"* (p.308). This, two-method approach, although quite revealing, would, I feel, have been more persuasive, and had a greater claim to validity by avoiding retrospective bias, had the study been undertaken before employment commenced, and followed up after commencement. Arnold (1985) makes some important conclusions, though, commenting that there can be no doubt that it is appropriate to help young people in the education system to prepare them for their chosen career. He adds that the more people know about prospective career choices, the better equipped they will be to direct themselves to the type of work which suits them.

Nicholson and Arnold (1989) in a two-sample, longitudinal study of new graduate adjustment to corporate life, also measured the way in which newcomers to an organisation adjust to their working environment. With respect to the pre-entry phase, Nicholson and Arnold (1989) make the claim that there are several factors that influence the choice of a particular career. Important to the samples in their study were the social structure of the country in question, and the social background of the individual applicant. Also of importance was the prestige of the company that the individual might apply to enter. The authors also explain how the individual goes through a *'preparation or anticipatory phase'*, during which time the individual experiences a process of preparation, arriving at entry in varying states of readiness for the transition. However, as with the Arnold (1985) study, the Nicholson and Arnold (1989) study explored, very specifically, the consequences of entering the 'general' world of work. The implications, for the 'peri-entry' approach, have, therefore, limited transferability, except in giving some general background to the concepts of pre-entry expectation formation and anticipatory socialisation.

Nevertheless, both Arnold (1985), and Nicholson and Arnold (1989) show the importance of pre-entry expectations.

2. Occupational choice - the start of the socialisation process?

2.1 Introduction.

Early studies into occupational and/or organisational choice still give some indication why individuals choose a particular career (Vroom 1966, Vroom and Deci 1971, Tom 1971, Misra and Kalro 1972). Crites (1969) describes the sequence of events leading up to occupational choice as an 'exclusion process', during which options are constantly narrowed over time until the final choice is made. Super (1942), in a review of the then pertinent literature, discovered that previous studies had frequently been contradictory and unable to be integrated, having studied only the relation of one particular factor (e.g. family background, age or sex.), and so excluding more than they included. This made any generalisation about the determining factors impossible, evidencing the need to approach the concept of occupational choice from a more eclectic and multidirectional perspective (Ginsburg et al 1951). When Ginsburg et al (1951) undertook their own work to elicit a 'Theory of Occupational Choice', they made only occasional reference to the work of other investigators. Nevertheless, their book remains a standard text on the subject, and is frequently referred to in subsequent studies. The basis of their theory is that occupational choice is a developmental process. The caveat that emerges from this perspective, though, is that this developmental process depends, for its successful outcome, on a certain accuracy of perception about the prospective career. Information received and utilised, both about themselves, and about likely careers, must be accurate and realistic. If it is not, then an unsuitable occupation may be chosen. Also, if the individual mistakenly perceives that the information was accurate, and their occupational choice was suitable, then confusion, disillusionment, and a sense of needing to apportion blame may ensue.

2.2 General theories of occupational choice.

Occupational choice is a crucial stage in the career entry process that 'truly' reflects the individual's perspective. However, the decision-making process is affected by

pressures outside of the individual, and may even occur without the individual being aware of them. In general, though the most popular theories are those that follow the developmental route. An example of this is that of Crites (1969), who argues that entry into an occupation is a long, drawn-out process, beginning in childhood when all, or most occupations are possible choices. This is followed by the period, during adolescence, when the individual narrows the options down to a general occupational field. It is then, in early adulthood, that the individual decides on a specific occupation. Blau et al (1956) agree with this developmental model of occupational choice. Summarising this complex model, the theory claims that the process develops as follows;

- In early life, eventual occupational choice may be influenced by the biological suitability of the individual, and their 'native' endowment.
- This stage is followed by the development of the individual's personality, and educational development. Occurring at the same time is the influence of differential, particularly family, influences. These may be considered to be part of a general socialisation, and educational process.
- This leads into the stage which considers the individual's socio-psychological attributes. These include the individual's general level of knowledge, their abilities and educational attainment, their social position, and their orientation to occupational life (its importance, identification with models, aspirations, etc.).
- This period is followed by the phase during which the 'immediate' determinants come into consideration. These determinants include, information about an occupation, technical qualifications, social role characteristics, and reward value hierarchy.
- The final stage is when the individual makes what they consider to be a free choice, based on their own perceptions, and preference and expectancy hierarchy.

This generic model of the occupational choice process is as compatible with the choice of nursing as a career as it is with any other career choice. Importantly, as with the 'peri-entry' approach, it also includes reference to those societal influences that may impact on the individual to make them arrive at a certain career choice decision.

Within the closely related profession of medicine, McGuire (1966) comments that, in trying to explain the choice of medicine as a career, one needs to appreciate that the reasons are complex and not reducible to simple and independent factors. He summarises these sometimes overlapping and more descriptive than diagnostic reasons as follows;

- Prestige and status of the profession and how it is even recognised in the play of children. It is interesting to note how often young children play at 'doctors and nurses', and how, in these two professions, cynicism and disappointment have been reported following entry because the career didn't meet the entry expectations (Reeves 1964, Psathas 1968, Becker and Geer 1958, Moody 1973, Corwin et al 1961). There might be a message for us here with regard to the socialisation of individuals who had formed their opinions about careers in nursing early in life.
- Altruism in medicine is a societally recognised personal quality of a doctor. It is, he claims, the epitome of the professional and cultural norm of a physician (or nurse).
- "Always knew" is a phenomenon that exists in certain careers. It relates to the fact that the individual had always, perhaps through family tradition, always and only considered medicine as a career. This is a phenomenon that is also common in nursing (Land 1993, 1994).
- Sometimes individuals enter medicine as a route to achieve other ambitions, perhaps as a scientific researcher, or even as a practical way of exercising a religious belief that one needed a vehicle through which to give service to mankind. Again the notion of a 'calling' is also common in nursing (Land 1994).
- Doctors, often through the influence of another person, choose medicine as a career. Children, he continues, often follow the career path of a parent, and this is a common route into medicine (and nursing - Stoller 1978) .
- A rarely expressed reason for choosing medicine is that of choosing to undertake it because it was the only choice left after others had been eliminated.
- In describing the 'unconscious' motives for choosing medicine as a career, McGuire (1966) explains that in making the final choice certain non-personal factors come into play which rephrase childish motives and conflicts into adult terms. It could be argued that these unconscious factors are those societal and media representations of the role that are, in my estimation, so crucial.

Once again this theory can be directly translated into the nursing context. The obvious conclusion is that these generic theories regarding the importance of the pre-entry socialisation process have a direct impact on the socialisation process as a whole, especially if one considers the specific issue of socialisation as beginning before entry.

2.3 Occupational choice in nursing.

The reasons for choosing nursing as a career have been widely reported (Land 1993, 1994, Murrells et al 1995, Kersten et al 1991, Pankratz and Pankratz 1967). However any connection these reasons might have to the wider realm of the socialisation process of the new student have generally been ignored. Importantly, studies have looked at the reasons for entering *'nursing'*, almost ignoring the three years of being a *'student nurse'*. We need to remind ourselves, perhaps, when tempted to undertake such studies, that individuals apply to enter a course of study that leads to the status and qualification of a nurse. They do not apply to enter nursing as a nurse, they apply to enter as a student nurse. This fact has significant implications for the new student, whose whole pre-entry build-up has been based on their entering nursing, with seemingly little regard to the reality of actually entering nurse education (Hunt 1996, Mangan 1996).

The various empirically supported theories surrounding the reasons for choosing nursing as a career appear to centre on the 'service to humanity' aspect of nursing (Kaler et al 1989, Dyck et al 1991, Buckingham and Maycock 1993, Land 1994, Kersten et al 1991). In a study of the image of nursing held by the public(n=110), Kaler et al (1989) found that the image is still that which has predominantly been consensually endorsed as being feminine and nurturing, with the nurse's role still centring on a 'helping orientation' and 'concern for others'. Importantly, they add, these remain the reasons why individuals choose nursing as a career (see also study 1, chapter VIII). In support of this, Dyck et al (1991), add that, *"It is therefore reasonable to expect that the public image plays a major role in determining who enters the profession"* (p.27). In her qualitative study of reasons given by students as to why they chose to enter nursing, Land (1994) found that the subjects entered

nursing because, they 'needed to be needed', 'help the helpless', and 'assist the patient to recovery'. Following on from the point that applicants apply for nursing because of the images they hold of the profession, Kersten et al (1991) comment that it logically follows that these images of nursing held by the individual will inevitably create in them a set of expectations about nursing, and their role in it when they eventually enter. These points made by Land (1994), and Kersten (1991) are consistent with the thesis of the 'peri-entry' approach.

3. Pre-entry expectation formation.

3.1 Introduction.

Louis (1980) argues that in the period before joining an organisation, the potential recruit develops expectations about their future career, and it is during this period that the potentially damaging unrealistic expectations develop. Emphasising the importance of the pre-entry period, Weitz (1956) found that new employees who had a realistic job concept were more likely to 'survive' than those whose job expectancy was not as accurate. This, and the other various effects of career expectations/experience mismatch, are widely reported (Katzell 1968, Arnold 1985, Greenhaus et al 1983, Ilgen and Seely 1974, Williams and Williams 1959). It is worth singling out for special mention are those careers that have a high public profile, and therefore have a commonly held public image. These occupations include the police (Bennett 1984), the army (Merton 1966), the medical profession (Becker and Geer 1958), teaching (Kagan 1992), and nursing (Corwin et al 1961). The source of the entry expectations in these careers appears to stem from either the media, or the popular lay image of the career. Interestingly, also, these are also the occupations often incorporated into children's play, and are frequently the settings for media fiction presentations.

3.2 General theories of pre-entry expectation formation.

The problem, prior to entry, appears to be that certain occupations, because of their public profile and media image, stimulate in their potential recruits an inflated, unrealistic, and often romantic image of the aspired occupation, and of themselves in that professional role (Gallagher 1987, Wiskoff 1977, Wanous 1980). In a summary

of the studies of the armed services, Wiskoff (1977) found that regardless of country, young people seem to hold similar attitudes about life in the armed services. He also found that the studies indicated that these attitudes are usually in error and inflated. Wanous (1980) indicated that unrealistic expectations are often formed by the individual organisation or occupation also giving an inflated image of the particular 'job'. This, he claims, could be corrected by the institution giving a realistic outline of the job in question prior to entry. However, Wiskoff (1977) and Wanous (1980), when seeking a source for these inflated expectations, have concentrated on the recruitment practices of the employers and the occupations' general recruitment policies, rather than on any societally-based influences. They appear to suggest that if recruitment practices improve, and give candidates a realistic 'picture' of the occupation, then the problem of unrealistic expectations will be resolved. However, in situations where the occupational choice is based on sources other than recruitment material, then the individual recruit may still form unrealistic expectations, in spite of realistic recruitment materials.

3.3 Pre-entry expectation formation in nursing.

Links between occupational choice and pre-entry expectations are particularly evident in nursing and nurse education. The link is exemplified by Becker and Carper (1970), who identified four ways in which an individual identified with a career. These four identifiers can be used either to demonstrate why people choose a career, or to show how they serve to shape their pre-entry expectations:

- *Occupational title, and associated ideology;* an important part of a person's work-based identity grows out of their relationship to their occupational title. The name of the occupation carries a great deal of symbolic meaning which tends to be incorporated into the individual's personal identity.
- *Commitment to task;* occupations may also be identified by a perception of the work carried out by that occupational role title.
- *Commitment to particular organisations or institutional positions;* an occupational identity tends to specify the kinds of organisations, and positions within them, that one's future lies, and the places in which it is likely, appropriate or desirable that one will work.

- *Significance for one's position in the larger society;* occupational identity also has an implicit reference to the position held in society at large for those who hold that occupational role title.

In the context of nursing, these four dimensions of occupational identity are first recognised by the individual as they relate to the occupational title of 'nurse'. The individual then chooses to enter nursing after relating the four dimensions to their image of what nurses do. A set of expectations about their perceived future role then develops. The caveat that must again be issued here, is that each of the four dimensions of occupational identity and the individual's position in it, are based on the 'nurse', and not the 'student nurse'.

4. Anticipatory socialisation.

The concept of Anticipatory Socialisation, especially its origins and effects, is an important and influential factor in the process of occupational socialisation. The term 'Anticipatory Socialisation' was first coined by Merton (1957, 1966) who describes it as a process that occurs in fantasy as prospective role incumbents await their acceptance onto training programmes, status change, or promotion to a more senior position. Thus, because of this phenomenon, the process of professional socialisation begins even before the start of either the training programme or status change. Importantly, though, in the context of nursing, and its lay image, Lum (1988) points out that,

> *"...the individual can only rehearse those roles or social situations that have been made known to them. Furthermore, the individual will tend to rehearse those roles that seem most desirable"* (p262).

Feldman (1976) described the anticipatory socialisation process as comprising two process variables, each influencing the progress through the socialisation experience. He described these as;

- Realism...The extent to which individuals have a full and accurate picture of what life in the organisation is really like.
- Congruence...The extent to which the organisation's resources and the individual's needs and skills are mutually satisfying. It indicates how successful individuals have been in making decisions about employment.

Ginsberg et al (1951) describe anticipatory socialisation as comprising three phases, the first two occurring between the ages of six and sixteen during which the individual engages in fantasy and tentative occupational choices, and the third phase, at the age of seventeen or eighteen when the individual, based on their prior experience, is able to engage in realistic career choices. In the nursing context, Ginsberg's first two phases seem reasonable. We all know of the young girls who dress up and pretend to be nurses. However, his third phase, in the context of their choosing nursing as a career, is reliant on the 'young girl' discarding her fantastic image of nursing and adopting a reasoned, 'grown-up' perspective (Kersten et al 1991). Evidence does not appear to support this view (Gallagher 1987). The aspiring student nurse still, it seems, clings to the fantasy view, possibly resulting in unrealistic anticipatory socialisation (Psathas 1968). Merton et al (1957) suggest that anticipatory socialisation is the process by which an individual adopts the values of the professional/occupational group to which they have ambitions/intentions to join, claiming that this process eases the adjustment process following entry. However again, it must be said that this satisfactory outcome of the anticipatory socialisation process as described by Merton et al, is dependent upon the process being shown to be based upon a realistic view of the initial post-entry experience (Arnold 1986). If this initial experience for the new entrant emerges as incongruent with the expectations formed during the period of anticipatory socialisation, staff can expect to have to deal with students who are less than satisfied with the course, and who might be experiencing 'Reality Shock' (Kramer 1974, Hughes 1958, Dean et al 1983, 1988).

In the area of nurse education, only passing reference has been made to the concept of anticipatory socialisation. This has usually been in studies being undertaken into attrition rates amongst nursing students (Lindop 1987, 1989, 1991), stress in student nurses (Lees and Ellis 1990), or role conflict in student nurses (Shead 1991). Specifically, with regard to anticipatory socialisation in the neophyte student nurse, there is little empirical evidence to call on. Most observations are anecdotal and subjective or used simply as an introduction to studies exploring the post-entry socialisation process (Olesen and Whittaker 1966).

In their study of the images of nursing held by new entrants into nurse training, Collins and Joel (1971) observes that early career choice is most frequently accompanied by the incorporation of traditional stereotypes into their images of their chosen career. They claim that,

> *"Even a young child makes fantasy choices about occupation, choices that are based solely on the chooser's values and needs without any significant consideration of reality factors, and unless the individual has had direct experience of the routines of an occupation at an early age, their childhood fantasy will incorporate the traditional stereotypes or lay image of the occupation. Furthermore, in most instances, an occupational choice that originates during this period when fantasy is abundant will, at a later age, reflect an occupational image that retains many of these stereotypes."* (p.458).

Based on these comments Collins and Joel (1971) devised a study to elicit, from a group of students, the age at which they chose nursing as a career, claiming that a comparison of the age at which an individual first considered nursing as a career, and the age at which a final decision was made, should give some indication of the degree to which the fantasy choice influenced the actual choice. Results showed that 43% of respondents (actual sample size not given) indicated that they first considered nursing before the age of thirteen, 26% between the ages of thirteen and fifteen, and 31% between sixteen and eighteen. However, they point out that in spite of this early first consideration, 64% of students claimed that they did not definitely decide on nursing as a career until they were between sixteen and eighteen years old, showing a tendency toward early consideration, with postponement of the final decision. It is worth noting that the method employed in this study left it open to retrospective bias. However, the authors claim validation for the conclusions drawn by comparison with the results of other studies (Martin and Simpson 1956, Gunter 1969, Pavalko 1969).

It would appear, then, that 'Anticipatory Socialisation' is the process of acclimatisation to the perceived culture of the occupation that the individual is waiting to join. During this process the individual develops a set of expectations, based on various factors, acting and reacting in differing and changing combinations. The most prominent of these factors are;

1. Exposure to societal/lay perceptions of the occupational role-holder, including gender stereotyping and media portrayal of the occupation (Gallagher 1987, Muldoon and Kremer 1995).
2. Values and norms of society and the pervading youth culture (Morris and Grazzi-Russo 1979).
3. Childhood fantasies (Murray and Chambers 1990).
4. Previous experience in a similar occupation or occupational setting (Murrells et al 1995).
5. Self-perception (Blustein 1988).
6. Family member working or having worked in the chosen occupation (Morris and Grazzi-Russo 1979).
7. Personality of the individual (Smith 1968).
8. Age, demographic or socio-economic status (Alavi and Cattoni 1995).
9. Individual's personal value system (Kersten et al 1991).
10. Previous educational experiences (Kohler and Edwards 1990).

The point, then, of giving consideration to anticipatory socialisation as a component of the professional socialisation process, particularly within the conceptual framework of the 'peri-entry' approach, is to identify how the new entrants form their expectations about their forthcoming role, what those expectations are, how strong and enduring they are, and how these expectations are confirmed and amplified by the process of anticipatory socialisation. With this in mind, it is surprising that the majority of studies into newcomer socialisation in nursing have tended to ignore anticipatory socialisation, and assume that socialisation begins at the point of entry.

5. Segmentation.

5.1 Introduction.

Bucher and Strauss (1961) introduced the term 'segmentation' into the socialisation vocabulary following their claim that the assumption of relative homogeneity within professions is misguided, and that professions are actually a loose amalgamation of segments, each pursuing different objectives in different manners. They claim that these segments are only, *"...more or less held together under a common name"* (p.326), and otherwise have little in common. Role-holders within the segments have

different priorities with regard to their workload, performing a great diversity of tasks in the name of the profession, unconnected with the tasks performed by the members of other segments (Bucher and Strauss 1961). Also, whoever an individual considers to be a colleague is very much linked with membership of a particular segment. On this point, Gross (1958) comments that this colleague relationship is fostered by such things as control of entry to the occupation, development of a unique 'mission', and shared attitudes toward clients. This is particularly true in the nursing profession, which has two main segments, 'education' and 'service' (Melia 1981, 1984, 1987). It is the education segment that controls admission to the profession through their pre-registration and undergraduate courses, acting as gatekeepers for entry into the profession. The education and service segments have different client groups, which is reflected in their ascribed mission or *raison d'être*, The development and well-being of their client group, the students, is paramount in the case of the education segment. The development and well-being of their client group, the patients, is paramount in the case of the service segment, with students being an extra or secondary consideration. Melia (1987) adds that the effect of segmentation on the nursing students is that they learn to be student nurses, and not nurses. One has to say, though, that this is counter to the students' expectations. They expect to learn to be nurses, not student nurses (Mangan 1996).

5.2 Segmentation in nursing.

The concept of segmentation in nursing has considerable implications regarding the choice of nursing as a career, the formation of expectations about the new entrant's role and the process of anticipatory socialisation. I take support for this statement from Melia (1987) who described it as the main organising theme of her book on the occupational socialisation of student nurses. It is surprising, therefore, that apart from Melia (1981, 1984, 1987), segmentation has received little serious attention in the various published reports by other nurse-researchers and theorists, although it is fair to say that some do allude to it (Seed 1991, Olesen and Whittaker 1968) without mentioning it by name.

With regard to student-nurse socialisation , Melia (1981, 1984, 1987) identifies two major segments, the service segment and the education segment. She points out that the education segment portrays the 'idealised' version of the work of the profession, whereas the service segment concentrates on the 'day-to-day' work of nursing. Melia also points that the discontinuity between the approaches of the two segments to nursing can be disturbing to students. Although Melia's contextual application of the concept of segmentation in nursing is of particular importance, and may serve to explain the negative feelings often expressed by students, it is not the context in which I employ it. I feel that segmentation may also play a part in the expectation formation period during the pre-entry phase. The 'peri-entry' approach suggests that during the expectation-formation period, the individual bases their expectations on the work of the service segment, that is the practical and caring dimensions of nursing. This is probably brought about by the exposure to those lay images of nursing described earlier. Following entry on to the course, though, the new student is not initially exposed to the work of the service segment, but to the work of the education segment. This is where the dissonance may occur, with a resultant potential for confusion and disillusionment. The student finds that they are not 'working as a nurse' after all, but they are back in the classroom, often studying subjects that they find difficult to relate to nursing as they had expected.

6. Conclusion.

This chapter has described the theoretical and conceptual background of the pre-entry period of the 'peri-entry' approach, concentrating specifically on the phenomena surrounding the concept of pre-entry expectation formation. It has identified those components that make up that part of the framework that will be explored empirically in study 1, chapter VIII. From the evidence of this chapter, propositions regarding the empirical examination of the conceptual components of pre-entry expectation formation will be suggested in chapter VIII, concentrating on exploring the nature, source, and evolution of pre-entry expectation formation. Study 1, therefore, 'sets the scene', with regard to entry expectations, for studies 2-4. It does this by posing the question that, if these initial expectations are not met, then what effect will this have on the individuals in the dimensions of socialisation examined in those studies?

Carrying with them the expectations formed in the pre-entry period, the neophyte now enters onto their nursing course, encountering, for the first time, the realities of their life as a student nurse. In the next chapter I will review the literature concerning the phenomenon of Reality Shock, which, I suggest, may occur when an individual discovers that their expectations do not match with their experiences. Chapter IV, therefore, reviews the literature for evidence of support for this proposition.

CHAPTER IV

OCCUPATIONAL SOCIALISATION and the ROLE OF REALITY SHOCK: RESEARCH and THEORETICAL BACKGROUND

1. Introduction.

The last chapter was concerned with those issues surrounding the expectations about nursing and nurse education that individuals form prior to entry onto the course. The relevance of this to understanding the standpoint of the 'peri-entry' approach was explored through the relevant theories and studies reported in the literature. This chapter follows on, and is concerned with the overall concept of occupational socialisation of the newcomer, and how it has been studied and reported both in the general occupational field and in nursing. Any possible transferable relationships between these two aspects of employment with regard to socialisation is examined, particularly in respect of the conceptual components of the 'peri-entry' approach.

There is an argument to support the view that the expectations about their new career, as reported in the previous chapter can, and may, have considerable influence on the way in which students react to their socialising experiences. This chapter, therefore also explores the literature surrounding one of the frequently reported consequences of not having expectations met by experience, the phenomenon described as Reality Shock (Kramer 1974, Dean 1983).

As demonstrated by a few studies into student nurse socialisation (Simpson 1979), considerable guidance can be given to the study of the socialisation process in nurse education from those studies that have been undertaken in the general occupational milieu. The advantage for those of us researching into socialisation in nursing is that the process and effects of socialisation, have received considerable attention in the organisational literature (Wanous 1976, Louis 1980, Feldman 1976, Arnold 1985), and this is invaluable when considering how the general principles of occupational socialisation apply to nursing. This chapter, therefore, pays more than a passing

consideration to the reported theories and studies into occupational socialisation experiences of new entrants and role changees in the general occupational literature, and applies it, where appropriate, to the nurse education context.

This chapter has three main themes;

- to review the general occupational socialisation literature, and to identify its applicability to the nursing context,
- to review the nursing socialisation literature,
- to describe, and emphasise the importance of Reality Shock in the socialisation process, particularly in nursing.

2. Occupational socialisation.

2.1 Introduction, overview and definitions.

Louis (1980) sets the occupational socialisation scene eloquently when commenting that,

> *"There is growing concern that current organisational entry practices do not adequately ease the transition of new members into work organisations.* (p.226).

This reminds us that the difficulties of changing roles, joining an organisation or beginning a new career, are present across the whole spectrum of occupations, and that socialisation takes place regardless of the setting or context. However, although socialisation processes and outcomes are often multi-contextual, and transferable, some aspects of the process are career, organisation or context-specific. This context specificity is perhaps more apparent in nursing than in many other occupational settings. It is a useful exercise, therefore, to develop an awareness of the general theories and to extract from them those elements that are subsequently to be used in developing one's own context or career socialisation approach. Here, it is of particular interest how these general theories can be applied to the socialisation experiences of the new nursing student, especially in context of those dimensions explored by the 'peri-entry' approach.

Several theoretical perspectives of newcomer socialisation into occupations have been suggested over the years. The theories generated have looked at the phenomenon of socialisation from a number of different perspectives, each reflecting the particular interests of the individual theorists. Theories have focused on various dimensions of the socialisation process, for example Kotter (1973) and Wanous (1980) investigated the effects of met and unmet expectations, Van Maanen and Schein (1979) looked at socialisation practices and policies in which organisations engage. Stages in the socialisation process were described by McCain (1985) and Colucciello (1990). Van Maanen (1975) focused on relinquishing pre-existing attitudes, values and behaviours. Caplow (1964) analysed the acquisition of new self-images. Schein (1968) examined the learning of organisational goals and rules. Each of these perspectives have some application to the four conceptual components of the 'peri-entry' approach to socialisation:

- Pre-entry expectation formation.
- The Reality Shock phenomenon.
- Changing images of nursing.
- Changing professional (nursing) self-concept.

2.2 Theories of occupational socialisation.

Although there appears to be no one accepted general theory that definitively describes occupational socialisation (Coombs 1978), there have been a number of 'oft-quoted' theories that have proved useful to understanding the concept (Levinson 1967, Feldman 1981, Louis 1980, Nicholson 1984, Nicholson and Arnold 1989, 1991, Van Maanen 1976, 1977, Van Maanen and Schein 1979, Wanous 1973, 1976, 1977, 1980, Schein 1968). It is also worth recognising that some aspects of these general theories do 'travel well' into the nursing domain. The skill, it appears, is in recognising which aspects to utilise. It might be that it is in this area that the practice experience of the practitioner researcher is beneficial (Reed and Procter 1995). The practitioner researcher, because of her/his occupational experiences, might well have a unique insight into the transferability of the concept into their own area of practice.

As a background and overview of the topic of occupational socialisation and to guide us into the concept of newcomer socialisation in nursing, it might be useful to describe some of these cornerstone theories from the general occupational literature. Therefore, there follows a review of those theories that are pertinent and transferable to the nursing context and the 'peri-entry' approach.

In describing his theory of 'work-role transitions', Nicholson (1984) identifies certain variables which influence the process and outcome of newcomer socialisation. He describes these as falling into the following groups;

1. The requirements of the roles between which the person is moving, i.e. role requirements.
2. The psychological dispositions and motives of the person, i.e. motivational orientations.
3. The character of the person's past socialisation into previous work roles, i.e. prior socialisation.
4. The form of any current organisational induction or socialisation practices that shape the person's adjustment to the new role, i.e. the induction-socialisation process.

According to Nicholson (1984), the socialisation process is concerned with the interplay between these variables, specifically it is concerned with the ability of the individual to develop and absorb the new demands, and the flexibility of the role. Nicholson's argument has a direct relevance to the socialisation of the new student nurse, with each of the four generic groups identified by him being readily applicable to the nurse education setting. In particular, it is worth noting that he refers to the motivating factors, and to prior socialisation. These two aspects of the socialisation process relate implicitly to two of the conceptual components mentioned in the 'peri-entry' approach. The 'peri-entry' approach describes how individuals might be strongly motivated to apply to enter nursing because of the strength of the effects of the societal image of nursing, which may be, in turn, amplified by the process of prior or anticipatory socialisation.

Feldman (1976, 1981) sees socialisation into an occupation or organisation as a set of multiple simultaneous processes with a range of outcomes, all existing within a systematic framework. Like many others (e.g. Van Maanen 1976), he sees his model as a phased process. He identifies three phases; 1) anticipatory socialisation phase, 2) encounter phase, and 3) change and acquisition phase. Feldman (1981) explains that each phase contains both process and outcome variables. A process variable reflects the extent to which an individual successfully concludes a particular activity in the socialisation process and an outcome variable is a criterion by which progress through organisational socialisation can be measured and judged (p310). Like so many other general theories of occupational socialisation, although there is a broad and non-specific generalisability to the nursing domain, there is no reference to the impact of dissonance or incongruity on the individual newcomer, as described in the 'peri-entry' approach. Feldman's model assumes that the individual adopts the values and norms of the organisation and becomes skilled in the new work-role as a 'natural' sequence, with problems being anticipated and prevented or overcome, implying a passive role by the role-incumbent. Negative outcomes are not mentioned, except to say that, "Congruence of skills, realistic job expectations, and initiation to the task all influence whether role definition proceeds smoothly" (p.312). In the light of certain reported negative consequences for new entrants (e.g. Louis 1980), this appears to be somewhat remiss, considering the potential impact that any incongruence or dissonance may have on the individual, their attitude to themselves, their role and their role-set (Dean 1983). This impact is graphically described in nurse education by Lindop (1987), who claims that it is one of the main factors leading to student attrition.

Louis (1980) proposed a model of newcomer socialisation that focused on how the new entrant sought to make sense of the incongruities they encountered when joining a new occupational group. Louis explained how disillusionment for the neophyte was caused through inadequacies in approaches to organisational entry. Louis' (1980) theory has direct relevance to the four-phase Reality Shock aspect of the 'peri-entry' approach. It could be argued that the 'sense-making' that she describes in her theory is the same as the 'recovery/resolution' phase described by Kramer (1974). Van

Maanen (1976) described his theory of socialisation as being intended to, *"...crystallise the amorphous shapes of the various approaches to the socialisation process, and to emphasise the prominent role it plays in the social drama of 'breaking-in"* (p.117). Importantly, Van Maanen's theory is based upon the premise that an individual's socialisation into an organisation/occupation is a continuous process, carried on by a variety of sources, both inside and outside the formal membership boundaries. This takes on particular significance in the 'peri-entry' approach, when one considers how, on the outside, society's view of nursing may influence the expectation formation process of the prospective new student, and also, on the inside, how the education system may not be delivering what the students expect. Wanous' (1973) theory of socialisation is based on the premise that the more prepared an individual is, prior to joining an organisation/occupation, the easier will be the transition. Again, this theory has important implications for the 'peri-entry' approach. The argument put forward by Wanous (1973), when transferred to the nursing context, gives support to the proposition of the 'peri-entry' approach that the Reality Shock experienced by the newcomers to nursing may be due, to a large degree, to their unpreparedness for the realities of nurse education. Wanous (1976) proposed that when a newcomer to an organisation experiences an environment different from their expectations, dissatisfaction can occur. His study, which assessed what effects transition into a new occupation had on the perceptions of entering individuals, elicited the view that entry expectations were initially naive and following entry this created dissonance in the individuals. This dissonance, with time, was however replaced by more realistic beliefs (Wanous 1976), which is, again, consistent with the recovery/resolution phase described by Kramer (1974) (see study 2, chapter IX).

There appears to be ample evidence from the foregoing that many of the general principles of newcomer socialisation can be applied to the newcomer in nurse education. However, to demonstrate this transferability, it is appropriate to look at the nursing literature on the same topic of occupational socialisation, and then the similarities and differences between nursing and other fields of employment may become more apparent.

3. Occupational socialisation in nursing.

The most commonly used definitions of newcomer socialisation into nursing (McCain 1985, Jacox 1973, Watson 1981, Goldenberg and Iwasiw 1993) tend, on the whole, not to consider the negative dimensions of entry into nursing, role change or graduation to be part of the socialisation process. Instead, when looking to define the concept of socialisation, they tend to employ definitions that are variations of that employed by Cohen (1981), who defined professional socialisation as,

> *"...the complex process by which a person acquires the knowledge, skills, and sense of occupational identity that are characteristic of a member of that profession. It involves the internalisation of the values and norms of the group into the person's own behaviour and self-conception. In the process a person gives up the societal and media stereotypes prevalent in our culture and adopts those held by members of that profession."* (p.165).

or the one described by Moore (1970),

> *Professional socialisation, "involves acquiring the requisite knowledge and skills and also the sense of occupational identity and internalisation of occupational norms typical of the fully qualified practitioner."* (p.165).

These definitions, which are often accepted in the nursing literature (e.g. DuToit 1995) imply, by their very structure, passivity on the part of the person being socialised (Simpson 1979), and this passivity is reflected in the design of the theories suggested by the majority of theorists in the field of newcomer-socialisation in nursing. They are also similar in structure and approach to those general occupational theories, already described above, by Schein (1968) and Feldman (1981), and with the same apparent shortcomings. Colucciello (1990) comments that, *"Socialisation brings nurses into existence. It is a process that enables us to become creators..."* (p.17). This approach to socialisation, described by Cohen (1981), is termed 'induction' by Simpson (1979) and was favoured by Merton (1957) when studying the socialisation of students into the medical profession. The induction model's basic tenet, according to Merton (1957), is that, *"...social learning occurs during professional education - norms are imparted, attitudes are formed to accord with the*

norms, an appreciation is gained of ends toward which the profession's work is directed..." (pp. 8-9).

It is this model that appears to form the basis of the majority of theories about the process experienced by the neophyte in nursing (Simpson 1979). Induction-based studies analyse students' experiences within the context of the professional system, and assume that individuals adopt a highly passive role in the induction/socialisation process, concentrating only on being the recipients of the values and norms of the profession This assumption has come under some criticism, since, it is argued, it takes the motivation of the individual for granted, and assumes that the (learning) process is a highly passive one in which the professional culture is merely 'transmitted' to students (Simpson 1979). Bell and Staw (1989) also comment that the, "*... socialisation literature views individuals as much more passive and malleable. Often, individuals are portrayed as if they join the organisation practically as lumps of clay, ready to be shaped by all those around them..."* (p. 232).

In response to this standpoint, Simpson (1979) proposed a process of professional socialisation which made very different assumptions from those of the induction approach. She termed this the 'Reaction' approach to socialisation. Unlike the induction approach, the reaction approach regards the faculty as an independently organised social unit. It also regards students as being separate groups, each distinguished by common objectives and the power to act collectively in furtherance of their objectives. Simpson (1979) describes how writers (Bucher and Strauss 1961, Bloom 1965, Friedson 1970), following the reaction approach, emphasise how the 'education' and 'service' segments, later described by Melia (1981, 1984, 1987), serve different populations, and this is confusing for students. This confusion, she adds, is caused, to a large degree, because the students feel that they are viewed by the faculty staff as students and not junior nursing colleagues as the students expected when they started the course. Effectively, their expectations on entry are not met, either about their role, or the course, and this causes them to 'react' by having negative feelings about their training (Simpson 1979), changes in their self-image

(Kramer 1974, Gendron 1981), and changes in their image of nursing (Katzell 1968, Lindop 1987). Overall, rather than being passive recipients of their new culture, the reactions of the students to their new experiences, it seems, are negative ones (Simpson 1979). One reported implication of this negativity is the onset of the phenomenon described as Reality Shock (Kramer 1974, Dean 1983), and this phenomenon, because of its potentially damaging and far-reaching effects on the newcomers, is a substantial component of the socialisation process, and therefore, plays a significant part in the framework of the 'peri-entry' approach, and also, for this reason is examined empirically in chapter IX of this thesis.

4. Reality Shock in nursing.

There has recently been a small, but growing, recognition of the effects of 'course-related' dissatisfaction among student nurses (Ehrenfeld et al 1997, Parker and Carlisle 1996, Muldoon and Kremer 1995, West and Rushton 1986). High levels of dissatisfaction have been reported as contributing to feelings of confusion (Day et al 1995), excessive attrition rates (Lindop 1987, 1989, 1991), unacceptably high stress levels (West and Rushton 1986), and may have deleterious effects on aspects of the self-concept (Shepherd and Brooks 1991).

With regard to student nurses' job satisfaction, it is variously reported that the students frequently experience dissatisfaction with their course (Katzell 1968, Lindop 1987). It is suggested that one possible reason for this is that the structure of the course and its values and priorities are incongruent with the students' expectations about what their new career would be like (Day et al 1995). *"The beliefs about nursing that the students brought with them into the profession formed the basis for their acceptance or rejection of the values they encountered as they learned to nurse"* (Day et al 1995, p. 360). The main complaint from students was that their education was not as they had expected and had simply not prepared them for life as nurses (Mangan 1996). They commented that, in a practical subject such as nursing, it is the duty of education to be of practical value to students (Mangan 1996).

This apparent dissatisfaction with the course could have a profound effect on the students (Lindop 1987). They had entered nursing because they cared *about* people and were expecting to care *for* people (Davis 1975), but they were disappointed. *"What we are taught is simply not practical when we go to the placements. Why can't they teach us what it is like, rather than what they wish it was like?"* (comment from a student to Mangan 1996, p.53). The effect that not having their expectations met by the course leads the students to feel disappointed, disillusioned, confused and cheated (Jacox 1973). In a large quantitative, questionnaire study of first-year student nurses (n=1852) at 43 schools of nursing in the USA, Katzell (1968) found that withdrawal from the course was inversely related to experienced satisfaction and confirmation of entry expectations. Significant differences were found between the mean scores of the survivors and the dropout groups in the total number of satisfactions experienced and the number of anticipated satisfactions experienced. Survivors also had significantly more of their expectations confirmed than did the dropouts. These negative feelings are described by Kramer (1974) as 'Reality Shock'. This Reality Shock affects the functioning of the individual. It causes stress, lowers self-esteem, has adverse effects on morale, causes many to resign, and leaves those who remain feeling dissatisfied and unhappy (Kramer 1974).

For Kramer (1974), Reality Shock is,

> *"...the total social, physical, and emotional response of a person to the unexpected, unwanted, or undesired, and in the most severe degree, to the intolerable. It is (in this context) the startling discovery and reaction to the discovery that school-bred values conflict with work-world values. In some instances, reaction to the disparity between expectations and reality is so strong that the individual literally cannot persevere in the situation. The shock is manifested in a variety of ways but, not surprisingly, has been found to follow a fairly discernible pattern, generally consisting of several phases; honeymoon, shock or rejection, recovery and resolution."* (pp.3-4).

The honeymoon period is a short-lived period, during which the neophyte 'breathes a sigh of relief' at starting the career that they have dreamed of, possibly since childhood. Everything is wonderful and new (Schmalenberg and Kramer 1976), they are at last, a 'nurse.' They have at last arrived and there is an all-pervading sense of achievement. However, according to Locasto and Kochanek (1989), the honeymoon

phase soon ends and the shock and rejection phase begins, a phase characterised by moral outrage, feelings of rejection, fatigue and perceptual distortion. Anger is a common emotion in this phase, as is the experience of feelings of resentment, and hostility toward the course 'system', especially as the realities of the 'work' of the course come to light. According to Kramer (1974) there follows next the recovery or resolution phase, which involves a *"...lessening of tension and an ability to see the amusing side of things, coupled with a beginning capacity to weigh, assess, and objectively evaluate aspects of the host culture"* (p.80).

4.1 Theories, perspectives and empirical research into Reality Shock.

Kramer (1974), in her cornerstone study, introduced the term Reality Shock into the nursing socialisation vocabulary. Kramer undertook a multi-dimensional qualitative and quantitative study to investigate the presence of Reality Shock in new graduates immediately following the end of their training. It appeared, in her study, that when students graduated they found that the realities of working as a staff-nurse were incongruent with the expectations of the role formed when they were students. This expectation/experience mismatch led them to experience the negatively inclined emotional changes that Kramer described as Reality Shock. In confirming the existence of 'Reality Shock', Naughton (1987) states that it can occur as the newcomer to a work organisation encounters a job situation quite different from initial, or pre-entry expectations. The extent to which the 'shock' affects the outcome of the socialisation process depends largely upon the extent to which the person has correctly anticipated the various expectations of the organisation (Van Maanen 1976). With regard to the propositions of the 'peri-entry' approach, it is suggested that if the encounter of the neophyte student nurse proves to be at odds with pre-entry expectations then, depending on the degree of variance, there may be varying degrees of 'Reality Shock' and the sequence of events will, with some degree of individual differences, be set in motion.

To overcome 'Reality Shock' and lower attrition rates in newly graduated nurses, Kramer devised an Anticipatory Socialisation programme to help nurses confront and constructively manage student/staff-nurse conflicts, and to face the realities of their new role with a more appropriate and realistic set of expectations. Kramer (1974)

claims success for the programme by noting a diminished attrition rate and a lowered perceived Reality Shock incidence among the experimental group compared with the control group. These results are supported by Wanous (1977), who found that realism is inversely associated with turnover. Kramer's study appears to compare with the 'Realistic Job Preview' strategy described by Wanous (1973, 1976, 1977,), as a strategy designed to promote more realistic pre-entry job expectations among recruits by giving them orientation information through booklets, films and other means, which describe the job in factual, rather than idealised terms (see also chapter XII). The result of this is to lower entry expectations because lower expectations are more likely to be met than higher expectations; met expectations lead to satisfaction, and satisfaction is inversely related to turnover (Kramer 1974, Ilgen 1975).

There has, over the years, been considerable empirical support for the occurrence of Reality Shock, both from within the nursing profession, and from the field of general occupational socialisation. However, most of the Reality Shock studies in the nursing profession have followed the lead of Kramer (1974), and applied the concept to the process experienced by the new graduate nurse. In their questionnaire study of the experiences of newly graduated staff-nurses, Cronin-Stubbs and Gregor (1980) found that 66 out of 85 new graduates expressed disappointment with various aspects of the working situation. The authors explain that the cause of this disappointment was the discrepancy between the expected and actual working conditions. A natural fieldwork study by Horsburgh (1989) gave some validity to the findings of Cronin-Stubbs and Gregor (1980). Horsburgh (1989) found that, *"For the new graduate nurses the reality of nursing practice differed from what they had expected"* (p.612). The result, the authors claim, was unexpected dissatisfaction, and even a sense of guilt. In the 'world' of the student nurse, Bradby (1990) describes how the status change that occurs when entering nursing, may result in, *"...feelings of bewilderment and being overwhelmed: a kind of Reality Shock before making sense some months later"* (pp.1220-1221). These latter studies give some support to the thesis that Reality Shock can also occur in nurse education settings as well as in the world of the new graduate nurse. Outside of nursing, a number of important studies into Reality Shock have been reported in the general occupational socialisation literature, giving further

indication of the transferability and generalisability of the phenomenon to a wide range of occupational settings. Dean et al (1988) describe how Reality Shock in organisations refers to the discrepancy between an individual's work expectations established before joining an organisation and their perceptions after joining the organisation. Lawler et al (1975) had earlier observed how professional accountants experience symptoms of dissonance similar to the Reality Shock phenomenon, when work expectations are not met. Porter and Steers (1973) developed the understanding of the incidence of Reality Shock in organisations, resulting in the formulation of the 'met expectations hypothesis'. This was a general theory that claimed that the degree of expectation fulfilment is an important predictor of employee job attitudes and behaviour. Dean et al (1988) summarise by commenting that, *"When the socialisation process is either not complete or not successful, a discrepancy may exist between an individual's pre-membership expectations and the individual's perceptions formed after becoming a member of the organisation; this discrepancy has been called Reality Shock"* (p.236).

Dean et al (1988) undertook a longitudinal field survey to investigate the effects of Reality Shock on the organisational commitment, attitudes, intentions, and behaviour of professional accountants. They hypothesised that, 'recent graduates entering accounting organisations have expectations that are not confirmed by their work experience'. The sample (n=172) consisted of new entrant accountants in two large organisations. The results identified the presence of Reality Shock in the study sample. It would appear, then, that there is a substantial body of evidence to support the thesis that Reality Shock is a phenomenon common to all occupational settings. One should reasonably be able to assume, therefore, that the phenomenon should also apply to student nurses on entry to the course. Even accepting this considerable body of evidence, though, of the occurrence of Reality Shock in the newcomer, many commentators and researchers in the general field of nurse socialisation, still surprisingly seem to ignore it when devising a theory (Cohen 1981), or undertaking a study (DuToit 1995) that is concerned with the socialisation of the neophyte. One might argue that this omission could be due to the fact that many reports on the socialisation of the newcomer take as their starting point the day of entry, ignoring the

pre-entry period, and thereby adopting an 'induction' approach (Simpson 1979). If this is the case, then one of the possible causes of Reality Shock, the non-meeting of pre-entry expectations, and the 'reaction' to this by the students (Simpson 1979), would not be taken into consideration. Therefore, if the origins of the phenomenon are not reported as being part of the socialisation process, the phenomenon itself may not reported as being part of the socialisation process.

5. Conclusion.

Having explored the background and available literature on the subject of occupational socialisation in nursing, particularly with reference to concept of Reality Shock, the next chapter moves appropriately to another dimension of the newcomer socialisation process, described in the 'peri-entry' approach, the effect that socialisation has on the individual's perceptions of nursing, and the consequential images of the role of the nurse.

CHAPTER V

IMAGES of NURSING: RESEARCH and THEORETICAL BACKGROUND

1. Introduction and overview.

The last chapter, following on from the issues surrounding the concept of expectation formation explored in chapter III, dealt with the possibility of the Reality Shock phenomenon occurring as a result of expectations not being met by experience. This chapter seeks to take the debate one step further by examining another component of the conceptual framework of the 'peri-entry' approach, that of the possible relationship between unmet expectations and changing images of nursing. Davis and Olesen (1964) undertook a study to elicit how student nurses' 'images of nursing' changed over the first year of training. The purpose, methods, and results of this study are, to some extent, precursors to the 'peri-entry' approach, in that the 'peri-entry' approach also proposes that the images of nursing held by students change as a result of their entry and post entry experiences. This is one of the reasons that this aspect of their study, dealing with changing images, was chosen for replication and extension in chapter X. In this chapter I will review the original Davis and Olesen (1964) study, the follow-up report (Olesen and Davis 1966), and a replication of the original study (Brown et al 1974). These studies play an important part in understanding how the changing images of nursing have previously been examined empirically.

The nursing profession has, since the days of Florence Nightingale, been surrounded by an aura of romanticism, fuelled by the media image of the stereotypical nurse as a dedicated, caring individual (usually female) who embodies the characteristics of a service that is intimate, constant and comforting (Henderson 1978). Schurr and Turner (1982) claim that nursing is concerned with caring for people throughout the span of life, embracing the process of assisting, enabling and supporting patients, and those people important to the patients, in order that they can make an adjustment to a period of ill-health, come to terms with the effects of their illness, or die with dignity. Empirical evidence has shown that new entrants into nursing appear to overwhelmingly share these views (Kersten 1991, Morris & Grassi-Russo 1979), and

importantly, it is this perception of the nurse's role that attracts the potential recruit into the profession (Mangan 1996).

Nursing, in common with many other female dominated occupations, is portrayed in the media as an extension of the domestic role traditionally associated with the woman in the family home (Gallagher 1987). Kalisch and Kalisch (1987) observed that the images of nurses have not altered significantly for over thirty years, and it is postulated in the 'peri-entry' approach that they probably still persist today and are often accepted, almost without question, as the 'norm' by the neophyte student on entry. It is proposed, by Davis and Olesen (1964) and as part of the 'peri-entry' approach, that it is this idealised, stereotypical image of nursing that the neophyte brings with them when they commence the course, and that this image changes over time. Where the Davis and Olesen and the 'peri-entry' theses 'part company' is in the manner in which the images held by the neophyte change. Davis and Olesen (1964) propose that the image passes through a series of stages, from the lay image on entry, through the traditional professional image, ultimately to the advanced professional image. They proffered a hypothesis to this effect, and sought to test it empirically. The image development in the 'peri-entry' approach, on the other hand, sees the neophyte as keeping a lay image of what nursing is throughout, because this image is deeply ingrained in their psyche. To abandon it would almost be a 'betrayal' of all that they believe nursing to be about. Importantly, also, it was probably this 'lay' image that attracted them to the idea of becoming a nurse in the first place, and to abandon this image might lead the neophyte to question their original decision to enter nursing. What does change is the way they move from a positive image, which coincides with the lay image of their new role, to a negative image, prompted by the realisation that their new role is not as they had expected. These negative effects, incidentally, appear to run tandem with the Reality Shock experiences described in the last chapter.

What is important is to appreciate that Davis and Olesen (1964) acknowledge the importance of the lay image in the socialisation process. Because of the possible implications of this for the 'peri-entry' approach, the part of the original study that dealt with the changing image of nursing was selected for extension/replication (see study 3, chapter X). The primary intention in this chapter, therefore, is to review the

original Davis and Olesen study and the follow-up and replication studies, to give some insight into how they reported the changes in the image of nursing held by students changes over-time, especially with regard to the change from a lay image to a new socialisation-induced image, and particularly whether their hypothesis was supported.

2. The original Davis and Olesen (1964) study; a review.

As part of a larger project, Davis and Olesen (1964) undertook a quantitative study to seek empirical evidence to answer the question, *"How do images which students have of nursing upon completion of their first year compare with those they hold at entry?"* (p.9). Their broad hypothesis was that as students progressed through the school they would come to discard lay and traditional professional images of nursing for professionally more advanced images (Davis and Olesen 1964). The study was of a questionnaire design, given to a new group of students (n=75), on entry to the three-year course, and after completion of the first year. Their nineteen item questionnaire was constructed to demonstrate the respondent's image at that point in time. To achieve this, thirteen of the nineteen items were grouped under the labels of, lay image, traditional professional image, and advanced professional image. Four items were labelled as 'the bureaucratic image', which they claim, the students maintain a strong aversion to throughout the period of the study (Davis and Olesen 1964, Olesen and Davis 1966). The remaining two items were 'stand-alone' items. The groupings of the items under the image headings are given below. A copy of the original questionnaire items, and research report are shown in Appendix 1, as is the follow-up study (Olesen and Davis 1966), and the replication study (Brown et al 1974).

Image groupings of questionnaire items (Davis and Olesen 1964).

- Lay image.

  4. Dedication to the service of humanity.

  5. Ritual and ceremony.

  6. Hard work.

  10. Religious calling and inspiration.

12. Job security.

13. Drama and excitement.

- Traditional professional image.

11. Meticulous attention to detail.

14. High technical skill.

15. Emotional control and restraint.

- Advanced professional image.

3. Originality and creativity.

9. Exercise of imagination and insight.

16. Innovation in the solution of problems.

18. Has a solid intellectual content.

- Bureaucratic image.

1. Order and routine.

2. Clearly defined lines of authority.

7. Clearly defined work tasks; each person is responsible for their job and their job alone.

8. Close supervision of staff.

- Stand-alone items.

17. An occupation highly respected in the community.

19. Demonstrates care for others in an immediate and tangible way.

Two response columns were available when considering how the propositions made by the nineteen items relate to the respondents' image of nursing. These columns were headed, 'Characteristic corresponds with my picture of nursing', and 'Characteristic is very important to me personally'. The respondents could tick as many items as they wished in both columns.

The data were analysed using the McNemar (1962) test, which is a non-parametric test, used to compare the frequencies of a dichotomous variable from the same cases at two points in time. This was certainly, at the time of the original study in 1964, the appropriate test to employ, particularly as the authors did not have the wider array of analyses that are available today in computer-assisted form.

Interestingly, and by the authors' own admission, the data gave little support for the hypothesis that the students would come increasingly to discard lay and traditional professional images for professionally more advanced images (Davis and Olesen 1964). The authors' interpretation of the findings of the study, with regard to the changing images of nursing, seem dependent on their somewhat arbitrary grouping of the questionnaire items. Their comments about the data not supporting the hypothesis, may in fact be due to the arbitrary nature of this grouping. Students' images may change, but not according to the hypothesised groupings. If one looks, therefore, at the reported changes in the students' images over time on an individual item basis, the report becomes more illuminating (see chapter X). These findings, identified on an individual basis, are shown by Davis and Olesen to be important, and again might have benefited from factor analysis (see chapter X). Davis and Olesen (1964) also claim that results indicate a move away from those images described as bureaucratic. The items concerned are, 'Clear Cut Lines of Authority', 'Emotional Control and Restraint', Clearly Defined Work Tasks', 'Close Supervision and Direction', and 'Meticulousness'. These groupings appear to have perhaps only a tenuous and seemingly intuitive claim to belong to a grouping labelled as bureaucratic (see also chapter X). In view of the ambiguity that Davis and Olesen (1964) admit to, I believe that in order for this study to make any valid claim for students' changing their images of nursing, the authors should have undertaken a more thorough examination of the questionnaire, with a view to ensuring that the questionnaire items were allocated under appropriate group headings, and that the questionnaire items were appropriate to measure changes in image. In fairness to Davis and Olesen, though, with our easy access to computer-aided analysis packages, it is standard practice nowadays in this type of study to undertake a reliability test and factor analysis, as a matter of course, to establish whether items and item groupings are appropriate. This probably was not the standard practice in 1964.

2.1 Related studies.

Olesen and Davis (1966) undertook a follow-up study involving those graduating students from the original sample (n=65, as opposed to n=75 in the original study).

They employed the same nineteen item questionnaire, and the same clustering of statements according to their earlier groups (Davis and Olesen 1964). The McNemar (1962) test was again employed to analyse the data. For analysis of the data the authors use a two-point completion of the questionnaire by respondents for comparison; 'at entry' and 'upon graduation'. This follow-up study was of a cross-sectional design, using retrospective self-reports.

Olesen and Davis (1966) found that in general the trends in individual items, that had been reported at the end of the first year, were sustained through to graduation.

Again, I feel that the groupings, especially considering the ambiguity reported by the authors in the 1964 study, might have benefited from using a factor analysis, to clarify the validity of the groupings, and a reliability test to ensure whether the questionnaire items were appropriate.

Brown et al (1974) undertook a cross-sectional replication of the Davis and Olesen (1964) study, employing the same nineteen item questionnaire. Their cross-sectional study employed random samples from two groups of student nurses (Total n=74), one group of new entrants (n=53), and the other group after one year of their course (n=21). They also employed the same dichotomous response options as the original study, and the same four 'image-label' groupings. However, some of the characteristics were allocated to more than one category. With respect to the comparison of results between the two studies, Brown et al (1974) comment that their findings regarding students' views were similar to those of the original study. They also suggested that their findings, like the original study, indicated considerable stability in student images over the first year of training. This also coincides with the maintaining of a lay image over the first year suggested by the 'peri-entry' approach. They concluded that any small differences between theirs, and the original study, lay in the interpretation of the reasons for changes in image (Brown et al 1974). Brown et al did not specify which statistical test they employed. In concluding their report, Brown et al (1974), make some important observations concerning the Davis and Olesen (1964) study that have major implications for those intending to replicate the

original study, and therefore deserve careful consideration when planning replication. The observations can be summarised as follows:

1. Further replication of the Davis and Olesen study would be relatively unfruitful, rather the basic instrument needs fresh examination.

2. The distinctness of the various image clusters should be determined, perhaps by means of factor analysis technique.

3. The assumption that those items designated as personally important are also those that are positively valued requires empirical validation.

4. It might prove useful to determine the relative degree of importance of each item for the individual respondent rather than simply to dichotomise between items personally important and items not important.

5. Alternative operational measures of consensus be devised, which might relate more meaningfully to other factors such as faculty emphases.

Some of these observations appear to indicate a more negative opinion of the Davis and Olesen (1964) study than Brown et al (1974) appear to adopt during their report, and begs the question why weren't they incorporated into their own study. However, in their defence, this well written and thorough replication was undertaken initially by two sophomore nursing students to fulfil the requirement for an introductory sociology course.

2.2 Relationship of the Davis and Olesen (1964) study to the 'peri-entry' approach.

As stated earlier, without undertaking a factor analysis the formation of the image clusters used by Davis and Olesen is open to question. However, the very fact that they acknowledge that the 'lay' image exists, and that it can be examined empirically has important implications for the 'peri-entry' approach. Their acknowledgement of the status of the lay image in the socialisation process gives some credence to the proposition in the 'peri-entry' approach that the lay image held by students may form the basis of their entry-expectations, and that these expectations might have considerable influences in the socialisation experiences of the new students. Although the original study did appear, by today's standards, to have its shortcomings, it has paid great service to the 'peri-entry' approach, not least of all, because it employs a

longitudinal approach to examining the socialisation phenomenon. The original study, like the 'peri-entry' approach, also suggests that the lay image held by individuals on entry persists at least throughout the first year. The original study also served me by providing the nineteen item questionnaire which I employed in my study. It has also, by its initial publication, stimulated replication (Brown et al 1974). Many other useful sources of information have also commented on (Collins and Joel 1971, Roberts 1984), or used, aspects of the original study design (Siegel 1968). These factors together gave me the inspiration and guidance in formulating the design of my extension/replication of that part of the original study which dealt with the nursing student's changing perception of nursing. Given the significant position that the lay image, and subsequent socialisation-induced changes, play in the overall conceptual structure of the 'peri-entry' approach, the value of the bestowal that the Davis and Olesen (1964) study has made, and the added contribution that the Brown et al (1974) replication have made, are almost incalculable.

3. Conclusion.

Having, in this chapter, described how selected literature has viewed the way students see nursing, through employing a review of the Davis and Olesen (1964) study, and exploring how this relates to the conceptual components of the 'peri-entry' approach, the next chapter looks at how the literature has reported the way in which students' nursing self-concept is affected by the socialisation process, particularly from the personal construct psychology perspective, again in relation to the 'peri-entry' approach framework.

CHAPTER VI

THE SELF-CONCEPT: RESEARCH and THEORETICAL BACKGROUND

1. The self-concept: an introduction.

In the last chapter I explored the literature which appeared to suggest that, over-time the individual's image of nursing changes through the socialisation processes experienced by the individual (Davis and Olesen 1964, Olesen and Davis 1966, Brown et al 1974). Authors comment that as the socialising effects of a number of factors come into play, that the student nurse changes her/his view of the profession they have recently joined (Siegel 1968). In this chapter I move on to consider that literature which suggests that, not also does the individual's image of nursing change as socialisation occurs, but so does their image of themselves (Heywood et al 1983). Various authors have argued that the socialisation process substantially effects the individual's self concept (Kramer 1974, Gendron 1981, Weller et al 1988). This chapter, therefore, provides background to this phenomenon. Central to the debate is the verification of the existence of the 'professional/nursing self-concept', and its role in the socialisation of the new entrant into nursing. Particular reference will also be paid in this chapter to the personal construct psychology approach to the self-concept, both from theoretical, and methodological perspectives.

2. Overview of the self-concept.

Burns (1979) describes the self-concept as, *"...a composite image of what we think we are, what we think we can achieve, what we think others think of us, and what we would like to be"* (Introduction, page not numbered). In an attempt to clarify the issue of 'what is the self-concept?', Burns (1979) suggested that the most useful approach to understanding the concept of self is to view it as a dynamic organisation of attitudes directed towards oneself. Arthur (1992) added that these self-attitudes (e.g. self-image, self-esteem, self-acceptance etc.), are best seen as existing on a positive - negative continuum, so making all expressions of feelings toward the self synonymous, only differing in the position they occupy on the continuum. Burns

(1982) adds that, because the self-concept is an attitude, albeit an attitude about oneself, any definition needs to contain three essential ingredients;

"1. A belief which may, or may not be valid,

2. an emotional and evaluative connotation around that belief, and

3. a consequential likelihood of responding, or behaving, in a particular way" (p.3).

Putting the unique nature of the 'self' in context, Rambo (1984) claims that each individual's perception of their 'self' is constantly changing according to circumstances and experiences as they try to make sense of an increasingly complex world. There are a number of theoretical approaches to describing and testing the self-concept (Burns 1979). It has been variously described and tested from psychological (Kelly 1955, Erikson 1968,), sociological/social psychological (Mead 1934, Cooley 1902, Goffman 1959), and phenomenological (Rogers 1951) perspectives. It is fair to say, though, that the most frequently cited approach has been the symbolic interactionist approach (Becker 1970, Miyamoto and Dornbusch 1956, Reeder et al 1960, Kinch 1963, Sampson 1976). According to Burns (1982), symbolic interactionism involves three basic premises;

1. Humans respond to the environment on the basis of the meanings that elements of the environment have for them as individuals.
2. These meanings occur as a result of social interaction.
3. These social and cultural meanings are modified through individual interpretation within the boundaries of this shared interaction.

In the symbolic interactionist tradition, self and others form an inseparable unit (Burns 1982) since any social group, constructed from the sum of the behaviours of the individuals in that group, places group-determined limits on individual behaviour. This means that students' perceived interpretation of the role and how they should perform in it, will influence how they act. This, according to Mead (1934), gives shape and meaning to individual self-conceptualisation. Central, then, to the symbolic interactionist perspective of self is the focus on the relationships between other people's responses to an individual and the individual's conception of themselves (Kinch 1968). Kinch explains that specifically, symbolic interactionists consider that

individuals form their own concept of their 'self' from the way they think others perceive them, a vision described by Mead (1934) as 'taking the role of the other'.

Mead (1934) claims that knowledge of self and others develop simultaneously, both being dependent on interaction with each other, and in mutual existence. The self-concept, being forged out of the influences exerted on the individual from outside, especially from significant others, is particularly susceptible to change in the individual. This is particularly so for the new student when entering what turns out to be a disconfirming environment, finding themselves undertaking academic work rather than 'nursing' work. According to the symbolic interactionists, self integrity demands that we orchestrate our identity in accordance with the situation we are in (Burns 1979). The implication of this is that student nurses may, by definition, have a constantly changing, and perhaps confused, concept of self because they initially enter a new and unexpected environment, the school, rather than 'nursing' (Smithers and Bircumshaw 1988).

2.1 The changing self-concept, and how it is measured.

A number of studies have investigated changes that occur among nursing students in their self-concept and in their attitudes towards the profession. Virtually all studies report some attitudinal changes during the course (Weller et al 1988). Arnold and Nicholson (1991), quoting the Symbolic Interactionist perspective, claim that the self-concept in the workplace is determined, or at least influenced, by how we believe others see us, and that a large discrepancy is likely to lead us to change our view of self. This is because it is unpleasant and confusing to feel that you are being seen in ways that you believe to be inaccurate. Importantly, Arnold and Nicholson (1991) make the point that, *"It therefore seems likely that individuals will compare themselves with other people in their workplace in order to arrive at a clear sense of self"*. These points become particularly poignant if, following entry, the neophyte encounters individuals whom they expect to resolve their professional self-identity only to discover that these individuals do not perceive them in the way the way they expect. The result may potentiate considerable disconfirmation of their self-concept.

3. The professional self-concept.

3.1 Introduction.

Fundamental to the 'peri-entry' approach is the concept of the 'professional self-concept', and the ways in which it is changed by the socialisation process. The object here, therefore, is to elicit from the literature the recognised 'wisdom' on the subject (Dai 1952, Schmitt 1966, Gendron 1981, Meleis and Dagenais 1981). A number of authors have studied the socialisation process from the 'self' perspective, and it is their work that will be reviewed here.

3.2 Primary and secondary self-concept.

Dai (1952) claims that, *"Human personality, on its higher levels of integration, may be thought of as an organisation of selves or self-concepts"* (p.46). Dai (1952) describes how this organisation of selves fits into two major compartments, the 'primary self' and the 'secondary self'. The primary self, he claims, is that self-concept that is acquired from the family group environment, and is the most basic in nature. Conversely, the secondary selves are those context-specific self-concepts that one acquires from interactions with other group environments. Dai (1952) explains that these secondary self-concepts, *"...vary in importance to the individual's self-picture of the moment, depending on the situation he is confronted by"* (p.46).

With regard to the whole notion of context-specific selves such as the professional self, Schmitt (1966) says, in support of Dai (1952), that individuals develop a 'secondary' self-concept that is context-specific. This context, he claims, may be a social situation, status, or importantly in the context of nursing, the occupation that an individual may occupy. If one accepts what Dai and Schmitt have to say, then one could accept that student nurses acquire a secondary self-concept with regard to their status as a nurse, or as a student nurse, that is different and separate from their other context-specific self-concepts, or their primary self-concept. It is worth considering whether there is some link here between this notion of secondary self (Dai 1952, Schmitt 1966) and that of segmentation (Melia 1981, 1984, 1987). If the new student has a pre-existing secondary self-concept of themselves as a nurse, then they may find themselves in a state of dissonance when they find that what they should have formed

is a secondary self-concept of themselves as a student. This may account for some of the confusion and negativity reported earlier (Katzell 1968, Lindop 1987).

3.3 The self and occupational choice.

The relationship between the self-concept and occupational choice has received some considerable attention in theories of occupational choice (Morrison 1962). Super et al (1963) claim that the individual's self-concept is a major determining factor in career choice. They claim that the individual seeks compatibility between their self-concept and the perceived role requirements in their anticipated occupation. There is empirical evidence to support the thesis that individuals in certain occupations have self-concepts that reflect the characteristics required of that occupation (Burns 1979). In a study of the self-concept of nurses, Reich and Geller (1976) found their subjects describing themselves as serious, cautious, industrious and methodical with a capacity to relate to others. This nursing self-concept also relates closely to the lay image of nursing (Kalisch and Kalisch 1987), and may account for the images that new entrants may have of nursing when they enter (Dyck et al 1991). The 'peri-entry' approach suggests that the alignment between the student's view of themselves when considering a career will be with that of the nurse, and not with that of the student.

3.4 The professional self-concept.

White and Mufti (1979) view the professional self-concept as that changing image an individual has of themselves as they become more confident and competent in their professional role. Using teaching as the example, the authors describe how the individual gives up these lay images of the profession, and develops both a 'college instilled' image of teaching, and a concordant and concomitant professional self-concept. Elsworth and Coulter (1977) see this changing image as including changes in professional aspirations, self-esteem, and the acquisition of new skills and knowledge. Rothrock (1989) adds that, *"Education has the potential to influence the development of professional self-images"* (p.1424). Kelly (1992) also comments that the, *"Professional self-concept is constructed through self-evaluation about professional knowledge, values, and skills"* (p.121).

3.5 The nursing self-concept.

Arthur (1992) makes the point that, *"...the professional self-concept of nurses is unique and different from that of the self-concept (while inextricably linked); and that there is room for a new instrument which measures the dimensions of the professional self-concept of nurses"* (p.712). Arthur adds that an individual will perceive a successful professional nurse to be the same as her/his 'ideal' professional nursing self-concept. The individual will be motivated to achieve this 'ideal'. Strasen (1989) comments that by improving the image of nursing, the nurses will have the opportunity to develop a strong positive self-image as a nurse.

The professional/nursing self-concept, then, appears to be linked to;

- The individual's image of the successful professional nurse.
- The nursing profession portraying an improved image.

The literature seems to propose, therefore, that the professional self-concept of nurses develops as a context-specific, secondary, dimension of self (Schmitt 1966, Dai 1952), and that its development occurs through the process of professional socialisation (Schmitt 1966). Weller et al (1988), and Heyman et al (1983) suggest that the same can also be said of the student nurse. Further, Gendron (1981) comments that the professional self-concept of students develops as they 'master' the skills of nursing. This mastery transforms their self-concept from lay person to nurse. The ability to perform nursing 'tasks' is a major part of the neophyte's need to 'feel like a nurse' (Olesen and Whittaker 1968). The ambiguity that the individual experiences appears to manifest itself as dissatisfaction when the pre-entry expectations regarding the 'clinical skills' component of their new role don't match the experiences (Olesen and Whittaker 1968). Gendron (1981) comments that in nurse education we have a tendency to deprive the student of their nursing self-concept because we treat them as students, not as nurses. These comments are consistent with the concept of segmentation (Melia 1981, 1984, 1987). The students expect to enter an environment where 'real' nursing will be taught and that they will be given the opportunity to practise. What they encounter, though, is an academic environment, where little-or-no opportunity is given to practise 'nursing'. The focus

in the early stages of nurse education is on the 'broader', more theory-based, aspects of nursing (Gendron 1981). Finally, though, the situation appears to resolve itself. Gendron (1981) describes how, through a process of anticipatory socialisation, the student develops a more positive self-image as they progress through the course, and Kelly (1992) comments that, *"Professional socialisation culminates in the integration of professional role identity and self-concept"* (p.121). This final comment may account for the recovery/resolution phase of Reality Shock, described by Kramer (1974) (see also study 2, chapter IX).

3.6 The self-concept and socialisation.

Klug (1989) explains that there are a number of different theories concerning the process of change in self-image experienced by the individual as they encounter their new professional setting. There is, though, she adds, some consensus on the fundamental point that some change *does* take place in the newcomer's self-image as they experience the vagaries of the socialising experiences following entry into their new role (Klug 1989). Ellis (1980) also comments that the student's self-concept is affected by their learning and socialising encounters. She warns, though, that these changes are not always positive, and that there is even a danger of nurse education destroying students' self-concept by their methods of instruction. In support of Ellis, Shepherd and Brooks (1991) comment that, *"Adults resist learning...under conditions that are incongruent with their self-concepts"* (p.8). Several other studies report negative effects of socialisation on the self-concept of students (Burgess 1980, Clark 1978, Sobol 1978). With regard to the 'self' within the framework of the 'peri-entry' approach, Chickering (1969) suggests that the educational environment encountered by the students either fosters or inhibits developmental change, and that lack of clinical involvement is one of the factors that inhibits development.

Using a 'before-and-after' test, Schmitt (1966) examined the self-concept of a group of 'girls' (n=48) who were in the process of becoming catholic nuns. The result supported the hypothesis. Schmitt comments that the evidence confirms his view that when an individual's circumstances change, their context-specific self-concept changes. Whether this secondary self-concept becomes more negative or positive

following the change depends on the nature of the change, and the relative impact felt by the individual. The 'peri-entry' approach suggests that entry into nursing qualifies, by any definition, as a major change for the new student. It is reasonable to assume, therefore, that there will be some change in that individual's secondary self-concept as they encounter and internalise the new nurse education culture, their new status, meet new significant others, and have their expectations tested against the realities of experience. How extensive this change is, and whether it is negative or positive, depends to a large degree on the way the new student perceives the changes. Rothrock (1989) argues that the self-image of the newcomer in an occupation follows a developmental path as the socialising agents act on the individual. She suggests that firstly the individual moves away from the societal image of the occupation that first brought them into the role. Then, she suggests, the individual adopts the norms of their new significant others. Finally, the individual internalises the values endorsed by their new occupational group, achieving with this final stage a self-image concordant with that of their new role. However, if this new role is not the one that was expected, then there is an obvious potential for discordance. Heyman et al (1983) also suggest that the socialisation process leads to a convergence of the individual's self-image with their image of the professional role. Heyman et al (1983) interestingly found also that during the same period the students in their study became less satisfied with their experiences. This suggests that the individual's self-concept runs independently from their satisfaction with the course, which is also suggested by the 'peri-entry' approach (see chapter II, and study 4, chapter XI).

Leddy and Pepper (1993) and Davis (1969) give support to the argument that one chooses a career that is compatible with one's self-concept. Davis (1969) also proposes that following entry into that career the individual will strive for consistency, attempting to ensure a continuing match between their self-image and their image of the professional role. However, Kelly (1992) warns that in order to make a reasoned attempt at ensuring consistency, then the individual must have a clear understanding of the professional role they are adopting. If they do not, she continues, then confusion may ensue. This is, again, supports the suggestion made in the 'peri-entry' approach, that students have a particular view of their new role, and when this

expected role is at variance with their experienced role, the result is the onset of negative attitudes to the institution that purveys that role.

There appears to be a predominant view of the relationship between the socialisation experiences of the individual and alterations in their professional self-concept. This view maintains the position that a discordant socialisation experience leads to the development of a more negative self-image (Kramer 1974, Clark 1978, Sobol 1978). However, there are a significant number of studies that show the converse to be the case (Gendron 1981, Weller et al 1988, Heyman et al 1983). Gendron (1981) explains how the experience of mastering nursing skills takes on the dimension of a symbolic 'rite of passage', and this creates a more positive 'nursing' self-image in the student as they grow, with the mastery, to feel 'more like a nurse'. Strauss (1959) explains how this mastery acts as a 'landmark' in the individual's progress, and so symbolises a transformation in their self-concept. Gendron (1981) warns, though, that over recent years we have relinquished the traditional symbols such as early mastery of clinical skills, and this has caused confusion for the student trying to achieve a positive nursing self-image through this mastery. Davis (1990) also argues that by learning to do practical 'things' the students develop a more positive, professional self-image. The message appears to be, from some of the literature, that being socialised through early clinical exposure with the attendant mastery of 'nursing' skills, is the possible key to the development of a more positive self-image. Delayed exposure appears to lead to the development of a more negative self-image. The 'peri-entry' approach, however, is at some variance with this belief. It supports the view proposed by Monahan (1991) that as time passes, the students develop, almost as a matter of course, an increasingly professional self-image, and that early clinical exposure made no difference. Zungolo (1972) also argues that there is little evidence to support the view that clinical experience makes any serious contribution to the process of development of the professional identity. Opinion, then, appears to be divided as to the impact that the socialisation process has on the development of the students' nursing self-image. It would appear, as I did with the study in chapter XI, that the only answer is to undertake one's own study into the phenomenon.

4. The personal construct psychology perspective on the self.

4.1 Introduction.

There is particular relevance of personal construct psychology to an understanding of changes in self-concept. Button (1990) states that personal construct psychology is ideally suited to studying the 'self'. Also, Fournier and Payne (1994) comment that in relation to work-role transitions, Kelly's (1955) ideas about how people continuously revise their view of themselves make personal construct psychology an attractive perspective to adopt.

4.2 Overview of personal construct psychology.

Burr and Butt (1992) are critical of the major schools of psychology for employing terms such as 'drive' and 'motivation' which, they claim, infer that people can be pushed or pulled by forces they can't resist. They claim that, *"These concepts lead us to imagine that human beings are inert lumps of matter until they are catapulted into action by the relevant drive or need"* (p.7). In contrast, they say that George Kelly, the originator of personal construct psychology, saw people as constantly changing, construing and reconstruing *themselves* and the world they live in. This description of a person fits well with the underlying philosophy of the 'peri-entry' approach, which suggests that the professional self-concept of the student nurses, together with other dimensions of their professional life, changes over time according to their expectations and experiences of their new career.

George Kelly (1955) devised his Personal Construct Theory (later to be redefined as Personal Construct Psychology) to investigate, measure and explain the process of personal change that an individual goes through, according to their own definitions and hypotheses. Kelly's (1955) theory was that individuals, like scientists, set hypotheses (called the construct system), according to how they anticipate the future will unfold, modifying their hypotheses with experience. These construct systems provide the individual with a frame of reference for understanding current experience or future action (Rawlinson 1995). Personal Construct Psychology is presented in the form of a 'fundamental postulate', which is then elaborated by eleven corollaries. The fundamental postulate states that, ***'a person's processes are psychologically***

channelised by the ways in which he anticipates events', and the eleven corollaries state that;

1. ***Construction corollary***: a person anticipates events by construing their replications.
2. ***Individuality corollary***: persons differ from each other in their construction of events.
3. ***Organisation corollary***: each person characteristically evolves, for his convenience in anticipating events, a construction system embracing ordinal relationships between constructs.
4. ***Dichotomy corollary***: a person's construction system is composed of a finite number of dichotomous constructs, that is that we all have a limited number of ideas about others, and these others are seen as similar, or in contrast, to each other.
5. ***Choice corollary***: a person chooses for himself that alternative in a dichotomised construct through which he anticipates the greater possibility for extension and definition of his system.
6. ***Range corollary***: a construct is convenient for anticipating of a finite range of events only.
7. ***Experience corollary***: a person's construction system varies as he successively construes the replications of events.
8. ***Modulation corollary***: the variation in a person's construction system is limited by the permeability of the constructs within whose range of convenience the variants lie.
9. ***Fragmentation corollary***: a person may successively employ a variety of construction subsystems which are inferentially incompatible with each other.
10. ***Commonality corollary***: to the extent that one person employs a construction of experience which is similar to that employed by another, his psychological processes are similar to those of the other person.
11. ***Sociality corollary***: to the extent that one person construes the construction processes of another, he may play a role in a social process involving the other person.

4.3 Personal construct psychology and the self.

Several researchers have employed a personal construct psychology approach to measuring the self-concept. Describing the self from the perspective of Personal Construct Psychology, Fournier and Payne (1994) explain how the self is an individual's construction of themselves and can be viewed as either as an element in the context of their constructs, or as a system of constructs on which a person defines themselves. The placement and classification of the individual's behaviour and actions within their personal construct system enables her/him to define her/his 'self'; thus the individual evaluates who and what they are against the background of their own construct system (Burns 1979). Effectively, Kelly does not have the 'self' as the core of his theory, he regards self as yet another construct or element, one that enables self to be an individual differentiated from others. Burns (1979) explains that the person who experiences the anxiety due to encountering a disconfirming environment may strive to change their behaviour, attempt to revise their personal constructs regarding the self, or if efforts in these directions are too difficult, they may form constructs which will 'rationalise' the discrepancies between their behaviour and their construct system. Central to personal construct psychology perception of the 'self' is that a person's ideas of her/himself, are defined by the set of constructs they use to describe her/himself, or s/he they rates her/himself along certain bipolar constructs, particularly their core constructs. If experience shows disconfirmation of the individual's set of 'self constructs', then changes in behaviour or attitude may result in an attempt to maintain the construct in a disconfirming environment (Burns 1979). This theory is particularly relevant when considering that a career is chosen because their personal and perceived career role constructs are the same (Arnold and Nicholson 1991).

4.4 Measuring the self-concept and the repertory grid.

Burns (1979) points out that most self assessment studies of the self-concept do not measure the self-concept at all. This is particularly true with regard to the testing of items that are of a 'socially undesirable' nature (Kenny 1956), when the respondent may be reluctant to show themselves in a less than favourable light. Having issued that caveat, Burns (1979) explains that there are two general methods of assessment of the self-concept; self-report via questionnaires, rating scales, adjective check list,

interview or Q-sort, and inference of self as demonstrated by observed behaviour. In practice, though, because of the inherent difficulties in measuring an individual's self-concept by observational techniques, most studies have employed self reporting as the chosen method (Burns 1979). However, how closely these self-reports approximate to the self-concept depends on such factors as (Combs and Super 1979);

- The clarity of the individual's awareness.
- The availability of adequate symbols of expression.
- The willingness of the individual to co-operate.
- Social expectancy.
- The individual's feelings of personal adequacy.
- The individual's feelings of freedom from threat.

Combs and Super (1957) point out that the self-concept is how the individual sees themselves while the self-report is only what the individual, taking into account the above factors, is willing to say about themselves to an outsider. For this reason most self-reporting studies choose recognised theoretical perspectives on the self and employ tools that have been tested over time, having thus established validity and reliability. Initial reviews of the literature on the measured changes in self-concept over time revealed that exclusively the studies used the self reporting method of assessment, even though on occasions there was opportunity to undertake an observational study (Burns 1979). Having reviewed the various options open to me with regard to the tool to use to test the self-concept component of the 'peri-entry' approach, , and having explored the underlying philosophy of personal construct psychology, and its interpretation of the 'self', I decided to explore further the appropriateness of this approach to measuring the changing self-concept over student nurses over-time.

In promoting the use of the repertory grid as a research tool, Fransella and Bannister (1977) advise that, *"Those who use the grid thoughtfully will find themselves assuming the truth of many of the assumptions of personal construct psychology, even when they are ignorant of the theory as such"* (p.4). However they do caution that, *"The grid method is frequently brought into play, quite without relation to its*

parent theory. It has been looked on as some sort of measure of attitudes or meaning or personality or concepts, and it has achieved a status as a sort of rich man's semantic differential" (p.4). Since personal construct psychology was the appropriate approach to employ to measure the changing self-concept of nursing students, it seemed a logical next step to use, as Kelly (1955) had advised, the repertory grid technique as the method.

The repertory grid is the operationalising tool of personal construct psychology. It was devised by Kelly (1955) to implement the personal construct psychology principles in his clinical work. Essentially, the grid is of a matrix design, comprising elements and constructs. A detailed description of the grid will be given in chapter VII. Briefly, though, the repertory grid enables the researcher, by way of a structured interview, to 'view the world' through the respondents' eyes. It uniquely enables the researcher to obtain quantitative data by utilising a qualitative method.

There are a number of different versions of the repertory grid, each being completed, scored or analysed in a different way, each dependent on the needs of the researcher or the nature of the research. There are, however, two characteristics that all grids have in common, *constructs* and *elements.* Constructs are the dimensions (usually expressed as bi-polar adjectives or viewpoints) by which the individual describes or makes sense of their world. The constructs are used, by the respondent, to describe, judge or evaluate the elements. Elements are the people, events, organisations or ideas that are described or measured by the constructs.

Encouragement concerning the effectiveness of personal construct psychology and the repertory grid, to the study of occupational socialisation, was given by Arnold and Nicholson (1991). They employed the approach to the study of the 'self' in the occupational socialisation of new graduates during their early 'corporate careers'. Arnold and Nicholson (1991) comment that, *"...it is instructive to examine whether actual self and/or ideal self become progressively more similar to perceptions of others in the work environment with increasing tenure"* (p.623). They add that the proximity of the individual's self to their ideal self is a strong indicator of their self-

esteem. The authors employed the repertory grid technique, in a longitudinal study, to examine how ninety-four graduate entrants to a multinational corporation construe themselves and others during their early career. Confirming how appropriate the repertory grid was for measuring the self-concept, Nicholson and Arnold (1991) explain that the repertory grid technique is the most suitable approach because it enabled them to undertake, *"...close investigation of four important issues"* (p.622);

1. It enabled them to determine which elements the graduates typically perceived as most and least similar to actual self and ideal self (The ideal self element on the repertory grid is particularly important in measuring whether the self-concept is becoming more positive or more negative over-time. If the 'actual self' gets closer to the 'ideal self' as time passes, then a more positive self concept is developing. If the 'actual self' gets further away from the 'ideal self' over-time, the a more negative self-concept is developing. The distance of the 'actual self' element from other elements, e.g. nurse teachers, indicates how alike the individual feels to that particular role holder. It is important from the 'peri-entry' perspective to be aware of how the individual students feel about themselves in relation to their ideal self, and also, because it indicates how much regard they have for those that teach them, how much like their educational role set they are. In this respect, the repertory grid appears to be an eminently suitable measuring devise.
2. The grids could identify whether perceived differences between pairs of elements were systematically related to tenure in the company.
3. Differences amongst elements or inter-element distances (see study 4, chapter XI) could be measured, which would identify movement of other correlates due to the socialisation process.
4. It enabled them to determine, through changes in the constructs, whether the respondents' construing of their 'social world' changed as tenure with the organisation increased.

These four dimensions have, on the face of it, direct relevance to those dimensions of the self-concept that attract the attention of the 'peri-entry' approach.

Two important studies, which employ the repertory grid as their research method, give some support to the thesis that the individual socialisee's professional self-

concept is directly affected by their socialising experiences following employment transition. Results in the Arnold and Nicholson (1991) study indicated that the new entrants had reasonably positive concepts of actual self, but they had experienced some psychological discomfort in the early months of employment. The results also indicated that, as the graduates settled into the organisation, they developed a more achievement-oriented perspective, emphasising observable results rather than private self-consciousness (Arnold and Nicholson 1991). Fournier and Payne (1994) found that in their transition from university to employment, new employees demonstrated a positive relationship between their self-esteem and their perceived role meaningfulness, and that there was a measurable change in the their self-concept over the first few months of employment. They add that their analysis, *"...indicates the importance of the first few months in shaping graduates' changes in self construction"* (p.312). Interestingly, Fournier and Payne also found, as suggested in the 'peri-entry' approach, that the new entrants described the early experiences of work disappointing.

5. Conclusion.

It is a cause for regret that the diverse and dynamic nature of the self-concept has been, until recently, so rarely studied (Button 1994). The ever-changing nature of the secondary self-concept causes it to impinge on many aspects of the socialisation process (Schmitt 1966). This fact, one would have thought, would have been sufficient stimulus for recognition of its central position in any socialisation theory. However, with some notable exceptions (Spickerman 1988, Bradby 1990, Dobbs 1988), scant attention has been given to the context-specific 'nursing self-concept' in nursing socialisation studies (Greenwood 1993, DuToit 1995, Campbell 1994). It was in some small way an attempt to demonstrate a recognition of the reported consequences of the socialisation experiences on the self-concept, that possible changes in the self were included in the conceptual framework of the 'peri-entry' approach.

This chapter is the last of the theoretical chapters. The remaining chapters of this thesis are those that describe the empirical studies undertaken to examine the

framework of the 'peri-entry' approach to socialisation. The next chapter, though, describes, both the research methods chosen, and the general approach to the empirical work in the four studies (chapter VIII-XI). It also explains how the studies were executed under the philosophy of the practitioner research approach (Reed and Procter 1995), whilst being informed by the principles of the postpositivist paradigm (Guba 1990).

CHAPTER VII

RESEARCH METHODS

1. Background and introduction.

The first six chapters have described the 'peri-entry' approach to socialisation, and explored, through the literature, the conceptual components and relationships within the field of occupational socialisation, and specifically those aspects of socialisation associated with newcomers into nursing. The following four chapters examine, empirically, the trajectory of the socialisation process experienced by groups of students and prospective students, before entry, and for the duration of their time as students, on a three-year Diploma in Nursing Course. The four studies described examine attitudes of individuals prior to commencing the course, and how these might change during the course. In terms of their relationship to the socialisation trajectory experienced by the newcomers into nurse education, it is proposed that consideration be given to the possibility that changes in attitudes in the period following entry may be related to the course not meeting expectations held prior to entry.

This chapter is intended to introduce, explain, and justify, the methods chosen to examine the various aspects of the socialisation trajectory in the four areas that form the basis of the 'peri-entry' approach. Specific details of procedures and samples are given in the relevant empirical chapters. The methods are considered separately in order to enhance clarity. This chapter is informed by the 'critical realist', postpositivist paradigm within the philosophy of practitioner research (Guba 1990, Reed and Procter 1995). The 'critical realist'/postpositivist paradigm, therefore, is described briefly.

Study one is a relatively small exploratory study. It is contended that there is some empirical evidence to support the anecdotal and published views that inappropriate expectations are often held by individuals on entry to nurse training(e.g. Katzell 1968, Lindop 1989). Studies two to four examine, in part, the idea that, because students' expectations are at variance with the realities of the course, changes will occur in the

students attitudes. It is suggested that these changes may often be negative. No claim can be realistically made, from a 'critical realist' perspective (Guba 1990, see later in this chapter), that a causal link definitely exists between the evidence gleaned from study one and any changes exposed in studies two to four. However, the evidence should provide a basis for any discussion on the topic of attitude change and its possible origins and development in neophyte student nurses. The set of four studies claims no more than this, and as such, simply sets out to 'map the possible trajectory' of the socialisation experiences of student nurses before and after entry. Relationships drawn between the studies are considered within the suggested framework of the 'peri-entry' approach, through the published socialisation literature, and through my own experientially gained value system. However, the robustness of these relationships is left ultimately to the interpretation of the results by the reader.

With regard to the methods selected for the four studies, Reid and Boore (1987) argue that, *"Research methods...provide no more than a logical approach to problem solving"* (p.6). Sackett and Wennberg (1997) also state that, *"...the question being asked determines the appropriate research architecture, strategy and tactics to be used"* (p.1636). Cognisant of the implications of these comments, the primary intention in selecting the methods was no more than to seek to employ those methods that would most effectively examine the four areas of the 'peri-entry' approach; pre-entry expectation formation, Reality Shock, images of nursing, and 'nursing' self-concept. The selection of methods, therefore, was primarily driven by the demands of the research aims of each of the studies (Sackett and Wennberg 1997). In support of this Goodwin and Goodwin (1984) state that, *"The choice of research procedures should match the research question and be optimally efficient, powerful, valid, and reliable"* (p.378).

Regarding 'critical realism' and postpositivism, Cook and Campbell (1979) say that, *"The essence of this position is that, although a real world driven by real natural causes exists, it is impossible for humans truly to perceive it with their imperfect sensory and intellective mechanisms"* (p.29). Guba (1990) also warns against making any claims from research findings that cannot be described as causal relationships

because of the human frailties of the researcher, or the necessity of making assumptive leaps. No causal relationship, therefore, is claimed in the four studies. The evidence will be presented and the reader left to draw any conclusion they wish, regarding the results (Reed and Procter 1995).

Guba (1990) says that it is absurd to assume that any human enquirer can 'step outside their humanness' while conducting enquiry, and that research findings emerge from the interaction between the researcher and the researched. These comments by Guba are consistent with the aims of practitioner research and lend support for my decision to pay cognisance to the practitioner research approach, with consideration of the postpositivist paradigm, to my studies. Additionally, by adopting this philosophical stance, I was still able to employ the methods most suitable for the research needs, rather than be forced to adhere to any narrow methodological set of doctrines.

The methods chosen for the four studies were:
Study 1: Qualitative, using structured interviews; to identify and examine the source, nature, and evolution of the entry expectations of prospective student nurses.
Study 2: Qualitative and quantitative, using focus group interviews and ranking scales; to ascertain whether, following entry, there was any evidence of Reality Shock occurring among the new students.
Study 3: Quantitative, using questionnaires; to undertake an extension/replication of the Davis and Olesen (1964) study, looking at the changing images of nursing.
Study 4: Qualitative and quantitative, using focus group interviews and repertory grids; to measure any changes, over-time, in the students' 'nursing' self-concept.

Selecting these varied methods to examine the components of the 'peri-entry' approach enabled me, by their very variety, also to take the opportunity to demonstrate flexibility, both in data collection and analysis, whilst still being 'informed' by the postpositivist and practitioner research traditions. Also, as Sackett and Wennberg (1997) comment, *"Each method should flourish, because each has features that overcome the limitations of the others when confronted with questions*

they cannot reliably answer" (p.1636). Another bonus of choosing the methods I did was that by employing focus group interviews to elicit parts of the quantitative elements in studies 2 and 4 it also served to give the students some sense of control, involvement and ownership of the research (Meerabeau 1995).

2. Methods.

2.1 Introduction and overview.

I was persuaded, after reading Reed and Procter (1995), that I was, as an experienced lecturer in nursing, researching into important aspects of my own practice, ideally placed to undertake my four studies under 'guiding principles' of the philosophy of practitioner research. I had been concerned for some time how any practitioner can approach a research project in their own area of work and achieve the objectivity that is claimed to be so necessary in the 'mainstream' research literature (e.g. Burns and Grove 1993, Smith 1991). I had read how Strauss and Corbin (1990) had suggested that researchers must render themselves 'anthropologically strange', that is, rid themselves of any cultural baggage that may colour their interpretation of results. Silverman (1985) also warns of the researcher 'going native', that is identifying too closely with the subject of the research, or the participants. He suggests that only an objective stance will suffice because any subjectivity on the part of the researcher will only serve to undermine the validity of the findings. However, I felt that I could not deny my knowledge, or value system, based on years of professional experience. I therefore took solace from Procter (1995) who comments that nurses who undertake research shouldn't deny their background or value judgements, because if they do, they risk curtailing the development of professional knowledge. In support, Reed and Procter (1995) also comment persuasively that we, as practitioners, deny our subjective impressions at our peril, risking if we do, the quality of research findings that could be enriched by our experiences, rather than 'contaminated'. In view of these comments I decided to proceed, informed and guided by the general philosophical stance of the practitioner research approach, to devise my four studies, accepting, valuing, and using, as appropriate, the knowledge gained from my years of experience in nurse education. Like McKeown (1995), *"I accepted implicitly the feminist concept of 'conscious partiality', the belief that the researcher is not*

separate from the research" (p.121). The methods that were used in each of the four studies, were chosen, in part, for their suitability for use within a practitioner research philosophy.

2.2 Postpositivism, and its role in practitioner research.

Practitioner research, although traditionally associated with 'action research' (McKeown 1995), and other purely qualitative approaches, is not restricted to alignment with these research paradigms. Its philosophy can generally accommodate the paradigm allegiance of its practitioners, provided this paradigm allegiance does not conflict with its fundamental principles. It appears that it is the 'dogmatic creed' of some paradigms (Guba 1990) that exclude themselves from working within a practitioner research framework. Therefore, because of the doubtful applicability of many of the research paradigms available to work within the practitioner research framework, because of their dogmatic insistence in conforming with a rigid set of protocols, the postpositivist, 'critical realist' paradigm seemed the most appropriate, at least to inform the research approaches. The postpositivist approach is both flexible and accommodating, emphasising flexibility and a sense of realism. Postpositivists claim that a purely positivist approach to research can potentially be quite damaging in any setting outside the laboratory (Guba 1990). It recognises that many imbalances have emerged in zealous positivist attempts to achieve total objectivity, resulting in their making unjustified claims. Postpositivists employ a sense of 'critical realism' to correct this situation; they constantly question their own methods and results; they accept that the 'truth' of research results is only in the 'eye of the perceiver'; and that the researchers, the users of research, and those who judge others' research, are all fallible. Sackett and Wennberg (1997) comment on this last point that,

> *" ...focusing on the shortcomings of somebody else's research approach misses the point. The argument is not about the inherent value of the different approaches and worthiness of the investigators who use them. The issue is which way of answering the specific question before us provides the most valid, useful answer"* (p.1636).

Methodologically, being guided by a postpositivist approach to practitioner research has certain advantages. It suggests undertaking the research in the natural setting, and being aware of the nuances of the local context. It recommends employing qualitative,

as well as quantitative approaches, and, *"...reintroducing discovery into the enquiry process"* (Guba 1990, p.23). This philosophy, therefore, 'sits comfortably' with the aims of practitioner research.

2.3 Practitioner research.

2.3.1 Introduction.

Like 'outsider' researchers, some of the issues and choices I faced were those that were common throughout the research milieu; methodologies, data collection, research tools, and analysis. However, most research texts seemed to be written for the 'outsider' researchers, rather than those of us who have more than 'a passing acquaintance' with the area being researched (Reed and Procter 1995).

This section, therefore, describes the nature of practitioner research, and the impact it had on informing decisions associated with my four research studies. I was anxious that, although being informed and guided by the practitioner research philosophy, that the studies would be able to withstand scrutiny from any 'generic' research perspective. In this regard, though, I was in agreement with the comments by Sackett and Wennberg (1997), who said that, *"Health and health care would be better served if investigators redirected the energy they currently expend bashing the research approaches they don't use into increasing the validity, power, and productivity of the ones they do"* (p.1636). I set out, though, in spite of these supportive comments, to ensure that the methods chosen were the most suitable, regardless of what perspective they were viewed from, and by whom.

2.3.2 The evolution and nature of practitioner research.

Early research into practice by academics and 'outsider' researchers was often seen by practitioners as irrelevant and unhelpful (Webb 1990). Sadly, this anti-research cynicism still exists today, and these sentiments are all-too-often seen expressed throughout the practitioner research literature, and in conversations with practitioners (Webb 1990). Bassey (1983) argues that research, traditionally undertaken from the vantage of 'outsider' or specialist researchers, has been rejected by practitioners as being of little use in assisting them to analyse practice situations, or find solutions for

practical problems. Proposing change, Dewey (1929), speaking in the context of general education, claimed that educational theory was having little impact on the practice setting, arguing that the contributions made by the practitioners comprised, *"a comparatively neglected field"* (p.46). However, the growth of practitioner research, particularly in the recent past, has done much to correct this anomaly by fostering a more collaborative atmosphere between academia and the practice setting, and demonstrating the interrelationships amongst research, theory, and practice.

Practitioner research has been described as research carried out by practitioners into their own practice, with the intention of improving that practice by adding to its 'body of knowledge'. Paraphrasing from the feminist research lexicon, I would humbly suggest that the research in this thesis is, 'research undertaken by a nurse-educator into elements of the practice of nurse education, with the intention of informing the debate about the socialisation phenomenon in nurse education'.

2.3.3 Practitioner knowledge, and its role in practitioner research.

Practitioner knowledge is an important concept, and is a central component in practitioner research. Wilde (1992) argues that, *" Rather than attempting to maintain a purely research role, the nurse researcher benefits from utilising other roles acquired throughout her career. These roles may include clinician, counsellor, therapist and teacher"* (p.239). Emphasising the point, Wilde also states that she *"...had internalised so many aspects of her occupational roles that, in a sense, they had 'become' her"* (p.239). Meerabeau (1992, 1995) describes practitioner knowledge as almost an innate, tacit and intuitive kind of professional knowledge gained over a long period of time spent as a practitioner in a particular occupational field. She allies this type of knowledge with the 'expert practitioner' knowledge described by Benner (1984), whereby the practitioner develops the expertise to function 'expertly' within the demands of the practice setting - and more. The practitioner develops the ability, not only to carry out the role, but to do it in such a way that they can see the role within a 'larger framework' of practice, being expertly able to anticipate, recognise, and predict events above and beyond the immediate demands of role. Meerabeau (1995) explains that,

- expert practitioners develop their professional knowledge by viewing situations holistically and draw on past concrete experience, whereas the merely competent or proficient must use conscious problem-solving.
- expert practitioners use economical, forward-looking strategies, whereas novices work backwards or use general strategies.
- for the expert, knowledge is embedded in their practice, and is described as 'tacit knowledge'. Tacit knowledge is when we know something, only by relying on our awareness of it for attending to a second activity; it is the hallmark of skilled practice.

With regard to the role of practitioner knowledge in practitioner research, Reed (1995) explains how one of the biggest problems facing the practitioner researcher is how their practitioner identity and accumulated professional knowledge may affect their ability to undertake their research because they feel 'afraid' to show bias and struggle anxiously to overcome it. However, instead of being seen as a barrier to 'good' research, this knowledge and 'bias' should be viewed as positive factors. The accumulated knowledge within the domain of the research study serves, not to hinder the research, but to benefit it. Certain practical advantages that accrue from the experience of the researcher can be identified as follows;

- Professional knowledge can be employed to decide on the most appropriate research paradigm to adopt.
- Professional knowledge can be utilised to decide on the most suitable data collection method to employ, both within the context of the setting and the needs of the research.
- Data analysis approaches, and interpretation of results, particularly of qualitative data, can be positively influenced by the experiences, and value system of the practitioner researcher, utilising their professional knowledge, and employing a 'modified' objectivity (Guba 1990).
- The most appropriate sample can be selected based on existing knowledge of the needs of the research, and the context of the research setting.
- Research questions and problems can better be identified by drawing on the knowledge of the practitioner researcher.

- With regard to quantitative research, particularly within the postpositivist paradigm, knowledge can be used effectively to devise questionnaires, set hypotheses/propositions and interpret the results of the analysis.

Reed (1995) comments that, *"Whatever the methods chosen in practitioner research, the business of asking questions, recording and analysing data is affected by the prior experience of the researcher"* (p.55). The case I make is that, far from being disadvantaged by my existing professional knowledge in nurse education, I was, as a practitioner researcher at a distinct advantage over my non-practitioner research colleagues, who function in an 'experientially sterile' atmosphere. I had the added advantage of being able to design my studies based on my practitioner knowledge, and to compare the results of my studies with reports in the literature, and with my own experiences for confirmation or disconfirmation.

2.3.4 The role of inductive and deductive approaches in practitioner research.
Historically, practitioner research has been seen as predominantly within the domain of one of many qualitative paradigms (Webb 1990). However, more recent developments have also incorporated a practitioner research philosophy into the positivist and postpositivist paradigms, with the practitioner researcher formulating hypotheses, research questions or propositions based on experience-based knowledge (Reed and Procter 1995), supplemented by the appropriate literature and qualitatively-derived theory. This apparent flexibility of methodological approaches allows scope, within the practitioner research, and postpositivist paradigms, for both inductive and deductive approaches. Procter (1995) explains that, within practitioner research, *"...it is possible to simultaneously embrace both a deductive approach and qualitative inductive approach to the research"* (p.70). Also, as Bullock et al (1992) point out, this combined approach allows theories and findings from other research projects to be transposed to different settings and contexts, introducing from the quantitative perspective, a cumulative element to the research, which is missing when one adopts a purist approach to inductive research. This perspective on choice of methodological approach further convinced me of my freedom to adopt the principle already espoused, to choose the method most suitable for the needs of the research

question/proposition, rather than to be hidebound by a narrow philosophical stance (Goodwin and Goodwin 1984, Sackett and Wennberg 1997).

2.3.5 Research aims and data collection and analysis in practitioner research.

The aim of practitioner research is to improve practice by increasing the research-derived knowledge base that informs that practice. It is primarily aimed at solving critical practice-based problems or to develop an understanding about the nature of practice, and ultimately to contribute to the professional body of knowledge (Reed and Procter 1995). This view is concordant with my intention to inform the debate around the phenomenon of new entrant socialisation. Central to practitioner research is the concept of *improvement*, that is its inherent need to revolve around the notion of improving practice. Bearing in mind the foregoing, it is necessary for the practitioner researcher to devise data collection methods and analysis from the perspective of the stated aim of practitioner research, which is improvement in practice (Reed and Procter 1995). In order, therefore, to provide a further 'methodological safety-net', I also added the extra dimension of the postpositivist paradigm to ensure that 'critical realism', based on my own experiences, was also given consideration in the data collection and analysis.

Within the data analysis processes of my four studies, I was faced with a series of considerations regarding the analyses;

- I wanted to remain within the parameters of the practitioner research philosophy throughout the analysis process in each of the four studies.
- I needed to explain and justify the quantitative analysis process within the practitioner research philosophy, even though this analysis was arrived at almost through algorithmic stipulation.
- I needed a qualitative analysis approach that was relatively neutral, yet within the postpositivist paradigm, and also giving me the opportunity to 'draw on' my experiences.

By adopting the data collection techniques I did, and by employing the most appropriate analysis tools for the task, I hoped to achieve these aims (see below, section 3.2).

3. Overview of the studies.

3.1 Study setting and context.

The same settings were utilised for each of the four studies. The studies were undertaken on two sites of a large College of Nursing and Midwifery in the North of England. The College has since been fully integrated into a local university and is also my place of work. The College was among the first to implement the Diploma in Nursing Studies course (Project 2000) in January 1990. It was, in fact, one of the original six demonstration districts. The College employs two separate school sites for the delivery of the theoretical component of the course. The participants came from both of the sites and were utilised as was deemed convenient and appropriate for the particular part of the thesis being undertaken. The time-table and curriculum content were identical at both sites, and all students undertook the same formative and summative assessments at the same time. At the time of commencing the course, the students are arbitrarily allocated to one of the sites so that the numbers at each site are approximately the same.

3.2 Validity, reliability and the selection of study samples: an introduction.

The samples for the four studies were chosen to reflect the overriding philosophy of the thesis in its intention to examine empirically the four dimensions of the 'peri-entry' approach. My intention was that each conceptual component of the framework would be subjected to independent empirical examination. Importantly, and central to the philosophy of the studies, was that the data sources, collection methods and analysis must be valid, reliable, credible and 'trustworthy' (Erlandson et al 1993, Maykut and Morehouse 1994, Lincoln and Guba 1985). Overall, I feel that a claim for validity, reliability, credibility and 'trustworthiness' can be made for the four studies in this thesis because there is theoretical or statistical testing where appropriate, and detailed information about the purpose and methods of the studies that lays the research process open for readers, inviting their consideration and scrutiny (Maykut

and Morehouse 1994). These claims are justified in the sections relating to each of the four studies. However, it is appropriate here to describe the generic topics of validity and reliability in research in order to give an overview of the concepts by way of introduction.

3.3 Validity and reliability in quantitative research.

Introduction.

The concepts of validity and reliability are important components in establishing the credibility of quantitative research findings. Establishing validity and reliability, therefore, are a prime concern for any quantitative researcher, regardless of there guiding paradigm (Burns and Grove 1993). In simple terms, validity is described as the extent to which a study measures what it says it is going to measure. The term may be applied to the research tool being used, or to the study as a whole (Burns and Grove 1993). Thus, in simple terms, validity is an examination of the approximate 'truth or falsity' of research propositions (Cook and Campbell 1979), and reliability is concerned with how consistently an instrument measures the concept or subject of interest (Burns and Grove 1993).

Validity.

The concept of validity can be divided into many types (Reed and Biott 1995). Cook and Campbell (1979) describe four types of validity; statistical conclusion validity, internal validity, construct validity and external validity. Polgar and Thomas (1995) describe a further two types of validity; content validity and predictive validity. It is worth mentioning here that predictive and content validity refer to specific tests or measures, whereas internal, statistical conclusion and external validity refer to the whole research project (Polgar and Thomas 1995). Construct validity can be applied to both specific measures and whole studies. Burns and Grove (1993) also describe 'face' validity and concurrent validity. In view of this diverse commentary on the subject, and to give a broad, encompassing, overview of the concept it might be appropriate to describe each of these types of validity in turn before examining how validity was tested in the four studies;

- Statistical conclusion validity is concerned with whether the conclusions about relationships and differences drawn from statistical analyses are an accurate reflection of reality. Statistical conclusion validity is established by determining, through appropriate statistical analysis, whether a relationship can be shown to exist between variables. Any claim for statistical conclusion validity, therefore, must be dependent on whether relationships can be shown accurately by statistical analysis. (Burns and Grove 1993).
- Internal validity is concerned with the extent to which the effects detected in a study are a true reflection of reality, rather than being the result of the effects of extraneous variables. The researcher needs to determine whether the variables may have been caused, or influenced by a third, often unmeasured variable. The researcher needs to pose the question, *"Is there another reasonable (valid) explanation (rival hypothesis) for the finding other than that proposed by the researcher?"* (Burns and Grove 1993, p.266).
- Construct validity examines the fit between conceptual and operational definitions of variables and determines whether the instrument actually measures the theoretical construct it purports to measure. To establish construct validity the research needs to establish the history of the development of the tools employed, and the results of earlier studies employing the tools. If the tools have been appropriately developed for the task in hand, and have been employed successfully in the past, then reasonable claims for construct validity can be made (Burns and Grove 1993).
- External validity is concerned with the extent to which the study findings can be generalised beyond the sample used in the study. Often the significance of a study is judged by the degree to which the findings can be generalised to other samples and other settings. It is affected by sample size, the method of sampling, the design characteristics and measures used in the study (Polgar and Thomas 1995, Burns and Grove 1993).
- Content validity examines the extent to which the method includes all the major elements relevant to the construct being measured. One way to establish content validity is to identify all the major contextual elements and ensure that each of them is tested in the study (Polgar and Thomas 1995, Burns and Grove 1993).

- Concurrent validity is concerned with whether a test is associated with other measures taken at the same point in time. If these results are conform to expectations, then a claim for concurrent validity can be made (Burns and Grove 1993).
- Predictive validity is concerned with the ability of a test to predict values of it, or other tests in the future. To claim predictive validity of a test there must be an 'obvious' relationship or similarity between the results of the test and the results of further related tests.
- Face validity is concerned simply with whether a test 'looks as if', or gives the appearance that, it is measuring what it says it is. It is the 'simplest' of all tests of validity, and generally speaking the approach is no longer considered acceptable. However, Lynn (1986) claims that it is still a useful aspect of an instrument to consider because the willingness of the respondents to complete the instrument reflects their perception that the instrument actually measures the content they agreed to provide. Evidence to support the claim for face validity usually come from one of three sources; the literature, representatives of the relevant populations or content experts (Burns and Grove 1993).

Reliability.

Reliability is concerned with the reproducibility of results of a measurement procedure or research tool (Polgar and Thomas 1995). Effectively, reliability testing is concerned with measuring the amount of random error in a measurement technique (Burns and Grove 1993). There are a number of ways that reliability can be tested;

- Test-retest reliability is concerned with determining the stability or consistency of a measurement technique by correlating the scores obtained from repeated measures (Burns and Grove 1993).
- Interobserver/scorer reliability refers to the degree of consistency between two scorers who independently assign ratings on a variable or attribute to a target person or object (Polgar and Thomas 1995).
- Internal reliability/consistency is concerned with the extent to which the results on different parts of a test or questionnaire correlate with each other. For example, split-half reliability, which is a sub-set of internal reliability, is used to determine

the homogeneity of an instrument's items: The items are split in half, and a correlational procedure is performed between the two halves (Polgar and Thomas 1995, Burns and Grove 1993).

- Equivalent forms reliability is concerned with the subjects completing two dissimilar but related tests and measuring the correlation of the results of the two tests.

There are available computer-aided statistical tests of reliability (e.g. Cronbach alpha coefficient), and these are frequently employed to give considerable weight to a claim for reliability (Burns and Grove 1993).

3.4 Validity and reliability in qualitative research.

The validity and reliability element of qualitative research is not as 'tangible' a concept as it is in quantitative research and because of this it has often received considerable, and critical, attention (Silverman 1993, Appleton 1995, Nolan and Behi 1995, Guba and Lincoln 1981). A number of authors have commented that qualitative researchers have failed to properly address issues of reliability and validity in their studies (Brink 1989, Appleton 1995). The problem might lie in the fact that the credibility that validity and reliability bring to a study are generally associated with quantitative research (Appleton 1995). Glaser and Strauss (1967) argue, though, that the trend of 'hypothesis testing' in research is overemphasised, with the effect that qualitative approaches have been undervalued. The task for the qualitative researcher, therefore, seems to be to establish credibility or 'trustworthiness' (Lincoln and Guba 1985). Melia (1987) comments that in informal interviews there is always, because of their very structure, likely to be problems associated with claims for validity. She goes on to comment, though, that the most important thing in the informal interview is the interaction that takes place which gives a rich perspective of the phenomena under scrutiny.

Duffy (1985) argues that qualitative research is weakened because it relies heavily on the insights, experience and ability of the researcher. Seen in traditional and quantitatively derived definitions, the validity and reliability of qualitatively derived findings, therefore, appear to be seriously in doubt (Miles and Huberman 1994). To

overcome these criticisms in qualitative research, therefore, researchers tend to establish credibility by depending on words such as 'rigour', 'trustworthiness', 'truth value', 'applicability', 'consistency' and 'neutrality' (Maykut and Morehouse 1994, Appleton 1995, Guba and Lincoln 1981, Sandelowski 1986), rather than risk the consequences of contextually inappropriate, quantitative-like scrutiny by employing the terms validity and reliability (Appleton 1995). Sandelowski (1986) also comments that with qualitative research there are fewer threats to external validity than in quantitative research because the studies are undertaken in the 'natural' setting.

Reed and Biott (1995) argue that validity in qualitative research is about 'soundness', and that applying a quantitative approach to confirming validity would only serve to obscure the particular nature of qualitative research in general, and practitioner research in particular. They claim that research validity is measured by the degree that the findings are independent of the researcher, but the very nature of practitioner research precludes one from adopting this stance. Practitioner research does not claim to take a neutral stance, nor does it claim that the researcher's approach to their research is value-free. However, Maturanda (1991) attempts to resolve the situation and satisfy the scrutiny attracted to the validity of qualitative research. He considers that the researcher should;

- describe the experience within the context of the conditions in which it occurred.
- suggest ways in which others might repeat the experience.
- identify other interpretations that another researcher might have of the same experience.

Miles and Huberman (1994), in an attempt to satisfy those who demand that validity be established, suggested twelve strategies for examining the validity of qualitative measures;

1. Checking for representativeness. To ensure that measures are representative of the entire population, the researcher needs to search for any sources of data not easily accessible. This enables the researcher to make the assumption that that any observed actions will also occur when the researcher is not present (Burns and Grove 1993).

2. Checking for researcher effects. The researcher needs to remain in the research setting long enough to ensure that their presence is not affecting the actions of the participants (Burns and Grove 1993).
3. Triangulating. The qualitative researcher needs to compare all measures from different sources to test the claims to validity of the findings (Burns and Grove 1993).

   N.B. Using triangulation in practitioner research, though, does receive some criticism (Reed and Procter 1995). They argue that there is no evidence to suggest that triangulation increases the chances of 'accuracy', any more than a single approach does. Further, they argue that by employing triangulation one is more likely to accept 'false' findings as accurate. There is, in fact, little accord in the social sciences about the benefits, or otherwise, of using triangulation (Holloway and Wheeler 1996). Leininger (1992) forcibly argues that triangulation across methods violates the integrity of both methodologies, although she accepts that mixing methods within a paradigm is acceptable. Holloway and Wheeler (1996) conclude by commenting that nurse researchers are generally pragmatic in their approaches to triangulation, adding that a 'purist' or 'extremist' view is irrelevant to nursing. They add that, *"Researchers must choose the method or methods which best suit the research topic or question. Depending on a particular project, triangulation between methods may be appropriate"* (p.16). They finally remind us that evaluators of research methods must, *"...remember to judge each piece of work on its own terms within the specific approach taken"* (p.16). No claims of using triangulation are made in the four studies examining the 'peri-entry' approach. These are four independently conducted studies, linked loosely around the concepts of the origins and effects of the entry-expectation phenomenon as so often reported in the literature. Although the reader may choose, of their own accord, to use the evidence from one study, by way of triangulation, to support the findings from another, I do not feel that my empirical evidence entitles me to legitimately make such claims (see chapter II, and chapters VIII-XI)

4. Weighing the evidence. This involves the researcher determining the strength of the evidence from its source, and the circumstances of the data collection process. Effectively, it means that the researcher needs to search actively for any reason why the evidence should not be 'trusted' (Burns and Grove 1993).
5. Making contrasts/comparisons. Contrasts between the subjects, their responses, or events, in relation to the results and conclusions need to be examined and a decision made whether any identified differences are significant (Burns and Grove 1993).

6. Checking the meaning of outliers/exceptions. Exceptions to findings need to be identified and examined. These outliers/exceptions provide a way to test the generality of the findings (Burns and Grove 1993).
7. Using extreme cases. Certain of the outliers, referred to as 'extreme cases' can be utilised to confirm conclusions (Burns and Grove 1993).
8. Ruling out spurious relations. This involves the examination of identified relationships in the model in order to consider the possibility of another variable influencing the situation (Burns and Grove 1993).
9. Replicating a finding. This involves documenting the findings from several different independent sources or testing the findings with new data from a different site or data set (Burns and Grove 1993).
10. Checking out rival explanations. This involves the researcher keeping several hypotheses in mind and constantly comparing the plausibility of each with the possibility of one of the others being more appropriate/accurate (Burns and Grove 1993).
11. Looking for negative evidence. This involves the researcher actively searching for disconfirmation of what is believed to be true. However, failing to find disconfirming evidence does not necessarily confirm the researcher's findings (Burns and Grove 1993).
12. Obtaining feedback from informants. Conclusions need to be presented to the respondents for their comments as to the accuracy of the conclusions drawn (Burns and Grove 1993).

With regard to reliability in qualitative research, Reed and Biott (1995) describe it as the degree to which the results of a study have been derived by approaches which are consistent. The concept of reliability is closely related to that of validity, but tends to be applied to the tools employed, rather than the study as a whole (Reed and Biott 1995). Whereas in quantitative research, reliability can be established statistically, in qualitative research it is more appropriate to adopt an approach whereby the tool, the data, and the analysis are 'sounded out' with an experienced other. Issues are discussed, and agreement reached. This establishes a legitimate claim for reliability. There are, however, a number of threats to reliability in qualitative research and the

researcher can only admit to being aware of them, and seek to minimise their impact (Reed and Biott 1995). The very presence of the researcher in the setting may be a threat to validity and reliability, certainly if more than one researcher is present, or if the researcher is acting as a non-participant observer. Changes in the researcher's mood or approach may also affect the way in which they may interpret the same set of data on different occasions. These can be overcome, or minimised, by employing only one researcher, attempting to be as unobtrusive as possible, and checking the data with the experienced other for inconsistencies.

The debate about validity and reliability in qualitative research is ultimately about researcher bias. If the researcher can admit to any predisposing bias, yet present their findings in such a way that the reader can appreciate the nature of the setting, the process employed and the results, and compare them favourably with their own experiences and setting, and appreciate their legitimacy, then the researcher can reasonably claim validity, reliability and trustworthiness (Lincoln and Guba 1985, Reed and Biott 1995).

Discussion.

The purpose of a good research design is to maximise the possibilities of obtaining accurate answers to the research questions posed in the study, and reflect the purposes of the study. To achieve these aims a study must minimise any threats to reliability and validity (Burns and Grove 1993). Efforts were made in each of the four studies to establish 'trustworthiness' or reliability and validity as appropriate. Although the foregoing has established that the concepts of reliability and validity are multi-dimensional, taking many forms, it is not always feasible to adopt the approach that all eventualities can be covered in every study. As far as circumstances permitted, I sought to enable claims that each of the four studies was sufficiently 'trustworthy', or reliable and valid. The methods of ensuring validity and reliability employed are described in the four study outlines.

3.5 Ethical considerations.

Could my research harm the students, and could the fact that as well as being the researcher, I was also a lecturer to the students in the research project have any ethical implications? These were the primary ethical questions that confronted me from the outset. I was conscious that any piece of empirical work has ethical implications, particularly for the participants (British Psychological Society 1990), but I was also aware that undertaking practitioner research has its own attendant ethical considerations (Wilde 1992). Swanson (1986) emphasises that it can be problematic for the practitioner researcher undertaking research in their own area of practice and having to 'wear two hats, the practitioner's hat and the researcher's hat'. The studies were, by their very nature, undertaken with participants with whom I would be, or had been, in almost daily contact for some considerable time. It was imperative that this fact be considered from an ethical perspective. I could not eliminate the risk that the students in the studies might be either fearful of participating, or fearful of not participating, and that this fear would cause them to be reluctant to participate, or reluctant not to participate. The implication was that they might feel that I, not as a researcher, but as a course lecturer, might hold their adverse comments against them at some later date. However, I felt that our developing relationship, before, during and after the studies, served to minimise this. No students refused to participate in the project on these or any other grounds.

To ensure that the studies were ethically sound, certain safeguards were built into the process.

a. Verbal consent was obtained from all respondents, no pressure was exerted on them to participate and the option was open to them to withdraw at any time. I was aware that the potential participants would feel obliged to take part for fear of not wanting to 'let their lecturer down'. I informed all of them that although their participation was greatly appreciated, they should feel no such obligation. One of the recent positive trends in nurse education has been the closer and more open relationship that has developed between students and lecturers. The use of first names, the development of the personal tutor role, the move toward a higher education environment, and giving some power to students in decision making, have all helped

to achieve a more open, honest, and friendly atmosphere. It is the existence of this open approach that persuaded me that my contact with the students in my 'lecturer' role would not impede, or otherwise influence the responses given to me in any of the studies.

b. Openness with the participants was the policy from the outset. When there was no risk to the study, the participants were given regular progress reports. This practice became 'easier' and more frequent once the data collection period was completed.

c. Confidentiality, above and beyond the terms of the Data Protection Act, and the UKCC Code of Professional Conduct (1992), was guaranteed to all individual respondents. Respondents were aware that interview, consensus and group data would be put in the public domain and they were made aware of the implications of this. No withdrawals resulted from this and so tacit consent was assumed.

d. Where required, debriefing sessions were offered.

e. Guidelines from the British Psychological Society (1985) Code of Ethics, and the UKCC Professional Code of Conduct (1992) were followed throughout.

f. My academic supervisors, transcript typist and data entry operative were all experienced in the ethical considerations of research and were happy to be bound by the same ethical requirements as I was myself.

4. The Studies.

4.1 Study 1.

4.1.1 Introduction and aims of the study.

This qualitative study is concerned with examining certain aspects of the pre-entry phase of the 'peri-entry' approach, namely the source, nature, and evolution, of the expectations that new students hold when they enter nursing. These dimensions were examined in this relatively small-scale exploratory study. The study entailed interviewing candidates for nurse education (n=43) during their formal selection interview. The study questions, relating to their expectations about nursing, and nurse education, were intermingled with the standard questions usually employed on these occasions.

4.1.2 Study one.

Introduction and aims.

It was an important consideration when designing this study that the respondents, who were already in a stressful situation by having to undergo the formal selection interview, were not subjected to any further stress. As the study questions, and the usual selection interview questions, were being asked during the same interview it was also important that the questions asked as part of the study were also questions that might normally be asked during a selection interview, and that the length of the interview was not unduly extended. Having considered the relatively formal nature of selection interviews and also having discussed the matter with my colleagues, I decided to follow a 'structured interview' approach, with the 'structured' study questions nestled amongst the usual selection interview questions. Experience had shown that candidates, during selection interviews, have a general tendency to keep their responses short and to the point, and there is little tendency, unless pressed by the interviewers, to elaborate on answers. This supported my decision to use structured interviews (Newell 1994).

Method.

Interviews can take many forms, with their type usually being differentiated by their degree of structure (Fielding 1994). The three most common classifications of interviews are;

- The structured interview, in which the wording of the questions and their sequence is the same from one interview to the next (Fielding 1994).
- The semi-structured interview, in which the interviewer asks certain 'major' questions the same way each time but is free to alter the sequence and probe for more information (Fielding 1994).
- The unstructured interview, in which the interviewer simply has a list of topics they want the respondents to talk about. The interviewer is free to phrase the questions as they wish, ask them in any order, and may even join in the discussion (Fielding 1994).

- Melia (1987) describes a fourth type of interview, the informal interview. She states that, *"The informal interview takes the superficial form of a conversation. It is the underlying structure which distinguishes a purposeful interview from a social conversation"* (p.191). She describes that, although the interviewer must have an agenda to work to, and introduce topics from it, she must enable the interviewee to feel free to say whatever they wish on the subject under discussion, *"and to some extent dictate it"* (Melia 1987, p.193). Although in the informal interview the respondents do most of the talking, enabled to do so by the flexibility of the interview structure, the interviewer must keep to her clear aims, based on her interview agenda (Melia 1987).

The main concern with my first study was that, by using a structured interview approach, I was, methodologically speaking at the cross-over point between quantitative and qualitative research (Newell 1994), and so close attention needed to be paid to the credibility of the methods I employed. However, because of the setting of the research, the data collection approach and the analysis process employed, I was persuaded that I should consider the data as qualitative in nature.

Because of choosing the structured interview approach I was concerned that I was aware of the inplications of so doing. With regard to structured interviews, Newell (1994) comments that they are about uniformity, and this is what I felt my interview setting required. Also, she adds that in a structured interview, the interviewee has a limited choice of responses. I did not feel that this would restrict the respondents as experience had taught me that the response range of most interviewees for nursing is relatively limited and predictable. Newell (1994) also identified some possible disadvantages of the structured interview approach. Recognising these disadvantages, I sought to overcome them when constructing the interview schedule. Newell (1994) stated that with structured interviews;

- There is a danger of not covering all the areas relevant to the study. I attempted to overcome this by showing the schedule to my colleagues (n=4) for review, and to a focus group of senior students (n=7) for their comments.

- There is a likelihood that the questions might limit the responses that the individuals might give. I attempted to overcome this by structuring the questions in such a way as not to limit the responses to 'yes', 'no', or similarly restricted responses.
- There is a possibility that the respondent might feel that the questions are asked in an artificial and formal manner. I felt that, given the already formal nature of the setting, that this formal approach would not be unexpected by the candidates.

However, in confirming my choice of structured interviews, Fielding (1994) comments that structured interviews are suitable when,

- the researcher already has some idea of the possible nature of the responses they will elicit.
- there is no danger of losing meaning by asking questions in a standardised way.
- the researcher knows the possible dimensions of the research topic.

Validity and reliability.

Because of the adverse criticism that qualitative research attracts with regard to its reliability and validity (Sandelowski 1986), I determined that the study would fulfil the requirements that ensure its trustworthiness and credibility. Also, because study one played such an important part in examining the suggestions of the 'peri-entry' approach regarding the events of the pre-entry period, I wanted to ensure that it provided as sound and credible a basis as possible on which to build the three studies which followed. I accepted the comments of Appleton (1995), who argued that credibility can be claimed for the study if the researcher takes the data to the source from which they were drawn. I feel that by showing the post-interview response sheets to the interviewees and my co-interviewers and inviting their comments, that I had satisfied this criterion. I also showed the response sheets to an experienced, but impartial, outsider (Lincoln and Guba 1985). With regard to the reliability of the study, I looked to Guba and Lincoln (1981), who described the concept of 'auditability' to measure the dependability and consistency of a study, thus reflecting its reliability. Guba and Lincoln (1981) suggest that a study can claim to be auditable, and thus reliable if the reader, or prospective replicator, can follow the researcher's

'decision trail'. The decision trail is the process by which the researcher describes the process by which they have collected and analysed their data and ultimately transforms it into a theoretical schema. The description should be in sufficient detail for a second researcher, using the same decision trail to arrive at conclusions similar to those of the original researcher. I feel that in study one I achieved these criteria, by reporting, in depth, all aspects of the research process.

Analysis process.

Given the properties of the structured interview approach utilised in this part of the study, the most appropriate data collection and analysis method was the 'matrix display' method (Miles and Huberman 1994). The use of matrices in the collection and analysis of qualitative data is a more common occurrence than is generally recognised (Miles and Huberman 1994). In fact, they continue, matrices are pervasive throughout the whole of their text on qualitative data analysis (Miles and Huberman 1994) (see also chapter VIII).

Another advantage of the matrix display method is the freedom the researcher has in its design. There are no fixed canons for constructing a matrix (Miles and Huberman 1994). Miles and Huberman (1994) comment that, *"The issue is what a matrix you have built does for your understanding of the data"* (p.240). They continue by adding that, *"...matrix construction is a creative, yet systematic, task that furthers your understanding of the substance and meaning of your database, even before you have begun entering information"* (p.240).

Miles and Huberman (1994) conclude by saying, *"Think display, and invent formats that will serve you best"* (p.240). These comments confirmed the wisdom of my decision to use the matrix approach in this study. I also felt that the structured interview responses could easily be entered into the pre-coded matrices that I had devised (see fig. 2).

Figure 2. Response record sheet.

Question No. ___			***Question***
Response cluster 1. Anticipated responses are entered in this box.	***Response cluster 2.***	***Response cluster 3.***	***Response cluster 4.*** Spontaneous responses are entered in this box.
Tick for positive response.	*Tick for positive response.*	*Tick for positive response.*	*Tick for positive response.*
Relevant quotes.	*Relevant quotes.*	*Relevant quotes.*	*Relevant quotes.*

Dey (1993) comments that there are a many approaches to analysing qualitative data. Maykut and Morehouse (1994) add that although it takes many forms, "*...it is fundamentally a nonmathematical analytical procedure that involves examining the*

meaning of people's words and actions" (p.121). Although the philosophical underpinnings of this comment are generally accepted, there are some exceptions to the generality of the sentiments. In the case of the structured interview, it is variously argued that some quantifiable dimension of the data analysis does exist (Newell 1994). I was persuaded that qualitative conclusions could be drawn from the data analysis, even by veering somewhat into the quantitative field through the use of the matrix analysis method and by 'settling for' conclusions drawn from raw percentages, as well as from qualitative interpretations of the data (see chapter VIII). This, I feel, supplemented the qualitative nature of the participants' responses rather than detracting from it. Gherardi and Turner (1987) argue that the issue is one of knowing when it is useful to count, and when it is difficult or inappropriate to count. When data are standardised and we have clear indication of what is variation and what is error, then it is appropriate to count (Gherardi and Turner 1987). This is arguably one occasion when my practice knowledge gained as an experienced interview practitioner, and as a practitioner researcher gave the necessary insight.

4.2. Study 2.

4.2.1 Introduction and aims of the study.

This two-stage study is based, for its underpinning philosophy, both on my experiences of students very quickly becoming negative towards the course soon after starting, and on the findings of Kramer (1974), who claimed that nurses, following major role-transition from student to qualified nurse, experienced the phenomenon known as Reality Shock. Anecdotal evidence, supported by some literature (Katzell 1968, Lindop 1989, 1991, Bradby 1990), suggested that Reality Shock-like symptoms were also experienced when newcomers into nurse education found that their pre-entry expectations were at variance with their immediate post-entry experiences (Bradby 1990, Shead 1991, Olsson and Gullberg 1988). Reality Shock, therefore, appears to occur as a result of expectations, formed in the pre-entry phase, not being met by experience in the post-entry phase. Study 2, therefore, set out to examine whether the negative feelings students had expressed to me over the years could be shown empirically to be the same as those described in the literature as Reality Shock.

4.2.2 Method.

Overview.

The method employed for this study was a quantitative one with the qualitative element of employing focus group interviews during stage one. Two different methods were therefore employed for the two stages of study two. Stage one used four focus group interviews to elicit eight 'emotion adjectives' related to the range of possible feelings students might have about the course. Stage two used twelve groups of students (n=286) at various stages of the course to rank the adjectives according to how they felt about the course at that time. These rankings could now be analysed according to a specially designed SPSS trend analysis programme (Norusis 1993). Any identified trends would be measured statistically, and this would show whether there was any indication of the stages of Reality Shock (Kramer 1974, Dean 1983).

Focus group interviews.

Focus group interviews were selected as the most appropriate method of eliciting the eight adjectives for a number of frequently reported reasons;

- They are an efficient use of time (Patton 1990).
- They enable participants within the group elaborate and share points raised by the other group members (Brenner et al 1985).
- They provide time for reflection and recall whilst another person is speaking (Jasper 1996, Patton 1990).
- Brown et al (1989) comments that, *"...group interviews are not just a convenient way to accumulate the individual knowledge of their members. They give rise synergistically to insights and solutions that would not come about without them"* (p.40).
- Participants are enabled to explore concepts through their experiences, and discuss these with the other group members, as opposed to depending on abstract concepts to be explored on a one-to-one basis with the researcher.

Focus group interviews are interviews undertaken with between five and twelve participants being interviewed at the same time, by the researcher/moderator. The moderator, as well as collecting the data, either by notes or tape, also manages the content of the interview. It is also their responsibility to ensure that the desired topics

are fully explored and that each of the members of the group has equal opportunity to contribute to the discussion. The advantages of the approach, as shown above, are considerable, but there are some problems that the aspiring moderator needs to be aware of;

- Participants are sometimes reluctant to 'open up' in front of others.
- Groups sometimes digress from the central topic.
- Discussions may be dominated by one respondent, to the detriment, both of the other participants, and the quality of the data.
- Group dynamics have to be carefully managed by the moderator.
- Taping and transcribing, if utilised, can be problematic because of many different speakers contributing (sometimes all at once!).

If used 'properly', though, focus group interviews can give an extra dimension to qualitative research studies, or generation of hypotheses, propositions, or questionnaire items in quantitative studies (Krueger 1988). In this study, the interviews were not transcribed, because we were looking for 'single word' or 'short phrase' responses that would ultimately become the eight adjectives. For this reason it was felt unnecessary to tape the interviews. In stage one of this study, I felt that the use of focus groups to generate the eight 'emotion adjectives' was ideally suitable. Using students to constitute the focus groups meant that the adjectives derived came from students in the same position as those who were experiencing the emotions, giving validity to their use as the scale-ranking items in stage two of the study.

Ranking scales.

The ranking scales method is a way of discovering statistically whether changes in attitude or emotional state follows a predicted trend over-time. In this method, the researcher predicts whether the participants will become more negative or positive in a particular dimension, using an 'emotion adjective' as an indicator. These predictions form the propositions to be tested. In this study the prediction was that the attitudes of the students would become more negative over the three year period of the course, as measured in a cross-sectional data collection process, employing twelve groups at various stages throughout the course (n=286). Each member of the group was required to rank the eight adjectives, earlier derived from focus group interviews with

their peers. This ranking is done according to the way the adjectives reflect the way they are feeling about the course at that particular time. Therefore, the adjective that describes their most dominant feeling is ranked first, and the adjective that is their next most evident feeling is ranked second, and so on until all eight adjectives have been ranked. The data from each of the groups is now entered onto a collation sheet to facilitate entry into the parallel trend test on the SPSS computer analysis programme.

Validity and reliability.

The validity and reliability of the two stages of the study was ensured as follows:

- To ensure validity of data collected during each step of stage one of the study, the adjectives were agreed by the participants as being exactly as they had expressed.
- Several focus group were used to ensure both validity and reliability.
- The adjectives were generated by students from the same course as the respondents in the study.
- In stage two of the study validity and reliability could be claimed because the results from the twelve groups were consistent in that they were within the statistical limits set by the predicted trends. There were no 'outlying' results. Also, the results were consistent with the results of similar earlier studies (Kramer 1974, Dean 1983).

4.2.3 Analysis process.

Focus group interviews.

In order to generate a manageable number of adjectives in stage one, the focus groups were convened on several occasions, each time to produce a successively shorter and consensual list of emotions, without losing any of the possible emotions that might be felt by students. The process of analysis employed was that of 'concurrent note-taking' during the interviews (Stewart and Shamdasani 1990). Each of the adjectives suggested by the groups were written down, and a final list presented to the groups at the end of the interview session for their approval. This process was repeated until a final definitive list of eight adjectives was arrived at. I imposed no optimum number of adjectives on the groups - they independently exhausted all options for combination of

adjectives before they arrived at the final list of eight. This list was then finally sanctioned by the focus groups as a true representation of the full list of possible emotion adjectives they had first described.

Ranking scales.

The data from the scales, ranked by the students, were analysed using a parallel trend analysis test, based on the Kruskal-Wallis and Chi Square tests. This test was specifically designed to elicit whether there was any statistically significant trends in the predicted direction. The nature of the data had required us to write this test specifically for the purposes of analysing our ranking scales.

To test for a trend in the rank means, using this trend analysis programme, a series of planned contrasts were conducted using the SPSS one-way command and contrast subcommand. The data for inclusion in this analysis was itself first ranked. The chi-square for the trend in the rank means, having one degree of freedom, was then calculated according to the following formula:

$$\chi^2_{contrast} = \frac{SS_{contrast}}{MS_{Total}}$$

Where:

SS contrast = Sums of squares where the groups to be compared are specified (Bryman and Cramer 1990).

MS total = The total of the Means of all of the squares (Bryman and Cramer 1990).

This can be calculated from SPSS output in the following way:

$$\chi^2_{contrast} = \left(\frac{t_{pooled} * \sqrt{MS_{withincells}}}{\sqrt{MS_{Total}}} \right)^2$$

Where:

t pooled = the variance estimate employed when the variances are not different (Bryman and Cramer 1990).

MS within cells = the mean square within the groups (Bryman and Cramer 1990).

(These tests were devised through personal communication with the Statistics Department at the University of Sheffield).

One of the common uses of the chi squared test is its utilisation for comparison with, and confirmation of, the results of another test, particularly a non-parametric test (Bryman and Cramer 1990, 1997). Comparing this chi-square with the one obtained from the Kruskal-Wallis non-parametric ANOVA test, enabled me to assess the proportion of group difference accounted for by this, my predicted trend. This was calculated by dividing the chi-square value for the contrast by the chi-square from the Kruskal-Wallis test. A further chi-square value was calculated by subtracting the chi-square for the trend from the chi-square generated by the Kruskal-Wallis. This gives a chi-square value that indicates the extent of departure from the predicted trend, that is where there are differences between the observed trend and the predicted trend. This can be tested for significance with degrees of freedom equal to (k-1)-1, where k = the number of categories (Bryman and Cramer 1990) (see table 7, chapter IX).

4.3 Study 3.

4.3.1 Introduction and aims of the study.

This section describes an extension/replication study of that part of the Davis and Olesen (1964) study which relates to the neophyte students' changing image of nursing. However, initial scrutiny of the original study identified certain methodological anomalies. These anomalies were investigated prior to the replication, and the results of this statistical investigation were utilised to restructure the process employed in my study. For this reason, my study is not described as 'Replication', but as 'Extension/Replication'.

4.3.2 The original Davis and Olesen (1964) study.

As described in detail in chapter V, Davis and Olesen (1964), as part of a larger study, undertook a questionnaire study to answer the question, *"How do images which*

students have of nursing upon completion of their first year compare with those they hold at entry?" (p.9).

In reviewing the original study, several important points were raised, which identified certain shortcomings. To investigate the significance of these apparent shortcomings, statistical checks were made on the original research methods employed. Following the results of these checks, the appropriate changes were then 'built-in' to my replication study. One has to say, though, at this point that the apparent 'shortcomings' are only identified as such by modern approaches to devising questionnaire items, and collecting and analysing questionnaire data. In 1964 Davis and Olesen did not have access to the computerised methods available today, so the techniques employed by them were not only legitimate, but commendable.

The methodological 'anomalies' were identified as follows;

1. The original data, even according to the authors, gave little support for the thesis that the students would come increasingly to discard lay and traditional professional images for professionally more advanced images (Davis and Olesen 1964). The fact that the data does not support the hypothesis, may in fact be due to the apparently arbitrary nature of the image groupings. Students' images may change, but not according to the hypothesised groupings. The grouping of the items under the four headings appears to have been done on an arbitrary basis, following what only appeared to be ad hoc consultation before cluster labelling (Davis and Olesen 1964).There was no use of a factor analysis to verify the clustering and so the authors can only claim a face validity. Herzog (1996) explained that a measure has face validity if it appears, 'on the face of it' to measure the intended construct. The effect of grouping the items arbitrarily, without the support of a factor analysis may have had two major consequences for their study;

- the image portrayed in the titles of the groupings may not exist in reality, and may only suit the convenience of the authors' hypothesis,
- even if the groupings, as identified, do exist, there is no evidence that the items are correctly situated in their assigned group.

To clarify and investigate these important issues certain empirical measures needed to be undertaken, before embarking on the replication study. One of the measures taken, was to carry out a factor analysis (Kim and Mueller 1978) on the items to derive the most appropriate clustering.

2. Davis and Olesen (1964) made no comment about undertaking a reliability analysis of either their questionnaire, as a whole, or of the groupings individually. This would have provided a check of whether they had allocated the items in the questionnaire to the correct groupings and whether the groupings were labelled correctly (Brown et al 1974). This omission created quite considerable problems for the acceptability of the original findings. Because it is now standard practice, I therefore undertook a reliability study, through a Cronbach's alpha coefficient analysis (Cronbach 1951, Cronbach and Meehl 1955), of the questionnaire as a whole and the individual clusters. The Cronbach alpha coefficient essentially calculates the average of all possible split-half reliability coefficients (Bryman and Cramer 1997). Following this, I initially reallocated the items to the new groupings which had been identified by the factor analysis results. These new groups were not initially renamed, but titled simply as, 'Factors'. The renaming of the factors came later, and only after due consideration of their meaning.
3. Dichotomising the responses as 'important-not important', by the authors, obviates any measurement of degree of importance to the respondent. The use of a Likert scale format would have been more appropriate in this respect (Brown et al 1974), and the use of this scale was incorporated into the replication study.

The original study was of a questionnaire design, given to a new group of students (n=75, details of sample not given), on entry to the three year course, and after completion of one year. This twice-only completion of the questionnaire mitigated against any valid trends being established. In the replication study, though, I sought to amend this. A longitudinal study with questionnaire distribution on three occasions was carried out, demonstrating a more valid longitudinal study (Menard 1991).

Method: extension/replication study.

The same nineteen item questionnaire, measuring images of nursing, was employed in the replication study as was used in the original study. It was completed, by the

experimental group on three occasions, on entry to the course, after eighteen weeks and after one year. The items on the questionnaire were marked by the respondents, on each of the tree occasions, along a Likert scale according to their image of nursing at that time with regard to that particular item.

Validity and reliability: extension/replication study.

Given that I was using the original items for the replication study, validity was accepted on the same basis as the original authors had claimed validity for the original study. Reliability of my regrouped image clusters was checked, as a matter of course, following the factor analysis of the original study. Cronbach's alpha coefficient test was used for this purpose (Cronbach 1951).

Analysis process: extension/replication study.

After factor and reliability analysis, the data from the replication study were analysed using the Analysis of Variance (ANOVA) function of the SPSS (Norusis 1993) computerised data analysis system. This was the most appropriate test to employ to examine changes in images of nursing on three different occasions for Likert-scaled items (Bryman and Cramer 1990).

4.4 Study 4.

4.4.1 Introduction and aims of the study.

This study is concerned with measuring the changes, over-time, in the 'nursing' self-concept of students (n=88) during their first year of training. Repertory grid methodology (Fransella and Bannister 1977) is employed as the most appropriate method of choice. Before deciding on the repertory grid as the approach to adopt, I reviewed the standardised tests (Burns 1979), and although they each had certain advantages, none was felt to be totally suitable for my needs in trying to establish the changes in the context-specific nursing self. Certain of the symbolic interactionist tests, for example the Spitzer et al (1965) 'Twenty Statements Test', were attractive, but appeared to measure the professional self-concept in the context of an 'overall' self. Other pro-forma scales were not suitable to elicit the measurement of 'self' solely in the context of nursing, or nurse education (Bills et al 1951, Leary 1957), in that the

items concerned the respondents' non-specific self-concept report, or in a context unsuited to my needs (Phillips 1951, Berger 1952). I needed a perspective on self where one could separate the dimensions of the self-concept, and measure only that dimension that is of interest in my work, the 'nursing self'. My main concern, in choosing a methodology and a tool, was to find a way to tap the 'nursing' self-concept of the participants in a personalised, yet context-specific, systematic, and structured way, whilst still remaining within the practitioner research philosophy. In a search of the 'self' literature, I encountered the Personal Construct Psychology approach (Kelly 1955). The first thing that was obvious about personal construct psychology was that although the theory is organised around postulates and corollaries (see chapter VI), the emphasis is clear: People are active agents who construct reality as they live it. They are participants in life, not passive observers (Monte 1987). This philosophy fitted the needs of the study, and the parameters of a practitioner research framework. I had observed, over the years, that students were changing in many respects during their early time on the course. They viewed the world through their 'own eyes', and formed their 'own' opinions about their 'own nursing life', and actively expressed their views accordingly. It was their perceptions of these changes and how it affected their nursing self-concept that I was seeking to examine. This made Kelly's (1955) approach eminently suitable. Supporting my choice, Button (1990) comments that the personal constructs method of enquiry is ideally suited to the study of self-perception in the individual's own terms. He adds that, *"One particular advantage over most other methods is the ability to combine an idiographic approach with objective measurement"* (p.345).

Further investigation of Kelly's (1955) personal construct theory made it an even more attractive proposition. It revealed that a number of psychologists had construed the theory in a number of ways, and that wider interpretation indicated its suitability for my purposes. It has been interpreted as everything from existential and phenomenological to Adlerian and Jungian. In many ways, Kelly's insistence on accurate measurement and description of experience anticipated some of the phenomenological theories in psychology, and his hypothesis of the 'human scientist', his conception that everyone creates and tests their own hypotheses about themselves

and others, is a major breakthrough in psychological testing. It seemed to me that this was one approach that would truly identify that one dimension of the students' self, the 'nursing self'. As an operational tool for his theory, Kelly devised the 'Role construct repertory test' (reptest), which was later to become known as the repertory grid technique. The repertory grid requires the individual to compare themselves and others on a series of evaluative bipolar descriptors, known as constructs, (see fig. 3). This gave me the opportunity, through longitudinal presentation of the grids to the participants, to elicit any changes over time. Analysis of the grid data would also enable me to measure changes in the respondents' self-concept, both in relation to their ideal self, and in relation to their perceptions of significant others. Scholes and Freeman (1994) comment on this point that, *"Grids are capable of capturing both the situation of the moment in cross-sectional data collection, and the change process in longitudinal data collection"* (p.891).

4.4.2 Repertory grids.

The repertory grid technique was chosen as the most appropriate method, in the main, because I felt it would enable me to 'view the world' through the participants' eyes. It has been described by Fransella and Bannister (1977) as *"An attempt to stand in others' shoes, to see the world as they see it, to understand their situation, their concerns"*. There are a number of different versions of the repertory grid, each being completed, scored, or analysed in a different way. What choice is made is dependent on the needs of the researcher or the nature of the research. There are, however, two characteristics that all grids have in common, *constructs* and *elements.* Constructs are the dimensions (usually expressed as bi-polar adjectives) by which the individual describes or evaluates the elements. The elements are the people, events, organisations or ideas that are described or quantified by the constructs. Goodge (1979) explains that the repertory grid technique begins with this list of elements, which are, in turn, rated against each of the constructs. How high the rating is, along the bipolar scale, depends on the respondent's judgement. These judgements, in the form of a tick, are placed in the cells of the grid matrix. To understand a person's viewpoint, the investigator needs to understand at least part of their construct system. What the grid technique does is to formalise this information into a structure whereby

mathematical concepts can aid our understanding (Barnes 1990). A typical repertory grid with examples of an element (Ideal self), and bipolar constructs against which the element is evaluated, is shown in Figure 3.

Figure 3. A typical repertory grid.

3. IDEAL SELF.								
	7	6	5	4	3	2	1	
Caring								Uncaring
Knowledgeable								Ignorant
Confident								Lacks confidence
Good communicator								Poor communicator
non-judgmental								Prejudiced
Good leader								Prefers to be led
Empathic								Lacks empathy
Assertive								Submissive
Well-organised								Disorganised
Approachable								Unapproachable
Ambitious								Without ambition
Good role model								Poor role model
Research-minded								Not interested in research
Enjoys studying								Hates studying
Technically skilled								Without technical skills

Although the constructs are bipolar, it is important to point out that they are opposites, and not necessarily 'positive-negative'. For example an individual may see submissive as being a positive construct.

The repertory grid is a widely used tool, not only in the clinical field, but as a research and assessment tool in education, management, and organisational settings, often being used in areas which have no logical relation to the principles of personal construct psychology (Adams-Weber 1979). In the process of this study I made certain personalised adjustments to the 'standard' repertory grid technique (e.g. supplying, and not eliciting, the constructs), that are explained later in the text, and supported by other studies (Ryle and Breen 1974). These adjustments, though, have enabled me to use the repertory grid in a context that, had I adhered strictly to the usual customs associated with grid construction, I would have not been able to do (Thorne 1997).

An extensive literature review showed that there is great potential for using the repertory grid technique as a methodology in nursing practice, education or management (Morrison 1991, White 1996, Smith 1990, Barnes 1990, Pollock 1986).

The many advantages that the repertory grid technique can be summarised as follows:

1. The idiographic nature of the repertory grid encourages the interviewee to use his or her own words when discussing issues of personal importance (Mazhindu 1992).
2. The grid gives a structure to subjective information, thus allowing for comparison between individuals (Mazhindu 1992).
3. The structure of the grids allows for the analysis of relationships between constructs and elements and for the analysis of change, not only within the same individual, but also between individuals over time (Mazhindu 1992).
4. Observer bias is reduced almost to zero and objectivity is maximised (Rowe 1971).
5. The input from the interviewer is minimised (Stewart and Stewart 1981).
6. The grid provides the researcher with an abundance and richness of interpretable material (Cohen and Manion 1989).
7. The methodology itself is flexible, and elicits both qualitative and quantitative data that are open to a variety of analyses (Mazhindu 1992).

This wide variety of applications of the repertory grid within nursing research, and the well-reported benefits of its use, confirm my choice of selecting this method and still remain, methodologically, within the practitioner research philosophy.

4.4.3 Method.

This study was carried out in two stages. Stage one involved employing focus group interviews to elicit the constructs for the grids. Stage two was a longitudinal repertory grid study, undertaken on three occasions over the first year of training of an intake of student nurses (n=72), and an intake of student midwives (n=16). Total; N=88. T1 (n=88) was in the first week of the course, T2 (n=74) was after eighteen weeks of the course, and T3 (n=64) was at the end of the first year. The sample was the same

group of students used in study 3 (chapter X), with data for both studies being collected during the same sessions.

The same nine grids, representing the nine elements measured against the fifteen constructs, were completed by the students on each of the three occasions (at T3 an extra grid for the element. 'My last clinical mentor', was introduced). Following completion, the grids were identified with the respondent code number. Each respondent had their own code number that they kept throughout all three occasions in all studies. This made cross-referencing of data a relatively straightforward process. When, on each of the three occasions, the grids were completed, they were transferred to a collation sheet in readiness for entry to the computer programme for analysis.

Elements.

Each of the nine grids, given to the participants on each occasion, was headed by a different element, which they evaluated against each of the fifteen bipolar constructs. The nine (ten at T3) elements were;

- Three dimensions of the self; self now, self one year ago, and ideal self. It was explained to the participants that the 'self' referred to their 'self' as a nurse, and by way of explaining what is meant by the 'ideal self', I said that this was the self as they would realistically most like to be.
- Four members of the students' real, and hypothetical, role set; My ideal qualified female nurse/midwife, my ideal qualified male nurse/midwife, my ideal student nurse/midwife, nurse/midwifery teachers. An extra element 10 (My last clinical mentor) was added at T3 to ascertain how the students rated the qualified staff on the grids. This element couldn't be included at T1 or T2 because at those times they had had no clinical contact.
- Two further elements were added for comparison/contrast purposes; Somebody I really dislike, somebody for whom I have no respect.

The elements were all supplied by me because I wanted the element selection to be restricted to those that might make up the students' educational role-set, and therefore might have some relationship to the 'nursing self' of the individuals. I felt

that at the start of the course, the students would have only a limited perception of who would make up their role set. I did, however, show the list of elements to teaching staff colleagues (n=5) and a group (n=13) of third-year students to confirm that the list did represent the students' educational role-set. On the subject of supplying elements, Fransella and Bannister (1977) comment that, *"Elements are chosen to represent the area in which construing is to be investigated"* (p.12). They say, also, that the list of elements can be modified to suit the needs and requirements of the grid designer given the situation they are investigating. I had no qualms, therefore, in supplying the elements, particularly in view of my own experiences, and as I had taken the added precaution of confirming it with groups of knowledgeable others.

Construct provision.

The choice of constructs was not so straightforward (Thorne 1997). There is considerable debate surrounding the legitimacy of providing constructs when undertaking repertory grid research whilst claiming to remain faithful to Kelly's (1955) principles of repertory grid theory. The constructs in the repertory grids completed by the respondents were supplied by me, with a willingness to accept that criticism might be levelled at the study as not adhering to the 'accepted wisdom' expressed by other devotees of Personal Construct Psychology approach. The argument against my supplying of constructs is that, for the approach to be truly called Personal Construct Psychology, then the constructs must be elicited from each of the participants individually. If the constructs are not elicited, but supplied by the researcher, then the study ceases to be a Personal Construct Psychology study, and becomes a semantic differential study (Phillips 1989). The easy option, to avoid this criticism, would have been to select a research methodology that did not create the dilemma or stimulate the debate. However, in the context of my study, the Personal Construct Psychology perception of the 'self' was irresistible. However, implicit in the name Personal Construct Psychology appears to be a rigid assumption that only by eliciting the constructs from the individuals can one truly call the study a 'personal construct' study. Alban Metcalfe (1974) describes how Kelly (1955) emphasised the need to elicit the client's own constructs in his original Role Construct Repertory Test

(Reptest). Central to the debate, according to the 'purist', is Kelly's (1955) Individuality Corollary which states that, *"Persons differ from each other in their construction of events"*. Here Kelly reflects back to the 'Fundamental Postulate', which states that, *"A person's processes are psychologically channelised by the ways in which he anticipates events"*. Importantly, Kelly (1955) also says that, *"No two people can play precisely the same role in the same event, no matter how closely they are associated"*.

The odds, therefore, appeared to be against being able to justify supplying the constructs to the participants in my study. Even Allport (1958) seemed be against supplying the constructs when he commented that, *"...this technique is essentially idiographic in approach, since it leads to the discovery of the unique pattern of relationship among several constructs of a given person"*.

It seemed appropriate at this point to seek support for the notion that constructs could justifiably be supplied. In my repertory grid study I worked on the principle that Kelly had originally devised the repertory grid as a therapeutic tool, and so understandably it was essential to him and those working in the therapeutic field that 'personal' constructs be used. However, if one were looking at an issue that was not so crucially 'personal' and in an environment where peers influence each other's construct formation anyway, then eliciting each individual's constructs may not be so crucial. Essentially, the argument appears to revolve around certain issues. Proponents of eliciting constructs appear to centre their argument on those studies where only 'personal' constructs are acceptable such as in the therapeutic use of the repertory grid technique, or where only a small number of participants are used, making the elicitation of constructs a feasible and manageable operation. Those of us who are willing, and happy, to supply the constructs are those working in non-therapeutic settings and those employing large samples, where a consensus grid would supply the required data. Beail (1984) explains that, *"...some researchers have combined series of individual grids to produce a consensus grid in order to make generalisations about it"* (p193). Fransella (1975), states that when, *"both constructs and elements are supplied by the investigator the rankings or ratings of individuals*

can be averaged for a group of people". This averaging, Beail explains, *"Produces a consensus grid which can then be analysed in the same way as an individual grid"* (p193). This is what my study proposed to do. Also the consensus grid is eminently suitable for my needs as my study is concerned with student nurses in general, rather than a specific nurse who would need to be studied using the single grid with elicited constructs. However, Beail (1984) warns that, *"Doubts have been raised about the validity of this averaging method, first, consensus in the perception of elements and constructs is assumed, and second, no account is taken of the variance within the matrices"* (p.193).

Easterby-Smith (1980) makes the point that the quickest way to generate constructs is to supply them. He continues by adding that supplying constructs can be useful, *"...in some situations provided that the constructs supplied are known to be representative of the ones that the subject would have produced spontaneously, and he already has an adequate understanding of what they mean"* (p.6).

One could argue (and I do), that custom and practice should dictate and set the precedent (Thorne 1997). Several studies have used, with effect, supplied constructs (e.g. Ryle and Breen 1974), and analysis packages have been designed specifically with the supplied construct in mind (e.g. Grid Analysis Package, UMIST 1990). UMIST, Dept. Of Management Sciences (1990) make the point that when employing large numbers of subjects it is not feasible to elicit from each individual. In these circumstances it is quite legitimate for the researcher to supply the elements and constructs. I remained conscious of the fact that even though I was trying to devise a grid that was not only amenable to consensus analysis I still wanted to remain as 'true' as possible to Kelly's (1955) original principles. The answer, I realised, lay in the use of focus group interviews (Krueger 1988). My choice appeared to be supported by Kingry et al (1990), who comment that, *"Focus groups have taken a place in social science research for the purpose of generating constructs, hypotheses, and information for questionnaire development..."*. Also, Ryle and Breen (1974) justify supplying constructs to the participants in their study of social work students by explaining how the sixteen unipolar constructs had been selected on the basis of

previous pilot studies and that these pilot studies represented a range of judgements relevant to the relationships under consideration. This use of pilot studies appeared to have some similarities with my use of focus groups.

My thesis was that students entered nursing because they felt that their personal constructs of themselves were coincidental with those of the public image, and therefore their own, of what qualities are required of a nurse. Because there is a generalised public image of a nurse, generated through stereotypes and media influences (Gallagher 1987, Kalisch and Kalisch 1987), I felt justified in using focus group generated constructs in my repertory grids. However, in order to ascertain which were the most important qualities/constructs for use in the grids, I followed a formal process to derive the final fifteen constructs which were used in the grids:

1. I organised four focus groups (Krueger 1988) of student nurses and elicited by discussion those qualities they felt a nurse needed. The four focus groups each contained eight members and were selected from different stages in the three-year course. The first group was two weeks into the course, the second was six months, the third group fifteen months, and the fourth group was thirty months into the course.

Table 1. Demographic details of focus group 1, two weeks into course.

				AGE	
FOCUS GROUP NUMBER	% MALE	% MARRIED		MEAN AGE	S.D.
1 (n=8)	12.50 (n=1)	0.00 (n=0)		21.63	4.96

Table 2. Demographic details of focus group 2, six months into course.

				AGE	
FOCUS GROUP NUMBER	% MALE	% MARRIED		MEAN AGE	S.D.
2 (n=8)	12.50 (n=1)	25.00 (n=2)		22.13	5.72

Table 3. Demographic details of focus group 3, fifteen months into course.

				AGE	
FOCUS GROUP NUMBER	% MALE	% MARRIED		MEAN AGE	S.D.
3 (n=8)	12.50 (n=1)	12.50 (n=1)		23.50	9.06

Table 4. Demographic details of focus group 4, thirty months into course.

				AGE	
FOCUS GROUP NUMBER	% MALE	% MARRIED		MEAN AGE	S.D.
4 (n=8)	25.00 (n=2)	25.00 (n=2)		26.50	6.41

2. Initially the groups described one hundred and forty-seven adjectives. Because many of them overlapped, they were asked to combine and eliminate adjectives as they felt appropriate. For this they used a thesaurus.
3. As each of the groups created smaller, more comprehensive lists, I presented the new versions to the other groups for consideration. Eventually, following this cross-referencing of amended lists of adjectives, all four groups agreed on fifteen constructs that for them described the most important qualities required of a nurse.
4. I then asked the same focus groups to agree on the adjectives that they considered to be the opposite of those qualities they had already identified. These were not 'positive-negative' constructs, but simply 'opposite' bipolar constructs. It was important here that the focus groups emphasised their own descriptors of opposites, rather than depending on antonyms from a thesaurus. I did allow a thesaurus to be used, but only to clarify words, not to elicit them.
5. This produced the final list of fifteen 'bipolar constructs' to be used in the repertory grids.

These were;

Caring	Uncaring
Knowledgeable	Ignorant
Confident	Lacks confidence
Good communicator	Poor communicator
Prejudiced	Non-judgmental
Good leader	Prefers to be led
Empathic	Lacks empathy
Assertive	Submissive
Well organised	Disorganised
Approachable	Unapproachable
Ambitious	Without ambition
Good role model	Poor role model
Research-minded	Not interested in research
Enjoys studying	Hates studying
Technically skilled	Without technical skills

The exercise to reach a consensually agreed list of fifteen bi-polar constucts took four sessions for each of the groups, over a period of two weeks. There were no major disagreements amongst the members of any group, or between groups. Minor disagreements were resolved by compromise following discussion.

4.4.4 Validity and reliability.

Validity of repertory grids.

With regard to validity, Bannister and Mair (1968) comment that the evidence of regular use of repertory grids in research studies is sufficient to make a claim for validity of the grid as a research tool. However, Yorke (1985) is less certain. He claims that often, a grid's validity is taken as axiomatic, thus leading us away from a rigorous scrutiny of method. He adds that, *"As with any technique of research in the human sciences, all grids are flawed to some extent: the problem is to decide whether, all things considered, the particular grid in question can be regarded as an*

acceptable instrument of enquiry" (p.397). Daniels et al (1995), however, did find evidence for the concurrent validity of grids. They identified a significant association between the structure of the grid 'maps' and the structure of maps derived from a different method (card sorting). The authors also demonstrated predictive validity in their study. Their sample were able to discriminate between their own maps and random maps (both unidentified to the participants) some 3-6 months after the grids were constructed. The repertory grid has often been used, with effect to measure the self-concept of individuals in organisational settings (Arnold and Nicholson 1991, Button 1990, 1994), and in work-role transition (Fournier and Payne 1994). Its use, therefore, in the context of measuring the self-concept, is widely acknowledged and published. A claim for content validity for my grids may also be made inasmuch as the elements and constructs comprising the grids are representative of those generally used by student nurses. The methods used in deriving the elements (employing the students' educational role-set) and constructs (elicited from focus groups of the participants' peers) ensured this. With the foregoing in mind, I was satisfied that I could, legitimately claim that my grids were valid, to the extent that any grids can claim validity (Fransella and Bannister 1977).

Reliability of repertory grids.

Bannister and Mair (1968) conclude that there is a growing diversity of approaches in the construction of repertory grids. Because of this, they add, there is no such thing as *the* grid. Therefore, there can be no such thing as the reliability of *the* grid. Slater (1974) also points out that the conventional statistical methods for assessing the reliability of psychometric techniques do not apply to grids, because the assumptions concerned with sampling randomly from defined populations are not met. He adds that rather than employ the technical word 'reliability', it is preferable to speak non-technically of the stability of the grid indices. However, because there was some intervention (nurse education experiences) between the occasions of completion of the grids by the participants in my study, this stability was understandably not evident. On this point, Norris and Makhlouf-Norris (1976) conclude that in their study, *"Some subjects have been re-examined repeatedly with the same grid over several months, and it has been the common finding that the indices change little unless some*

intervention occurs which results in substantial behavioural change" (p.90). The changes in the 'nursing' self-concept indicated in the analysis of the grids completed by my participants, indicated that they had, as Norris and Makhlouf-Norris (1976) had stated, undergone considerable changes in attitude over-time. Because the use of grids have often been used to measure change in self-concept over-time (Arnold and Nicholson 1991, Fournier and Payne 1994), and it is this change that the grids in my study are intended to measure, then I feel that the question of the reliability is not at issue. Change is expected, and change is what is measured. Therefore any measure of reliability is made difficult. I am satisfied that the many published accounts of the occasions when repertory grids have been used in similar contexts to my own study qualify my study as being of acceptable reliability, whatever 'yardstick' of reliability is used.

4.4.5 Analysis process.

Repertory grids do present considerable problems of data analysis. Goodge (1979) comments that, *"...problems of analysis are made significantly more difficult when we wish to compare two or more repertory grids"* (p.516). This comment was of particular poignancy when I considered that I wanted to analyse, and compare, data from 88 grids at T1, 74 grids at T2, and 64 grids at T3. To add even more complexity to the problem, various analysis tools are available to analyse repertory grid data. Dyson (1996) employed a 'cluster' analysis in her study of caring (n=9). Barnes (1990), in her study of nurses' feelings towards patients with specific feeding needs, employed a 'content' analysis (n=20). Because of the nature of my study data, though, particularly considering the size of the sample (n's=88,74,64), I decided to employ computer analysis. Specifically, I decided to employ the Grid Analysis Package (GAP, UMIST 1990).

The Grid Analysis Package (GAP) held particular attractions because it contains a number of analysis programmes, each specifically designed to deal with data from different formats of grid. I could, therefore select those programmes specific to my needs. Investigation of the analysis programmes available in the GAP, identified two that were suitable for my needs; the SERIES and the INGRIDA. The SERIES

programme is suitable for analysing group grids, where, like mine, they are aligned by element and construct. The output is in the form of a consensus grid which can then be subjected to an INGRIDA analysis and a detailed study of the grid produced (UMIST1990). Following SERIES analysis, the picture of the average for the group, derived from the total number of grids within the group, can now be seen. This single, derived grid can now be subjected, as an individual grid, to analysis by the INGRIDA programme. INGRIDA will undertake a number of analyses simultaneously. The significant analysis functions for my study are described here (notes adapted from analysis printout UMIST 1990);

- **Analysis of component space and loadings.**

Analysing the component space with Principal Components analysis enables a large number of constructs to be reduced to a smaller, conceptually more coherent, set of Principal Components. These 'Principal Components' are a linear combination of the original variables (Lewis-Beck 1989). Usually, there are only two or three highest Principal Components considered because they have the highest percentage score by occupying most of the component space. This function on the INGRIDA programme is used for identifying 'Principal Components'. A component is, itself, a construct expressing a contrast between elements. A Principal Component may be considered as a variable that effectively summarises a greater number of variables, and thus enables analysis to be less convoluted. The elements with the high positive loadings, when contrasted with those elements with high negative loads, epitomise the contrast. The nature of the contrast is indicated by those grid constructs with high 'loadings' on the component. The tables produced are then used to draw the 'cognitive maps', which show the locations of the elements on two components simultaneously.
To draw the 'cognitive maps', the following steps are taken;

1. Draw two lines at right angles across the centre of the page to form a cross.
2. Divide the lines according to a scale that will accommodate the loadings of the elements on the two selected components (i.e. identify the highest and lowest values). Use the horizontal (X-axis) for loadings on the lower numbered component.

3. Plot the position of each element using the loadings from the two principal components (X and Y axes) from the table. The positions are labelled as you enter them.
4. Draw a circle so that it encloses all the elements.
5. Project the positions of the constructs to the outside of the circle. To do this, one plots the positions of the constructs as in step 3. Next a ruler is placed across the circle to pass through both the intersection of the axes, and the position of the construct with the name of the construct corresponding to the higher end of the grading scale. The line on the opposite side of the circle should be the opposite pole to the construct 'name'.

This process was employed when plotting the 'cognitive maps' for my study.

- **Relations between constructs and the three 'self' elements, expressed as degrees.**

  This demonstrates how close each construct is to each of the three 'self' elements (E1 - self now, E2 - self a year ago, E3 - ideal self). This enables one to compare each of the elements to the other elements on the basis of the different constructs. This is achieved by comparing, from the INGRIDA printout, the numerical distances that are apparent between each of the elements and each construct and finding which of the elements is closest to the construct. This 'closeness' is computed in the form of degrees. These degrees may be thought of as average distances (UMIST 1990). This conversion of degrees to distances enables the reader to have a graphic representation of the changing relationships between the constructs and the 'self' elements over-time, for example the changes on element E3 - 'self now' at T1,T2, and T3 measured against any of the constructs (see chapter XI).

- **Distances between elements.**

As well as showing the distances between elements and constructs, the relationship between elements can also be expressed as distances. The smaller the distance, the more alike the elements are. The table generated can be used, if needed, to produce

diagrams showing the clusters of elements (see chapter XI). This, for example, can be used to show how close people consider themselves to be to their ideal self.

5. Conclusion.

This purpose of this chapter has been to describe the various research methods employed in the four studies and to give some understanding of the rationale underpinning the practitioner research approach and the postpositivist paradigm. Because the purpose of the studies was to examine the various conceptual components of four selected dimensions of the 'peri-entry' approach, any single methodological approach was difficult, if not impossible, to accommodate (Sackett and Wennberg 1997). Therefore, four different, but contextually suitable methods were selected. This has, unfortunately, meant that this chapter has been somewhat unavoidably complex in structure. Also, because I have included the methods in one single chapter there may be some overlap with the contents of the study chapters. This is unavoidable if one is to ensure continuity and the ability, in the study chapters, to see the 'complete picture'. The following four chapters relate to each of the studies. Chapter VIII, the first of those empirical chapters, relates to the examination of the conceptual components, and any possible relationships, of the pre-entry expectation formation phenomenon, as they apply to a group of candidates for nurse-training at their formal selection interview.

CHAPTER VIII

STUDY ONE - PRE-ENTRY EXPECTATION FORMATION

1. Introduction and background to the study.

This chapter, the first of the four empirical chapters, follows on from chapter III where the literature concerning the possible connection between expectations held by students on entry and the reported changes in attitude were explored. Specifically, this small qualitative exploratory study is concerned with examining the first part of the reported socialisation trajectory of new students by exploring certain aspects of the pre-entry phase of the 'peri-entry' approach, namely the source, nature, and process of development, of the expectations that new students hold when they enter nursing (Ilgen and Seely 1974, Greenhaus 1983). The purpose of the study is that it should act as a precursor to, and identify any possible relationship to, the three post-entry studies which examine the nature of the socialisation trajectory experienced by students following entry onto the course, and by so doing serve to inform any debate that might ensue following the results of those studies.

The literature described in chapter III appears, convincingly, to support the thesis that if individuals form unrealistic expectations about nursing before they commence training, then negative consequences may follow (Lindop 1991, Katzell 1968, Kibrick 1963, Stoller 1978). Studying the formation of these expectations has, therefore, considerable implications for any suggestions proposed by the 'peri-entry' approach (see chapter II). The structure and purpose of this study arose consequentially, therefore, out of the literature described in chapter II, my own experiences, and many conversations, over the years, with students and colleagues. Because these negative feelings could be the instigators of the onset of Reality Shock, negative feelings about nursing, and an altered self-concept, areas covered in the three post-entry studies, I decided, as part of the framework of the 'peri-entry' approach, to examine empirically the phenomenon of

'expectation formation'. The 'peri-entry' approach, suggests, as part of its structure, that if the pre-entry expectations weren't met by experience, then a negative 'atmosphere' might ensue. Specifically, the main purpose of this study, therefore, given the apparent importance of these expectations in the socialisation process, was to discover;

- The influences that had led the individuals to choose nursing as a career (section 2.3, chapter III).
- The nature of the pre-entry expectations (section 3.3, chapter III).
- The source of the expectations (section 3.3, chapter III).
- The evolution of the expectations during the pre-entry phase of the approach (section 4. chapter III).

The examination of these issues, as stated above, was intended simply to inform the debate concerning the possible reasons for some of the post-entry changes encountered in the other three studies, and also to give some measured support for the claims made in the literature and my own experiences.

Because expectations, by their very nature, are formed prior to entering nursing, it was necessarily important to collect data prior to entry. I chose to interview, using a structured interview approach, candidates (n=43) during the formal selection interviews for nurse training. All of the structured interview questions employed were related to the central issues of the nature, source, and evolution of the expectations. Other tangential issues were also explored that might give a broad picture of the phenomenon of entry expectation formation and how it pertains to the overall structure of the 'peri-entry' approach. Because of their pivotal role in the pre-entry period of the 'peri-entry' approach, some of the research questions were tested by more than one interview question. The research questions to be examined in this study are;

1. Do prospective nursing students base their views about nursing on the images they receive from the media and society's stereotypes? (Kalisch and Kalisch 1987, Gallagher 1987, Dyck et al 1991).
2. Do individual candidates have a view of nursing that centres on the caring and nurturing dimensions of the role? (Black and Germain-Warner 1995, Dyck et al 1991).

3. Do individuals decide on nursing as a career at an early age? (Muldoon and Kremer 1995, Soothill and Bradby 1993).
4. Does the individual act out the perceived role through a process of anticipatory socialisation? (Jacox 1973, Moody 1973).
5. How much appreciation do candidates have of the nature of nurse education? (Mangan 1996).
6. Do candidates expectations relate to nursing practice rather than to nurse education? (Martins 1988, Parker and Carlisle 1996).
7. How much appreciation do candidates have of the technical and professional dimensions of the nurses role? (Spickerman 1988, Greenwood 1993).
8. Do candidates expect to learn clinical nursing related subjects, and not academic subjects, on the course? (Kelly 1991, Watson 1981).
9. Do candidates believe that 'caring' is more important to a nurse than technical skills? (Black and Germain-Warner 1995)
10. Will candidates see nursing only in the sense of a satisfying career that gives them the opportunity to show that they care about people? (Muldoon and Kremer 1995, West and Rushton 1986).
11. How much appreciation will the candidates have of the assessment strategies employed? (Ehrenfeld 1997).
12. Will candidates identify their role as being in nursing, and not in nurse education? ((Parker and Carlisle 1996).

These research questions were 'arrived at' through a thorough review of the literature, and my own experiences. The reason for employing pre-set research questions in what is essentially a qualitative study, was to give some structure to the data collection/interview process and facilitate the formation and application of a structured interview approach within a consistent framework (Newell 1994).

1.1 The formal selection interview procedure.

As the study questions were asked during the formal selection interview process, it is important to describe that process and structure here. This will give some appreciation of the setting in which the study was undertaken. With regard to the formal selection interview process, applicants for nurse training are shortlisted for formal interview following detailed scrutiny of their application form. During the interview, the interview panel, which is made up of two members of the lecturing staff, is given a list of predetermined issues to raise with the applicants. The replies to the questions arising from these issues are recorded on the interview schedule and are used as part of the basis on which selection is decided. The interviewers are also given scope to ask related questions that might give them a broader view of the qualities of the applicants. It was in this latter dimension of the interview that I was able to ask my structured research questions. As a matter of course, I asked permission from the candidates, to use their responses for my research project. I also advised them that the questions for the research would be similar in nature to those that would 'normally' be asked, and that their chances of selection would not be adversely affected by their participation. None refused.

(Note: I did feel that asking the study questions, admittedly for the primary purpose of my research, also served the added purpose of giving me a wider perspective of the individuals' perceptions and understanding of nursing. Because of this added benefit I have kept modified versions of the questions in my interview routine since the project finished and have felt that they have enabled me to get a clearer picture of the candidates overall qualities as a potential recruit).

2. Participants.

The participants that made up the sample had to be representative of the candidate population as a whole (Bryman and Cramer 1990). To increase the likelihood of having a truly representative sample I employed a process of ensuring that, through a process of probability sampling, that each candidate had an equal opportunity to be included in my sample (Bryman and Cramer 1990). All prospective candidates for entry onto the three-year course are selected to attend for selection interview on a purely random basis, and

allocation to an interview panel, on the interview day, is also by random selection. The candidate list is drawn up on a purely arbitrary basis, according to when their application forms arrive in the recruitment department. They are then invited to attend for interview with the clerical staff literally 'working down' the list of names. The timescale of the data collection period, five periods of five weeks over a period of two years, also gave a more random nature to the sample selection. Demographic details of the sample (n=43) were also checked against a whole student intake (n=60) to ensure that they were also representative. (See tables 5 and 6).

Compared with a contemporaneous intake of sixty student nurses the percentage makeup of the study participants was as follows;

Table 5. Comparative demographic details by %.

	AGE GROUPINGS BY PERCENTAGE					MALE %	*M %
	18-20	21-25	26-30	31-35	35+		
Study sample (n=43)	58.14 (n=25)	30.23 (n=13)	4.65 (n=2)	2.33 (n=1)	4.65 (n=2)	11.63 (n=5)	9.30 (n=4)
Comparative group (n-60)	61.67 (n=37)	30.00 (n=18)	3.33 (n=2)	1.67 (n=1)	3.33 (n=2)	10.00 (n=6)	8.33 (n=5)

*M = Percentage married.

Table 6. Comparative age details,

AGE		
GROUP	MEAN	S.D.
Study sample (n=43)	21.30	5.04
Comparative group (n-60)	20.75	4.44

Given that there are only minor differences in the demographic details of the various intakes of students, the comparison between the two groups is close enough for the claim that a representative sample was employed can be legitimately made. Statistical analysis

of mean and standard deviation showed no more than usual minor differences. I also only wanted participants in the study whose views about nursing had not been compromised by 'knowledgeable' relatives and friends, or previous employment, and so the criteria for inclusion, described below, were employed. Even after these criteria were applied, the sample still were representative of the population of candidates as a whole, and as shown above, also representative of any student intake. Admittedly, though, the claim for 'true' probability sampling could not now be made.

The participants were selected from those candidates who had presented themselves at selection interview for the Diploma in Nursing Studies course. Three criteria were imposed on the candidates before inclusion in the study;

- They had to have had no previous hospital-based health-care experience, either by virtue of voluntary work or paid employment or as part of a course. This would ensure exclusion of those interviewees whose expectations may have been influenced by their previous experiences in hospital settings.
- They must not have any close relatives or friends who were nurses or hospital-based care assistants. This ensured that the interviewees would not have based their expectations of nursing on information from informed sources.
- They needed to be successful at interview and accepted onto the course.

These criteria were chosen because I wanted to achieve, from the candidates, a view of nursing that was based simply on their exposure to the same images of the nurse's role as the general population. I did not want this image compromised by contact with significant others who, because of their own experience of employment in a health care setting, may give the participants some professional insight into the nurse's role. For the same reason, I did not want the participants' own personal employment in a health care setting to bias their perceptions. Fifty-two potential participants were excluded from the study because of these criteria. I was initially concerned that by excluding those individuals who did not meet the criteria that I might, in some way, have skewed the results and not obtain a representative view of expectations of new entrants generally. In order to satisfy this concern I undertook a review of the literature on the topic (e.g. Stoller 1978, Warner and

Jones 1981, McCain 1985). McCain (1985), in her study of the socialisation of new entrants into nursing using the Cohen (1981) model (n=214), found that there was no significant differences between the socialisation experiences of participants with a family history of nursing, or previous health-care experience, and the participants who had no such history. She concludes that, *"It was concluded that these variables did not affect the professional socialisation process"* (p.184). Warner and Jones (1981) posed the question, 'Do students with differing demographic variables have different socialisation experiences within the same nursing programme?' they found, by Chi-squared analysis, that, *"...beginning nursing students with a health professional in the family had a similar professional, bureaucratic and service role conception as other students...Thus, having a health professional in the family did not influence the students' role conception before entrance into the nursing programme"* (p.187). In her study of a group of entering students (n=34), Stoller (1978) found that in completing a twenty-one item questionnaire, the participants with a parent who was a nurse gave statistically comparable answers to those who had no family history of nursing. These three examples served to persuade me that my exclusion of the fifty-two candidates who had a family history in nursing, made no significant difference to the results of the study. By excluding the fifty-two, I do feel that I have added to the body of knowledge begun by the three examples cited above. My contribution serves, perhaps, to add an extra, and up-to-date supportive dimension to their earlier findings. Nevertheless, the way is open for somebody, in the future, to undertake a similar study without any such exclusion criteria, and thus to enable comparisons to be made between the two groups.

3. The structured interview.

To satisfy the aims of the study, and following a comprehensive review of the literature, the following specific questions were formulated to seek to answer the research questions;

1. Why do you want to be a nurse?
2. When did you decide you wanted to be a nurse?
3. What makes you think you will make a good nurse

4. What do you think nurses do?
5. How did you find out about what nurses do?
6. What qualities does a nurse need, and what is the most important quality?
7. What qualities does a student nurse need, and what is the most important quality?
8. Do you ever imagine yourself working as a nurse?
9. What, primarily, do you think nursing will give you?
10. What do you think you will learn about on the course?
11. How much of the course do you think will be spent on the wards?
12. What do you think you, as a student, will do on the wards?
13. How do you think we will assess your progress as a student?
14. How will you describe yourself to your friends and family when you start the course?
15. What are you looking forward to most about the course?
16. What are you looking forward to least about the course?
17. What would you say was the most important for a nurse, to be caring or to be technically skilled?

I considered that these questions would not be out of place in the formal selection interview, and this was an important consideration given the purpose of the selection interview process. My colleagues, and a focus group of senior students agreed. To fulfil the requirements of the structured interview approach, the questions were asked in the order laid out above, and the precise wording was used with each respondent (Newell 1994).

Following the interviews, I repeated my request of the interviewees to use the interview data for research purposes, and I also sought their comments on my interpretation of their responses to give some degree of support to my claim for validity (Polgar and Thomas 1995). None refused my request to use the data for research purposes, and all confirmed that my observations of their responses had been accurate. The interviews were not taped as this was considered intrusive in an already stressful situation. Instead, a matrix display format was used to record the interviewee's responses (Fig. 4). Notes were also made immediately after each interview and my co-interviewers were asked to comment on the

conclusions I had reached, and the wording of the responses as I had recorded them (Burns and Grove 1993).

Reviewing the process after the data collection, I was satisfied that the structured interview approach, although it had its shortcomings, had been the most efficient option. This approach enabled me to pre-code the most likely responses, and enter them onto the matrices prior to the interviews. The structured interview approach had also enabled me to crystallise my thoughts on the question sequence (Newell 1994), and had given me the opportunity to analyse the data making full use of the potential of the matrix display method of analysis (Miles and Huberman 1994). Newell (1994), on this point, adds that one of the advantages of the structured interview is that it provides the opportunity to analyse the data quantitatively. This quantitative dimension of the study, combined with what still remains essentially a qualitative methodology, enabled me to 'get the best of both worlds', methodologically speaking. Appreciation of this important aspect of the approach is important in understanding the manner in which I employed the matrix approach for data collection and analysis.

With the matrix display method, as I employed it, the numbered questions were each entered on separate pro-forma response sheets (see fig 4). These response sheets can be used for several interviews, and the results ultimately entered onto a single summary sheet (Miles and Huberman 1994). Prior to the interviews, anticipated responses are written on the question sheets, and spaces left empty to accommodate unexpected responses. More than one response sheet may be needed if there are a larger number of anticipated responses, or unexpected responses. Because the interviews weren't tape-recorded, spaces are available on the response sheets for relevant quotes from the respondents to be recorded. Extra sheets were available if the recorded responses were too many to record on a single sheet.

4. Data collection.

The sequence of events in the data collection process can be summarised as follows;

1. The seventeen questions for the study were entered onto the pro-forma, matrix display, response sheets (see fig. 4).
2. My co-interviewers, on each occasion, were shown the list of questions and advised that these questions were intended for use as part of my research, and that they would be integrated into the formal interview structure (Miles and Huberman 1994). All of my co-interviewers were supportive and assisted in the interview process with regard to the study, as well as playing a full and active part as they would under usual interview conditions. Importantly, this gave an air of normality to the proceedings.
3. One set of response sheets was used for all of the interviews on any particular day, with data from all the candidates being entered on this single set. Different coloured pens were used for the responses from each of the candidates to identify the sources of the replies.
4. Pre-coded responses were entered in anticipation of expected responses, with extra sheets available for those responses not anticipated.
5. A 'tick' was entered in the response section when a candidate gave that response in answer to the named question. Responses that weren't expected were written on a separate response sheet with the same question heading, ticked, and then utilised if further candidates also gave that response.
6. Both I, and my co-interviewers, recorded any noteworthy comments made by the candidates in response to a question that typified the anticipated, pre-coded responses, or was an interesting spontaneous response.
7. These responses were then added to the pro-forma sheets at the end of each interview. Although the candidates were aware that completing the response sheets was part of my research, completion of the pro-forma sheets during the interview was kept as unobtrusive as possible. The candidates did not see it as unusual that notes were being taken, as under normal circumstances, interviewers write comments as the candidates respond to the standard interview questions. They saw this note taking as part of that process. The candidates were advised prior to the interview of this practice. Being

aware that it was part of the research, none objected, or appeared to be 'put off' by the practice.

8. At the end of the interviews, the successful candidates that also met the other criteria for inclusion, were advised that, with their permission, some of the interview data may be used as part of a research project. They were reminded that they were free to refuse to participate, and as they had already been advised that their interview had been successful they were not under pressure to agree. Confidentiality in all respects was assured. No candidates refused.
9. Following each interview, the completed response sheets were discussed and agreed with the candidates and my co-interviewers, and any noteworthy comments were also agreed (Miles and Huberman 1994). This helped to ensure reliability.
10. The response sheets were collated onto a master sheet immediately following the interview sessions and any noteworthy comments recorded similarly.

4.1 Data analysis (matrix display method).

I needed nothing more, in this exploratory study, than for the data analysis to explore the suggestions of the 'peri-entry' approach regarding the pre-entry phase, and I felt that employing a data analysis method that would achieve that objective would be sufficient for my needs, with minimal disruption to the selection interview. Consideration of the alternatives available led me to believe that enumerating the responses within the 'matrix analysis' method would meet that criterion, without recourse to any statistical dimensions, other than 'raw' percentages of responses. Dey (1993), on this point, comments that, *"Enumeration is implicit in the idea of measurement as recognition of a limit or boundary. Once we recognise the boundaries to some phenomenon, we can recognise, and therefore enumerate examples of that phenomenon"* (p.27). The response categories came from both a priori, and a posteriori approaches. Some of these response categories were anticipated by me before the interviews, and this list was added to according to the responses given during the interviews.

The stages of the analysis process are;

1. The first stage of the analysis was to collate all of the response sheets on to a single, similarly constructed collation sheet, so that the total responses for any given question were together on the same sheet (Miles and Huberman 1994). Responses with the same meanings but expressed differently were combined, but only after clarification with my co-interviewers. This clarification was undertaken following the data collection period when I could approach my co-interviewers outside the interview setting. Because my co-interviewers were also my colleagues, this was relatively easy to arrange.
2. The ticks, which signified a respondent giving that answer to the question, were totalled and added to these sheets. There were, then, under all of the responses given by the candidates, a number of ticks.
3. These ticks were then totalled. These totals represented a raw score of responses to each question.
4. These raw scores were then converted into a percentage score of the total number of candidates (n=43) giving that response.
5. Noteworthy comments, that reflected the various trends of the responses, were also collated under the appropriate response options.
6. Following the interviews, the comments were interpreted and discussed, in the context, both of the verbatim comments made, and by interpretation of those comments based on the literature and on my own experiences.
7. An example of a completed collation sheet is shown in Figure 4.

Figure 4. Completed collation sheet.

Question Why do you want to be a nurse?			***Question No. 5.***
Response cluster 1. 1. I don't know really, I just knew.	***Response cluster 2.*** 2. I've always known.	***Response cluster 3.*** 3. Reading and television.	***Response cluster 4.*** 4. Common sense.
Tick for positive response. JJJJJJJJJJ 10	*Tick for positive response.* JJJJJJJJJ 9	*Tick for positive response.* JJJJJJJ 7	*Tick for positive response.* JJJJJJJJJJJJJ JJJJ 17
Relevant quotes. "I don't know where I found out, I just know. It's about caring isn't it. I'm sorry, is this a trick question?" (Candidate 31).	*Relevant quotes.* "I suppose I've always known. Everybody knows what nurses do, don't they?" (Candidate 14).	*Relevant quotes.* "I've read loads of things in books and things about nursing. I suppose programmes like Casualty and ER are quite good too, and give you some ideas" (Candidate 24).	*Relevant quotes.* "It's common sense what nurses do, you see it all over the place" (Candidate 42).

5. Results.

5.1 Discussion of results in relation to the research questions.

This section is concerned with discussing to what degree the research questions examined in this study, have been supported by the results. The questions asked of the candidates, results of analysis, and relationship to the appropriate research questions were as follows;

5.1.2 Q.1, Why do you want to be a nurse? (Relates to research questions 2 and 10).
The responses were overwhelmingly related to the caring dimensions of nursing (Muhlenkamp and Parsons 1972). 97.67% (n=42) of the respondents stated that they wanted to be a nurse so that they could care for people, 79.07 (n=34) because it is a rewarding career, and 67.44 because it is a respected profession. (*"Nursing will give me the chance to care for people"* candidate 3). In view of the context and the setting of the question, it is not surprising that these were the main responses. The candidates would obviously assume that they would need to demonstrate that they were caring and therefore suitable for nursing (Kaler et al 1989). With this caveat in mind, the response 'to care for people', appears to give a positive answer to research question 2, (Do individual candidates have a view of nursing that centres on the caring and nurturing dimensions of the role). That 79.07% of respondents replied that nursing would be a 'rewarding career', gave some positive answer to research question 10, (Will candidates see nursing only in the sense of a satisfying career that gives them the opportunity to show that they care about people?) (Dyck et al 1991).

5.1.3 Q.2, When did you decide you wanted to be a nurse? (Relates to research question 3).
The three main responses to the question, 'I have always wanted to be a nurse' (16.28%), 'I have wanted to be a nurse since I was a small child' (23.26%), and 'Since my early teens' (27.91%), gave a positive response to research question 3, (Do individuals decide on nursing as a career at an early age). These three responses made up 67.45% of all responses, thus one could argue, supporting the notion that individuals do in the main decide to enter nursing at an early age. (*"Nursing's just something I've always wanted to*

do" candidate 14).) (Kohler and Edwards 1990). Given this early decision to enter nursing there could be an argument to suggest that the reasons at such an age for making that decision could be deemed to be based on naive stereotypical and societally induced perceptions (Mangan 1996).

5.1.4 Q.3, What makes you think you will make a good nurse? (Relates to research questions 7, 9).

Again, the responses centred almost entirely on the caring dimensions of the nurse's role; 93.02% of respondents gave their qualification for nursing as 'being a caring person' (Land 1993, 1994). Interestingly, no respondents mentioned skills associated with ability to learn or technical ability, inclining me to the belief that the respondents did not see nursing in any light other than those associated with delivering a 'hands on' caring service to patients who are dependent on 'tender loving care (TLC)' from the nurses who are responsible for their well-being and recovery (Kersten 1991). (*"I'm not afraid of hard work, and I care about people. They are usually very grateful for my help and tell me how kind I am"* candidate 2). There was no mention from the respondents of management, or organisational skills, nor was the need for professional development or autonomy given any consideration. Even if one argues that the candidates were more concerned, in the interview, with presenting an altruistic impression of themselves to the interviewers, one would still expect that being given the opportunity to give a 'list' of their qualities, that somewhere on that list would be those other, technical, aspects of nursing that are so important (Bridges 1990). Because all of the responses related to the non-technical dimensions of nursing, especially the responses that claimed that, 'I want to enter nursing because I am a caring person' (93.02%), and 'Because I am hard working' (79.07%), I would suggest that there is some argument that research question 7, (How much appreciation do candidates have of the technical and professional dimensions of the nurse's role?), has been answered. By implication, it could also be argued that research question 9, (Do candidates believe that caring is more important to a nurse than technical skills?), in some measured way has also been answered. This also appears to suggest that

the participants were still, even at the point of entry, 'clinging to' their naive images of the nurse's role (Day et al 1995).

5.1.5 Q.4, What do you think nurses do? (Relates to research question 2).

Responses to this question centred on the caring and physical dimensions of the nurse's role (Andersson 1993). (*"Nurses work very hard on the wards, making sure everybody has had their dressings done and had their medicines and such like"* candidate 12). All of the respondents (n=43) replied that nursing is about caring for the sick. 69.77% replied that nursing is hard physical work, and 93.02% stated that that nursing is concerned with practical tasks (e.g. bed baths, medicines, dressings etc.). There was no mention of health education or health promotion, nor the need for further education for nurses or any 'off-the-ward' activities that nurses are involved in (Black and Germain-Warner 1995). The 100% response 'Helping the sick' appears to give an unqualified positive answer to research question 2 (Do individual candidates have a view of nursing that centres on the caring and nurturing dimensions of the role?). However, I am inclined to the suspect that respondents gave this response because it is the one that they thought we would like to hear. If further questioning had been possible, perhaps other dimensions of the nurses role would have been mentioned. In this small study, though, and considering the context of the interviews, it was not possible to explore further (Newell 1994). What is without question is that all of the respondents felt that nursing was about helping the sick, whatever else it is.

5.1.6 Q.5, How did you find out about what nurses do? (Relates to research question 1).

There was a relatively small, but diffuse, passively obtained, and anecdotal response to this question. All of the responses reflected a naive impression, rather than any 'serious' study into what the nurse's role actually comprises (Hunt 1996). (*"I suppose I've always known. Everybody knows what nurses do, don't they?"* candidate 14). There were four responses given; 'I don't know really, I just knew (23.26%), 'I've always known' (20.93%), 'Reading and television' (16.28%), 'Common sense' (39.53%). These results

incline me to the conclusion that the candidates, even when preparing for interview, are happy to reflect a 'common sense', societally derived image of nursing, rather than actively seeking out an accurate evidence-based perception, as one would expect of anybody preparing for a new career (Kalisch and Kalisch 1987). This might indicate that the candidates held what they felt was an accurate, albeit stereotypical, image of nursing and that further investigation into the role, in preparation for interview, was unnecessary (Bridges 1990). Arguably, the response that the candidates 'found out' what nurses do from reading and television might give some degree of measured positive response for research question 1 (Do prospective nursing students base their views about nursing on the images they receive from the media and society's stereotypes?), and that perceptions of the nurse's role are derived from the media. Overall though, although the responses appear to indicate a societally derived inculcation of the nurse's role, without the individual even being aware of it happening, it may reasonably be argued that the views expressed simply reflect an attitudinal predisposition. In a small exploratory study such as this, though, one has to accept the respondents' comments at face value, and simply use them to inform the debate.

5.1.7 Q.6, What qualities does a nurse need, and what is the most important quality? (Relates to research questions 1, 2, 9).

In keeping with earlier responses, so not surprisingly, 83.72% of the candidates felt that caring was the most important quality for a nurse to possess (Muhlenkamp and Parsons 1972). I feel that this is an acceptable response, given the perceived nature of nursing. (*"Nurses definitely need to be caring. They couldn't do their job if they didn't care"* candidate 18). What is of concern is that in the list of qualities required by a nurse, as suggested by the candidates, there was no mention of any skills other than those that one could reasonably expect to be offered by any individual involved in patient-care (Kaler et al 1989). The list comprised; caring (100%), good communicator (86.05%), confident (65.12%), sense of humour (69.77%), well-organised (44.19%), and hard worker (90.70%). This list could just as easily have been elicited from a group of candidates for a support worker's position, and showed no indication of an understanding of the need for

the 'special' technical, educational, or other nursing-specific professional qualities. Again, it would appear that the response 'caring' (83.72%) gives considerable support for research question 2, (Do individual candidates have a view of nursing that centres on the caring and nurturing dimensions of the role?). However, I am happy to accept this response, because most qualified nurses, if asked the same question, would give the same response (Kalisch and Kalisch 1987). It would appear that nurses, regardless of the context of their care delivery setting, consider caring as their most important attribute, therefore at interview one can reasonably expect candidates to offer the personal attribute of 'caring' as a the response of choice, rather than some impersonal attribute such as technical skills. Therefore, although I claim a positive response for research question 2 from the responses, I do so with acknowledgement, of those other factors that might have influenced the responses.

5.1.8 Q.7, What qualities does a student nurse need, and what is the most important quality? (Relates to research questions 5,6).

Responses to this question, although still concentrating on the caring skills, did give some indication that the candidates were aware of certain qualities that are specifically required by students (Murrells et al 1995). Over 20% (20.93%) of the respondents stated that students need to have study skills, 25.58% suggested that students need observation and questioning skills, and 32.56% stated that students need to be able to take orders (Dyck et al 1991). With regard to the most important quality, the candidates 'reverted to type', 53.49% suggested the most important quality for a student is caring, while each of the student-specific qualities already identified only received 6.98% 'votes'. (*"Student nurses need to be caring most of all, because caring is the most important part of nursing for all nurses"* candidate 3). The responses appeared to concentrate on those clinical dimensions of the nurse's role, with only a minority of responses giving consideration to the study skills required by a student. This, although giving a relatively positive answer to research questions 5 and 6 (How much appreciation do candidates have of the nature of nurse education? and Do candidates' expectations relate to nursing practice rather than to nurse education?), does reflect on the fact that students want, from the outset to see

themselves as doing 'hands-on' nursing, rather than as students doing 'classroom' work (Katzell 1968, Mangan 1996).

5.1.9 Q. 8, Do you ever imagine yourself working as a nurse? (Relates to research question 4).

This question was intended to examine for any anticipatory socialisation occurring with the applicants during the period leading up to the interview. Merton (1966) says that before any role-transition we all 'act-out' our part in that new role. (*"I think everyone who wants to be a nurse sees themselves as one when they are daydreaming"* Candidate 4). There appears to be a considerably positive answer to research question 4 (Does the individual act out the perceived role through a process of anticipatory socialisation?) in that the individual does act out their perceived role through a process of anticipatory socialisation (Merton 1966). 81.39% of respondents admitted imagining themselves in the nurse's role at least some of the time. This, though, is hardly surprising if one accepts that individuals, in deciding which occupation they are suited to, need to imagine themselves in that role. However, one might equally argue that this fantasising need not continue after a career decision has been made, particularly imagining oneself in 'dramatic' career situations as some of the candidates did. (*"I know it's silly, but I sometimes imagine I'm saving somebody's life in casualty"* Candidate 24).

What is interesting from my study is that the role-acting admitted to by the candidates was about working as a nurse, not working as a student nurse. Their fantasies were concerned with the clinical role of the nurse, rather than the academic role of the student nurse (Katzell 1968). This, one could argue, is hardly surprising, given that their ultimate ambition is to become a nurse, and therefore it is reasonable to expect that the fantasies will logically be about clinical nursing, rather than education (Jacox 1973). One could hardly expect a young person fantasising about entering nursing, to have fantasies about sitting in a classroom. Also it is reasonable to point out that the question asks about nursing, and not about student nursing.

5.1.10 Q.9, What, primarily, do you think nursing will give you? (Relates to research question 10).

The responses to this question again centred on the satisfying and caring dimensions of nursing. (*"I just think nursing will be so satisfying, it will give me the answer to all my dreams. I know it sounds childish, but I really want to help others, and this will give me such a feeling of achievement to be able to do that"* Candidate 18). Over 50% (53.49%) of the responses were concerned with the satisfaction derived from being a nurse, or that nursing gave one the opportunity to demonstrate a caring nature (Parker and Carlisle 1996). A further 39.53% of respondents described how nursing would give them a sense of achievement, or fulfil their ambitions. Only 6.9% of responses said that nursing would give them a sense of responsibility. This final response could perhaps, though, also be interpreted as those respondents demonstrating a management or authority dimension to their ambitions. Overall, there appeared to be a very positive response to research question 10, (Will candidates see nursing only in the sense of a satisfying career that gives them the opportunity to show that they care about people?). However, it might be argued that 'a sense of achievement' or 'fulfilment of ambitions' could involve a sense of 'being in charge of care' or 'organising care', as a sister or senior nurse might aspire to. There were, though, no responses that mentioned career stability, professional status, or financial security, nor were there any responses that mentioned opportunities for promotion or academic advancement. This may have been, though, that the candidates, in interpreting the question, only considered the generic entity of nursing, and its primary role of caring, rather than what they considered to be, in the context of a selection interview, tangential issues.

5.1.11 Q,10 What do you think you will learn about on the course? (Relates to research question 8).

All of the responses indicated a clinical/medical/biological model (Parker and Carlisle 1996), although 27.91% of responses also said they would learn 'how to manage a ward'. There were no responses that gave any indication of the more academic subjects on the curriculum, although 32.56% did mention that they would learn about 'psychology'.

Interestingly, 76.74% of responses felt that they would be taught first aid. All of the respondents felt that they would learn how to do practical tasks such as injections and blood pressures, 93.02% felt they would learn about diseases and how to treat them, and 90.70% replied that they would learn about biology. Importantly, 83.72% realised that they would need to be taught communication skills. What is revealing is that although all of the responses do reflect some aspect of the course, the candidates were given the opportunity to give multiple responses, and yet there was still no mention of those aspects of the course that were not related to the clinical dimension of the nurse's role. (*"I guess I'll learn about diseases and first aid and things like how the human body and mind works, and what happens when they go wrong"* Candidate 34). Subjects that one could argue are 'purely' classroom subjects such as philosophy and sociology, got no mention at all. I feel that given that the question related to learning on the course, that one can reasonably deduce that the candidates chose to ignore, or were unaware of, the nature of the academic learning required. There appears to be an overwhelmingly positive response to research question 8, (Do candidates expect to learn clinical related subjects, and not academic subjects, on the course?). Even if the candidates were interested in the academic aspects of clinical nursing (e.g. biology, diseases, psychology), it still shows some leaning towards clinically-based subjects rather than perceived 'pure' academic subjects.

5.1.12 Q.11, How much of the course do you think will be spent on the wards?

(Relates to research question 5).

At the time of the study, 50% of the course was based outside the classroom environment. Although 32.56% of the candidates accurately gave this response, 58.14% of the responses still believed that more than 50% of the course would be non-classroom based. (*"I think you need about half the time on the ward and half the time in the school learning from books about the theory that helps you to do the job on the wards more efficiently"* Candidate 37). Only three candidates (9.31%) felt that more time would be spent in the classroom than in clinical practice settings. Research question 5 asked, ' How much appreciation do the candidates have about the nature of nurse education?'. I feel

that the responses give only a limited answer to this question. The only aspect of the nature of nurse education that this question explores is whether the students understand how much time will be spent in the classroom, it doesn't examine their understanding of what happens when in the school setting. What is more illuminating, and does give this question some credence in respect of research question 5, is when one combines the responses to this question with those of question 10. When combining both sets of responses then one can reasonably claim that the candidates showed little understanding of the nature (or setting) of nurse education.

5.1.13 Q.12, What do you think you, as a student, will do on the wards? (Relates to research question 5).

All of the responses related to the clinical aspects of nurse education, with no reference to theory, or its application in the clinical environment (Katzell 1968). For instance, 30.23% of responses suggested that they would be 'practising nursing skills under supervision'. A further 23.26% said that they would be 'working with the qualified nurses', and 30.23% said they would be 'doing the same work as the qualified nurses' or 'watching the qualified nurses'. (*"Doing the work like other nurses, but obviously I'll need to be watched to make sure I don't make any mistakes"* Candidate 32), and (*"Spending a lot of time watching and learning from the more experienced nurses"* Candidate 4). Some 16.28% of candidates did comment that they would be 'talking to patients'. I feel that the responses did give some measure of a positive answer to research question 5, (How much appreciation do candidates have of the nature of nurse education?). Although there was no mention of the application of theory to practice that isn't to say that the candidates didn't appreciate that their work in the practice area would involve the application of what they had learnt in the classroom. It may have been, by the nature of the question, that I was asking only what they would 'physically' be doing in the clinical environment, and that the application of theory to practice was a separate issue. Also, it may simply have been an oversight on the part of the candidates, and had they had the opportunity to develop their reposes, this may have been explored. It may also have been that the

restrictions of the selection interview setting, and the nature of the structured interview approach, may have mitigated against this.

5.1.14 Q.13, How do you think we will assess your progress as a student? (Relates to research question 11).

Some 20.93% of the candidates gave a fairly accurate answer to this question by responding that they would be assessed by 'written exams and practical tests'. A further 23.26% of candidates responded that they would be assessed by written exams and assignments. (*"I think we will take exams and other tests in class, to see if we can write about what we have learnt on the wards"* Candidate 9). Interestingly there was no direct reference to testing what had been learnt 'purely' in the classroom, only how this appeared to relate to practice (Parker and Carlisle 1996). However, one could argue that the references to written exams would automatically assume that this aspect of learning was to be included. Some 23.26% of candidates accurately identified that the ward staff would assess how the student cared for patients, although 32.56% of candidates incorrectly felt that there would be practical exams on the ward or in the school, or that teaching staff, rather than clinical staff, would assess the day-to-day care given to patients. (*"The nurses on the ward will test us as we go along as to whether our care is at a satisfactory level"* Candidate 3). Overall, 44.19% of respondents showed some 'approximate' understanding of the assessment strategies by including a 'written' dimension to their answers. However, 55.81% of respondents indicated a view that assessment would only be of a practical nature. With regard to the research question 11 (How much appreciation will the candidates have of the assessment strategies employed?), I would suggest that there is some measured support for the claim that candidates have little appreciation of the assessment strategies employed.

5.1.15 Q.14, How will you describe yourself to your friends and family when you start the course? (Relates to research question 12).

The intention of asking this question was to elicit whether the candidates saw themselves as a nurse from the outset, and thereby indicating that they were possibly ignoring the

role, and thereby, obligations of a student nurse. If they did see themselves as a nurse, then it would fit with their apparent ambitions for wanting to undertake the course, that is to become a nurse, considering the period when they were a student simply as a transitional state, perhaps just to be tolerated. If they did consider the student nurse period as simply a transitional state, then there might be an argument to suggest that they might give less than their best to a role that is not their chosen role, particularly if they feel, when in this role, that it wasn't preparing them to become a properly functioning nurse (Mangan 1996). However, there might equally be an argument that they would perform to their best as a student in order to become a 'better' nurse after graduation. However, one needs to accept that just asking what they would call themselves to their friends and relatives has only limited scope for determining whether the candidates identified themselves as nurses, or students. In response to research question 12, (Will candidates identify their role as being in nursing, and not in nurse education?). Some 62.79% of respondents identified themselves with the role of student nurse, whereas 37.21% identified with the role of nurse. (*"If they ask I'll tell them I'm a student nurse because they know that that's what I've applied to be"* Candidate 42), and (*"I'll say I'm a nurse because I don't think my family know the difference between a nurse and a student nurse"* Candidate 27). The evidence, therefore, appears to give support to the view that the majority of new-entrants, certainly those in this study, see themselves as students, and not as nurses. There may be an argument to suggest that given that the new entrants see themselves as students, then it is possibly more important for them that the course, by their perception, is preparing them adequately to ultimately become a nurse.

5.1.16 Q.15, What are you looking forward to most about the course? (Relates to research question 2).

Only one response, 'making new friends' (13.95%) deviated from the overwhelming tendency of responses tending towards those which centred on the caring and nurturing dimensions of the nurse's role. 'Helping people' was the largest response (32.56%), whilst all of the other responses were related to the clinical dimensions of the nurse's role. One could argue that this shows a lack of consideration of the academic aspects of

the course. However, one could equally, and legitimately argue that the candidates were considering the academic parts of the course, but that they weren't considering them as the part they were 'most' looking forward to. This is not only acceptable, but understandable, given the reasons why they say they want to enter nursing (Kaler et al 1989). Also one could argue that the academic parts of the course were considered, but as a support mechanism to enable the candidates to fulfil more ably the caring aspects of their perceived needs of the course (Katzell 1968, Lindop 1991, Mangan 1996).
Conscious of the caveat mentioned above, there does appear to be a positive answer to research question 2 (Do individual candidates have a view of nursing that centres on the caring and nurturing dimensions of the role?). Candidates did have a view of nursing that centred on the caring and nurturing dimensions of the role. (*"I'm just really looking forward to helping the patients like a good nurse should. I want to feel useful by being a skilled nurse. I suppose to be selfish as well, I'm looking forward to making lots of new friends"* Candidate 17).

5.1.17 Q.16, What are you looking forward to least about the course? (Relates to research question 5).
The highest number of responses to this question involved school-work and examinations. Exams, tests, and assignments accounted for 25.58% of responses, studying in school for 20.93% of responses. These responses should not, perhaps, be surprising. Few people would argue that studying and exams are the least popular activity in nurse education, at least over the years this has been my experience. (*"I hate exams, I always have. I'm really worried about them* Candidate 36). Interestingly, 'looking stupid in front of patients' accounted for 23.26% of responses, 'memorising all the diseases' for 6.98%, and 'not knowing what I am doing' for 9.30%. This could possibly indicate that the candidates were anxious to learn those skills that might allay these fears. There were two other responses; 'seeing people dying' (9.30%), and 'working in casualty' (4.65%). One could conceivably claim that there was a positive response to research question 5 (How much appreciation do candidates have of the nature of nurse education?), that candidates showed little perception of the nature of nurse education. However, I would

suggest that just because the candidates weren't looking forward to the academic aspects of the course, it doesn't naturally follow that they don't appreciate their value or importance. It is a perfectly understandable trait to not enjoy exams and other written tests. Also, one needs to appreciate that the candidates want 'to nurse', and any distraction that takes them away from the 'bedside' is likely to be less popular than the clinical work as a matter of course.

5.1.18 Q.17, What would you say was the most important for a nurse, to be caring or to be technically skilled? (Relates to research question 9).

Some 41.86% of responses said that 'caring' was the most important (Black and Germain-Warner 1995). (*"Caring is the most important thing to me, I can only speak for myself. It's caring that makes nursing special"* Candidate 12). In comparison, only 25.58% said that to be 'technically skilled' was the most important, and 25.58% said both were equally important. *"I'm not really sure, but I imagine they are both equally important"* (Candidate 39). A small number (6.98%) didn't know which was the more important. The large support for 'caring' gives some indication of the lay, and some would argue, even perhaps the professional, view of nursing being centred on caring. This is not to say that the candidates weren't aware of the importance of technical skills, it was just that they felt that caring was more important (Parker and Carlisle 1996). Given that the candidates had had no previous health care experience, and that they had been inculcated into the lay image (Kaler et al 1989), it is understandable that they did not realise the absolute necessity for nurses to have clinical and technical expertise in order to function effectively and safely (Bridges 1990, Black and Germain-Warner 1995). However, the candidates did see 'caring' as more important than technical skills as suggested by research question 9 (Do candidates believe that 'caring' is more important to a nurse than technical skills?). It would appear that they saw the technical skills in a supportive role to a pre-requisite caring nature for a nurse.

5.2 Discussion of results.

Although the conclusions drawn from many of the responses given by the candidates were somewhat conjectural and open to debate, and limited by the setting and the nature of the structured interview approach, I do feel that the results of this study have served to give some measured support for the claims made in the literature that students enter nursing with a set of expectations based on the lay image, and have little perceptions of the nature of the course the are entering (Katzell 1968, Mangan 1996, Lindop 1989, Bridges 1990). Therefore, although the results should be treated with some degree of caution, I believe that respondents in their naive honesty may have given some important indications of the source, origins and manner of their pre-entry expectations. Importantly for me, from a practitioner research perspective, the responses appear to give some support to the anecdotal evidence that I have been privy to for a number of years.

Each of the research questions sought to distinguish various beliefs and expectations held about nursing and nurse education by the candidates being interviewed. I believe that to some degree they achieved this aim. The responses to the questions were spontaneous and unambiguous, and each, in their own way, gave some measure of an answer to one or more of the research questions. One has to accept, though, when considering the responses, the setting and the context in which they were elicited. Understandably, any individual, in an interview situation, may try to give the responses that they feel the interviewers would like to hear, rarely being controversial or seemingly outside the 'norm' of the perceived accepted range. It is within these constraints, therefore, that the results of this study must be considered. Given this caveat, it is reasonable to appreciate why the responses to the questions concentrated on the 'caring, hands-on' dimensions of the nurse's role, because by concentrating on this aspect of nursing, then the candidate could feel that they were on 'safe ground'. Interpretation of the findings, I would suggest, therefore, is as much about what wasn't said as what was said. Although much was made by the candidates of the nurse's need to be caring, this appears to reflect the view that nursing is predominantly about caring and consequently that is what the interviewers want to hear. This inclination in response, though, reflects, not only what the candidates

think the interviewers want to hear, but also coincides with the societal stereotypes of the nurse's role, and may actually be the individual's genuinely held view of what nursing is 'about'. If this is the case, then the caring aspects of nursing may actually be what attracted the individual to feel that, because of their own qualities, they would be suited to a career in nursing. Even if we accept this proposition, though, one could be forgiven for suggesting that an enquiring candidate would still have made some reference to those dimensions of nursing apart from, and beyond, the caring dimension. The responses indicate that this did not appear to be the case. I think it reasonable to assume, therefore, that the candidates, given the evidence of their interview comments, have little perception of nursing or nurse education beyond the caring dimension, or consider them of lesser importance, and that they perceive the 'lay' image of nursing to be an accurate image, and one on which to base their entry expectations. Given the tone and content of the responses, one could be forgiven, therefore, for thinking that one was interviewing for 'support workers'. One would not expect support-worker interviewees to explore dimensions other than the caring, hands-on aspect of the role for which they were applying. This is, with only a few exceptions, what we got from these candidates for a three-year Diploma in Nursing Studies course. This view of the interviews provides more than a little 'food for thought' about what the candidates were expecting of their new role as student nurses. If one were interviewing candidates for a chemistry/engineering etc. course, then one could reasonably expect that the responses would be related to study skills rather than to 'being a chemist/engineer'. It would appear that the candidates in my study gave what could be interpreted as only passing regard for the time they would spend as a student, concentrating instead on the nebulous concept of 'nursing', something they would have to wait three years to do (Mangan 1996).

5.3 Implications of results for the 'peri-entry' approach.

This study has played an important part in examining those claims made by the 'peri-entry' approach about the pre-entry phase during which expectations are formed. The study has enabled me to go some way towards answering the central questions, 'What are the students' entry expectations?', 'What are the sources of those expectations?' and 'By

what process do the expectations evolve prior to entry onto the course?'. The students' expectations were shown to be predominantly about the clinical nature of their new role. They expected to be 'nursing', giving somewhat of a lesser regard to the academic components of the course. They were inclined to view the student's role from its clinical perspective, dealing with 'real' patients, and working alongside the clinical nursing staff, rather than the lecturing staff. The sources of these expectations seemed to emanate from deep-rooted societal images of nursing, and to some extent from the media representation of the role. Over-time, the results seemed to indicate, these expectations evolved through a process of anticipatory socialisation, through which the individuals 'acted-out' their forthcoming expected role. The individuals ultimately enter nurse education, then, with the set of 'expectation baggage' that has been identified by this study.

5.4 Limitations of the study.

I have sought to minimise the methodological limitations (Burns and Grove 1993) of this relatively small exploratory study by imposing, for example, strict criteria for sample selection. However, because of the nature of the study and the study sample, some limitations are inevitable and need to be identified. Before embarking on that, though, it must be said that asking questions of participants about a topic of which they have no first-hand experience has its own limitation in that the questions are purely hypothetical. However, in the context of this study, and its wider application to the 'peri-entry' approach, it is this very naiveté and hypothetical nature that makes the responses so crucial to understanding expectation formation.

The limitations can best be identified as follows;

1. The nature of the analysis, being restricted to pure percentage scores and the need for interpretation of necessarily short answers, limits the claim of the validity of the results somewhat, in that no exploration or explanation of the answers was possible. Interpretation of the results was only possible in the light of earlier literature on the topic, and my own experiences as an educational practitioner.

2. There were some concerns, given the nature of the sample, that there was always the likelihood that the respondents would respond to the questions, not with their actual feelings, but with replies that they felt would impress the interview panel. This tendency to give 'socially desirable' (Edwards 1957) answers, though, can be seen as an asset. If the answers given by the candidates reflected the views they thought the panel held, then they must have believed that these answers were the generally held perceptions. This gives even more support to the notion that the views expressed were the views of nursing held by the population at large, even perhaps if the candidate personally did not hold the views, and did not want to admit to being deviant from their perceived norm.
3. There was no guarantee that had the sample selection included those individuals with first-hand experience of health care, or relatives in the health-care field, that the same answers would have been elicited, although the literature suggests they should (Stoller 1978, Warner and Jones 1981, McCain 1985).
4. Because of the formal nature of the proceedings, it was inappropriate to tape record the interviews. This put great responsibility on me to record, on paper, the actual verbatim responses of the candidates. Although I checked the responses with my co-interviewers, and the respondents, there was always the possibility of some inaccuracy in transcription.
5. Time restrictions, imposed externally on each interview, meant that I could not seek multi-question support for each of the research questions, nor anything like an in-depth discussion of the various responses given.
6. Great care was exercised in asking the questions, but the hypothetical nature of the questions made some misunderstanding of the questions possible.

6. Conclusion.

This study of the views of non-nurses (interview candidates) concerning the nature of nursing and nurse education, the sources, nature and evolution of pre-entry expectations and the perceived roles of the nurse and the student nurse, was most informative in the context of the claims regarding the pre-entry period of the 'peri-entry' approach.

It is proposed in the next chapter that when the expectations, described in this study, are found to be at variance with the newcomers' experiences, that Reality Shock will ensue.

CHAPTER IX

STUDY TWO - REALITY SHOCK IN NEW ENTRANT STUDENT NURSES

1. Introduction and background to the study.

1.1 Introduction.

In the previous chapter there was measured and cautious empirical support for the thesis that students enter nursing with an image of their new career based essentially on the caring dimensions of the role - a perception generally held by the population as a whole (Bridges 1990). This was supportive of the majority of the literature on the subject (Phillips 1997, Muhlenkamp and Parsons 1972, Kaler et al 1989, Dyck et al 1991), and was evidenced, in the study, by the candidates' responses regarding the qualities required by a nurse. Given that the subjects in study one were, at the time of the interviews, themselves members of the lay population, with no health care experience, it is reasonable to assume that their views are closer to the generally held views of the 'lay population' than to the views of nurses. It was also shown that this perceived role was reinforced approaching entry by a process of anticipatory socialisation. This, again, was evidenced by their disclosure that they had, to a large degree, acted out their perceived nursing role in preparation for interview, and ultimately for entering nursing. It is proposed in this chapter that when the individual student discovers that their expectations, based on these 'supposed' lay images, are found to be incongruent with their experiences on the course, then Reality Shock (Kramer 1974, Hughes 1958, Dean 1983) will ensue. I sought quantitative empirical support for this, and to test the propositions it generated.

1.2 Background.

In this study I have set out to quantify Reality Shock experiences amongst student nurses and, in particular, I test Kramer's staged model of the Reality Shock process. Kramer (1974) describes three stages of Reality Shock: 1) Honeymoon, 2) Shock,

3) Recovery/resolution. The honeymoon period is a short-lived period, characterised by looking at the world through 'rose coloured' glasses and finding everything is wonderful (Schmalenberg and Kramer 1976). The honeymoon phase is soon replaced by the shock phase. This is the point when the individual realises that the reality of their new role differs from expectations. The shock phase is characterised by expressions of moral outrage, rejection, fatigue, perceptual distortion (Schmalenberg and Kramer 1976), and feelings of anger and frustration (Locasto and Kochanek 1989). The end of the shock phase, after several months (Kramer 1974), sees the individual achieving recovery and/or resolution, with either a positive or negative outcome. A positive outcome is characterised by the individual achieving a realisation that things are not all bad, and approaching their role in a more positive, and optimistic, manner. A negative outcome is characterised by the individual continuing with their pessimistic, and negative attitude toward their work, continuing as it were, with the outward display of the shock phase symptoms.

Few concepts have received as much attention as Reality Shock over the years. Although a large number of articles mention or describe it (e.g. Locasto and Kochanek 1989, Shead 1991, Bygrave 1984, Higgins and Wolfarth 1981, Goldfarb 1986, Farley and Hendry 1992), and others report action based on it (e.g. Gambacorta 1983, Hutcherson 1986, Hollefreund et al 1981, Wierda 1989), Kramer's (1974) study is only rarely mentioned in relation to empirical work. When it is mentioned, it is usually to give support to some dimension of the professional socialisation process in nursing (e.g. Horsburgh 1989, Bradby 1990). Only two studies were found (Cronin-Stubbs and Gregor 1980, Rand 1981) that sought, empirically, to confirm the staged process of Reality Shock as described by Kramer (1974). These studies, like Kramer's, looked at the experiences of a group of newly qualified nurses. The results of the studies gave support for the Reality Shock model proposed by Kramer (1974). A question arises as to whether the phenomenon also occurs in student nurses.

Specifically, in this study, therefore, I test the proposition that student nurses also experience Reality Shock following entry into training. Within the framework of the 'peri-entry' approach, I suggest that, like the newly qualified nurses in Kramer's study, the students experience a short-lived honeymoon effect on entry to their course, characterised by high satisfaction and enjoyment, rapidly followed by extreme emotional shifts that are characteristic of the stages of Reality Shock as described by Kramer (1974). Given the lack of specificity in the literature as to the exact timing of the phases I have, based on my own experience of students, posited that the shock phase sets in at about 4 weeks into the course, and that the recovery phase becomes evident after about thirty months into the course. This is consistent with Kramer (1974), who estimated that the 'honeymoon' period lasted for between four and eight weeks, and that recovery/resolution became apparent after 'several' months.

1.3 Propositions.

Propositions were formulated for testing by the study. These are;

1. For the first four weeks of their course the new students will experience the effects of the 'honeymoon' period of the Reality Shock phenomenon.
2. For the remainder of the course the feelings of the students will be predictable and measurable, and follow the stages of Reality Shock proposed by Kramer (1974). The negative symptoms of the shock phase would appear after about four weeks, increasing in intensity until week eight. The negativity would remain stable until the recovery phase becomes evident after thirty months. Because the 'parallel trend' analysis package was designed to show any linear trend in the predicted negative direction between the beginning and end of the course, it was not possible, using the test, to demonstrate any separate statistically significant trends between commencement and week four (the honeymoon phase), between week four and month thirty (the shock phase), and between month thirty and month thirty-six (the recovery phase). However, visual and numerical evidence from the 'mean ranks' (table 9) can be employed to show any deviations, or variations, in the predicted trend which will demonstrate an approximate concordance with the end of the honeymoon phase at, or

about, four weeks, the beginning of the recovery phase after thirty months, and the end of the recovery phase at thirty six months (the end of the course).

(Note. At present, only linear trend analysis is possible. Trends for more complex trends are not yet available).

2. Method.

2.1 Introduction to the study.

The study is in two parts, part one is concerned with eliciting adjectives for the emotions described by focus groups (Krueger 1988) of students at four stages of the course. These groups of students were selected because they were at those stages of the course where I felt major emotional states were evident and so poignant descriptors would be elicited. The final list of eight adjectives were utilised for presentation to the groups in part two of the study. There were twelve groups of students (n=286) involved in part two. Part two was a cross-sectional study which was designed to elicit whether their was a trend among students throughout their course that indicated the stages of Reality Shock (Kramer 1974).

2.2 Context, subjects and procedure.

Stage 1.

Stage 1 was designed to produce a list of adjectives that constituted a representative sample of emotions experienced by nursing students as they progress through their 3-year Diploma in Nursing Studies course. To achieve this, focus group interviews (Krueger 1988) were conducted with four groups of nursing students, each numbering eight participants, randomly selected from groups of students at four different stages of training. Focus group one was made up of students six months into the course, focus group two, one year into the course, focus group three, two years into the course, and focus group four, three years into the course. All of the randomly selected students were happy to participate in the focus group interviews. The demographic details of the focus groups are given in table 7.

Table 7. Demographic details of the four focus groups used for adjective eliciting.

FOCUS GROUP	% MALE	% MARRIED		AGE: MEAN AGE	AGE: S.D.
1 (n=8) (6 months)	12.50 (n=1)	12.50 (n=1)		21.00	5.07
2 (n=8) (12 months)	12.50 (n=1)	12.50 (n=1)		23.50	9.06
3 (n=8) (2 years)	12.50 (n=1)	25.00 (n=2)		23.13	3.04
4 (n=8) (3 years)	12.50 (n=1)	12.50 (n=1)		25.13	5.17

The interviews were conducted in several parts. First, the students were asked to generate as many words as they were able that described the various feelings they had held about the course up to then. The focus groups generated one hundred and twenty-three single word adjectives and short phrases. A single list was compiled from the four group lists and the focus groups reconvened. The groups were then asked, with the aid of a thesaurus, to generate a common set of superordinate adjectives that combined 'emotion' words with similar meanings and that served to capture the range of emotions of students as they progressed through the Diploma course. This process resulted in a list of twenty two adjectives. I then convened a further focus group interview of eight students, made up of two volunteers from each of the original four groups. This 'hybrid' focus group then shortened the list of adjectives to eight. The original focus groups were then reconvened and the new eight-adjective list presented for discussion. All of the groups accepted that the eight adjectives presented by the 'hybrid' focus group had summarised, and encompassed the earlier lists, without losing the essence of any of the highlighted emotions. The culmination of this procedure, then was that the following eight superordinate emotion-related categories were derived: ***naive, confused, disappointed/disillusioned, cynical, rebellious, conforming/compliant, autonomous/in-control, and satisfied.*** These eight adjectives then became the items used in stage 2.

Stage 2.

In Stage 2 cross sectional data were collected, between the months of May and September 1995, from twelve independent groups of between 13 and 43 students, at various stages of training on a three year course leading to a Diploma in Nursing Studies. The number of students who participated in stage 2 totalled 286. The groups were constituted as follows;

1. A group of students (n=24), on the first day of their course.
2. A group of students (n=21), one week into the course.
3. A group of students (n=25), two weeks into the course.
4. A group of students (n=22), four weeks into the course.
5. A group of students (n=26), ten weeks into the course.
6. A group of students (n=21), four months into the course.
7. A group of students (n=43), eight months into the course.
8. A group of students (n=22), one year into the course.
9. A group of students (n=19) eighteen months into the course.
10. A group of students (n=13), two years into the course.
11. A group of students (n=24), two and a half years into the course.
12. A group of students (n=26) at the end of their three-year course.

To avoid the problems associated with testing effects, subjects who participated in the generation of adjectives in stage 1 were not selected for inclusion in stage 2. The twelve groups in stage 2 of the study were also independent of each other, no contact being made between the groups, or group members to discuss the study. The groups were selected so as to provide a good overall picture of emotional experience at various stages of the three year diploma course. The groups were selected for inclusion in part two of the study by virtue of their position in the three-year course. Membership of the group was by convenience, those students attending school on the day of the study, and were normally members of that group, were included.

The twelve groups are complete groups, in that each intake of students is divided into smaller groups for lessons, and the twelve groups are those smaller groups from the various intakes. The students remain in these smaller groups for the whole of the three years of the course. Twelve complete groups were therefore approached to participate in the study. Although all members of the twelve groups were advised that there was no obligation to participate in the study, none refused. Also, because it was a one-off, cross-sectional, data collection session with each of the groups, there were no problems with withdrawals during the study. The demographic details of the twelve groups is given in table 8.

Table 8. Demographic details of the twelve groups from part two of the study.

				AGE	
GROUP	% MALE	% MARRIED		MEAN AGE	S.D.
1 (n=24)	20.83 (n=5)	12.50 (n=3)		21.46	5.08
2 (n=19)	5.26 (n=1)	5.26 (n=1)		19.52	3.33
3 (n=25)	12.00 (n=3)	4.00 (n=1)		20.44	3.22
4 (n=22)	4.55 (n=1)	18.18 (n=4)		21.86	6.20
5 (n=26)	7.69 (n=2)	3.85 (n=1)		20.27	3.08
6 (n=21)	9.52 (n=2)	9.52 (n=2)		21.10	4.46
7 (n=43)	13.95 (n=6)	6.98 (n=3)		21.81	5.04
8 (n=22)	9.09 (n=2)	9.09 (n=2)		21.32	5.80
9 (n=19)	10.53 (n=2)	0.00 (n=0)		22.11	3.07
10 (n=13)	7.69 (n=1)	7.69 (n=1)		22.39	2.40
11 (n=24)	12.50 (n=3)	16.67 (n=4)		23.71	4.26
12 (n=26)	3.85 (n=1)	7.69 (n=2)		23.81	4.96

The students in each of the twelve groups were presented with the list of eight adjectives and asked to rank order them according to how much of each emotion they were currently experiencing, e.g. if 'satisfaction' is ranked at 1, then that means that the respondents are saying that 'satisfaction' is the emotion that is being currently experienced more than any of the other at that time. The other emotions are ranked accordingly. With regard to the 'scoring' of the ranked adjectives, the adjective ranked at

number 1 was scored 8, the adjective ranked 2 was scored 7, and so on until the adjective ranked last at 8 is scored 1.

2.3 Results and analysis.

To test the proposition that students underwent marked shifts in their emotional reactions to their course during the three years of their studies, I conducted a series of parallel Kruskal-Wallis tests. This allowed me to assess whether there was a significant difference in the rank means of the ranked adjectives between the 12 independent groups. Given that the data were collected from a discrete distribution, these analyses generated a large number of ties, necessitating the inclusion of a correction factor (Neave and Worthington, 1988, p. 249-251). The statistic generated by this factor has approximately a chi-square distribution and, in this study, all chi-squares and probabilities are reported following correction for ties.

To test the proposition that students experienced a major shift in their emotional reactions to the course, indicative of Reality Shock, a series of parallel Trend tests were conducted for each of the adjectives taken independently. For each adjective I predicted that there would be no change in the mean ranks for groups between the start of the course and 4 weeks into the course (proposition 1); a major shift in mean ranks for groups between four and eight weeks into the course; and no change in these latter mean rank shifts for all groups between eight weeks and 30 months (proposition 2). Between 30 months and 36 months, I predicted some degree of recovery/resolution of the Reality Shock symptoms (Proposition 2). It is this pattern that I predicted would account for the majority of the overall difference in the mean ranks between groups (see table 9). The trend tests, therefore, were devised to identify a general trend toward negativity (see proposition 2). Visual and graphical inspection were used to examine the exact form of the process.

Table 9. The mean ranks* for groups across time for each of the study variables.

Adjective	1 day	1 week	2 weeks	4 weeks	10 weeks	4 months	8 months	12 months	18 months	24 months	30 months	36 months
Naive	209.4	192.43	195.96	147.55	110.25	129.43	109.14	142.00	125.66	155.62	90.69	147.73
Confused	145.9	154.6	142.4	146.2	159.2	149.3	127.8	123.0	156.2	150.6	159.0	127.0
Disappointed/ Disillusioned	46.4	67.7	97.8	148.1	180.6	165.4	161.4	143.8	197.9	192.8	182.8	149.2
Cynical	101.7	78.8	85.8	98.1	139.5	159.1	180.1	171.3	175.0	177.9	194.8	148.0
Rebellious	128.3	131.1	131.6	128.6	142.3	165.9	143.5	180.7	150.5	179.0	125.5	137.1
Conforming/ Compliant	162.9	174.6	161.8	109.4	142.8	118.0	166.8	103.1	135.2	103.6	165.8	134.2
Autonomous /in-control	151.8	145.3	111.0	161.2	157.5	134.2	150.6	143.4	137.2	103.9	136.5	163.4
Satisfied	213.6	203.3	205.2	187.6	114.5	126.7	110.9	141.9	80.5	93.8	101.8	138.1

*Mean ranks are calculated as follows:

Cases across all groups are ranked in a single series; the sum of the ranks for each group is calculated; then the mean is calculated by dividing this sum by the group N.

Table 10. Chi-square and associated probabilities for the trend analyses

Adjective	$\chi^2_{K\text{-}W}$ corrected for ties $_{v=1}$	$\chi^2_{contrast}$ $v=1$	$\chi^2_{contrast}/\chi^2_{K\text{-}W}$	$(\chi^2_{K\text{-}W})$ - $(\chi^2_{Contrast})$ v=10
Naive	57.23***	32.42***	0.57	24.81***
Confused	7.03	0.097	0.014	6.929
Disappointed/Disillusioned	87.38***	60.00***	0.69	27.39***
Cynical	65.12***	53.39***	0.82	11.73
Rebellious	13.21	5.05*	0.38	8.16
Conforming/Compliant	26.73**	3.19	0.119	23.53***
Autonomous/in-control	11.46	0.019	0.002	11.44
Satisfied	84.16***	72.13***	0.86	12.02

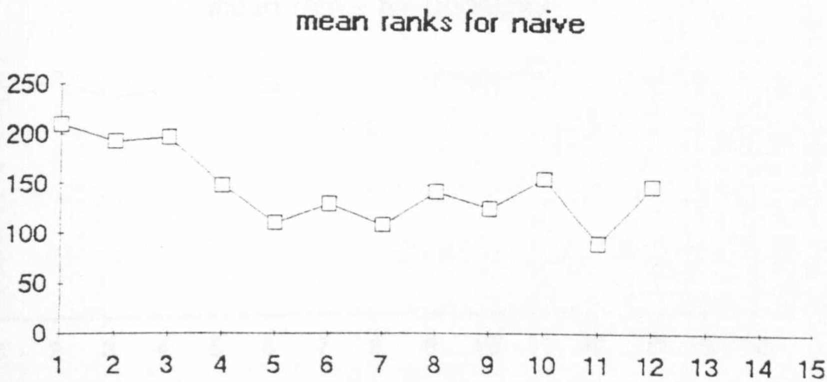
* $p < .05$; ** $p < .01$; *** $P < .001$

3. Discussion of results.

It may serve a useful purpose if there is first a discussion, in general terms, of the results and their overall implications for the Reality Shock phenomenon. As is evident from the graphs below, the mean ranks of those negative emotions that indicate Reality Shock (Disappointment/Disillusionment, Cynicism), show a marked increase after a short 'honeymoon' phase, whereas the positive emotions (Naiveté, Satisfaction), show a marked decrease. Toward the end of the course there is some evidence of recovery, in that there is an increase in some positive emotions (e.g. satisfaction), and a decrease in negative emotions (e.g. disappointment/disillusionment). This gives support for the propositions, and indicates that the students, following entry, do in fact experience Reality Shock. A high degree of confusion is also evident throughout. What is not clear is what is causing the confusion. It could be that the levels remain high but the causes change. The other adjectives show little, or even inconsistent, change. One could hypothesise about this anomaly, but it is better to deal with each of the adjectives individually.

3.1 Naive.

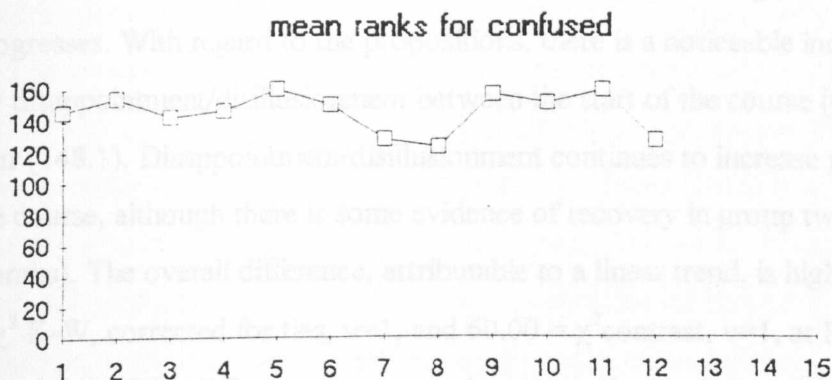
Figure 5. Graph of mean ranks *(Naive)*.



There is a highly significant difference in the mean ranks for naiveté between the groups. This ranges from 209.4 in group one (first day on the course), to 90.69 in group eleven (after thirty months on the course). This indicates a considerable loss of naiveté among students as the course progresses. With regard to the propositions, there is a noticeable decrease in mean ranks for naiveté between the start of the course (209.4) and at week four (147.55). This continues to decline, although there is some evidence of recovery in group twelve (at thirty-six months). The overall difference, attributable to a linear trend, is highly significant ($57.23 = \chi^2$ K-W, corrected for ties, $\nu=1$, and $32.42 = \chi^2$contrast, $\nu=1$, at $P<.001$) with a large proportion of the differences amongst the groups due to the trend ($0.566 = \chi^2$contrast/χ^2 K-W). However, there is a statistically significant deviation from the trend predicted ($24.81 = (\chi^2$ K-W) - (χ^2contrast), $\nu=10$, at $P<.001$). Therefore, a linear trend doesn't account for all the variations in the data, although there is evidence of an overall decrease in naiveté as the course progresses.

3.2 Confused.

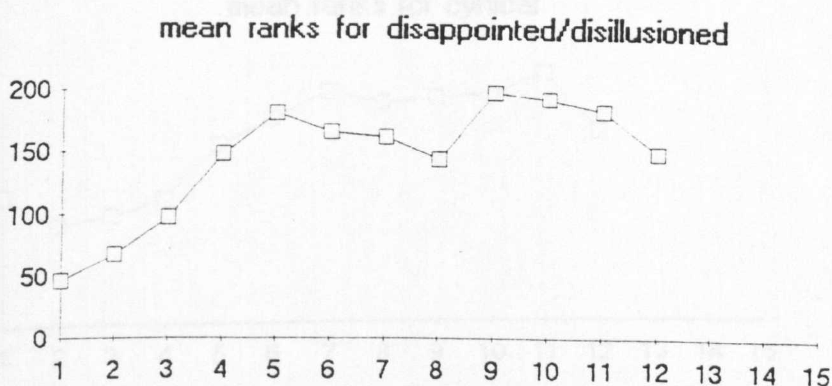
Figure 6. Graph of mean ranks *(Confused)*.



There is no significant difference, or trend in the predicted direction, with regard to confusion (7.03 = χ^2 K-W, corrected for ties, ν=1, and 0.097 = χ^2contrast, ν=1), with few of the differences amongst the groups due to the trend (0.014 = χ^2contrast/χ^2 K-W). There is also only a weak linear trend (6.929 = χ^2contrast/χ^2 K-W).

3.3 Disappointed/disillusioned.

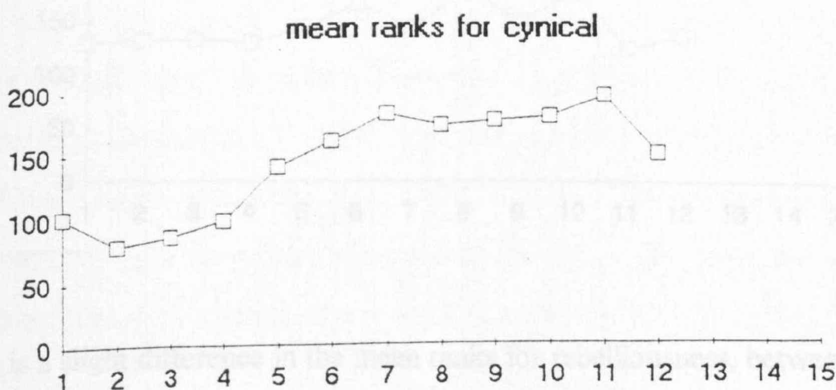
Figure 7. Graph of mean ranks *(Disappointed/Disillusioned).*



There is a highly significant difference in the mean ranks for Disappointment/ disillusionment, between the groups. This ranges from 46.4 in group one (first day on the course), to 197.9 in group nine (after eighteen months on the course). This indicates a considerable increase in disappointment/disillusionment among students as the course progresses. With regard to the propositions, there is a noticeable increase in mean ranks for disappointment/disillusionment between the start of the course (46.4) and at week four (148.1). Disappointment/disillusionment continues to increase generally throughout the course, although there is some evidence of recovery in group twelve (thirty-six months). The overall difference, attributable to a linear trend, is highly significant (87.38 = χ^2 K-W, corrected for ties, ν=1, and 60.00 = χ^2contrast, ν=1, at P<.001) with a large proportion of the differences amongst the groups due to the trend (0.69 = χ^2contrast/χ^2 K-W). However, there is a statistically significant deviation from the trend predicted (27.39 = (χ^2 K-W) - (χ^2contrast), ν=10, at P<.001). Although the linear trend doesn't account for all the variations in the data, there is still evidence of an overall increase in Disappointment/disillusionment as the course progresses.

3.4 Cynical.

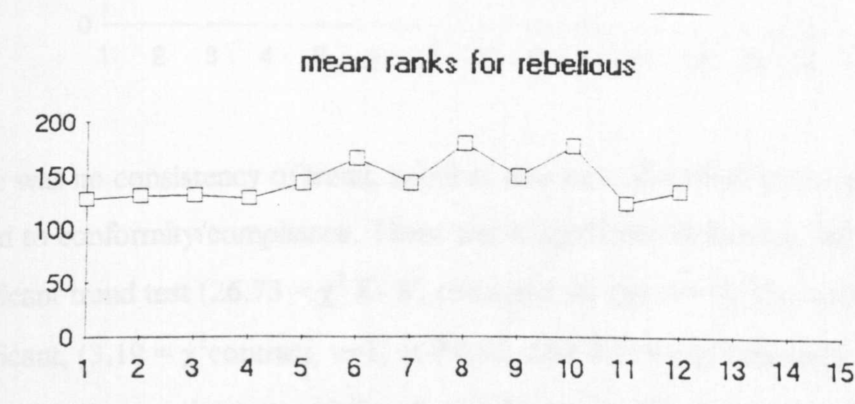
Figure 8. Graph of mean ranks *(Cynical)*.



There is a highly significant difference in the mean ranks for cynicism, amongst the groups. This ranges from 78.8 in group two (after one week on the course), to 194.8 in group eleven (after thirty months on the course). This indicates a considerable increase in cynicism among students as the course progresses. With regard to the propositions, there is no noticeable change in mean ranks for cynicism between the start of the course (101.7) and at week four (98.1). The cynicism appears to increase later in the course, between week ten (139.5), and at thirty months (194.8). There is some slight evidence of recovery at thirty-six months (148.0). The overall difference, attributable to the predicted trend, is highly significant ($65.12 = \chi^2$ K-W, corrected for ties, $\nu=1$, and $53.39 = \chi^2$contrast, $\nu=1$, at $P<.001$) with a large proportion of the differences amongst the groups due to the trend ($0.82 = \chi^2$contrast/χ^2 K-W). There is a significant linear trend in the data ($11.73 = (\chi^2$ K-W) - (χ^2contrast), $\nu=10$, at $P>.30$), which accounts for almost all of the variation in the scores.

3.5 Rebellious.

Figure 9. Graph of mean ranks *(Rebellious)*.

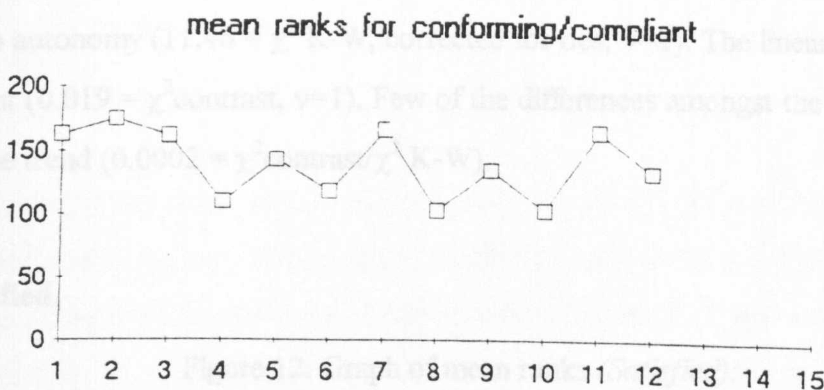


There is a slight difference in the mean ranks for rebelliousness, between the groups. This ranges from 128.3 in group one (first day of the course), to 180.7 in group eight (after

twelve months on the course). This indicates only a slight increase in rebelliousness among students as the course progresses. There is, in fact, some evidence for recovery at around thirty months (125.5). The differences in mean ranks for rebelliousness trend are not significant overall (13.21 = χ^2 K-W, corrected for ties, ν=1), but the linear trend is just significant, although only slight differences amongst the groups are due to linear trend (5.05 = χ^2contrast, ν=1, at P<.05 with 0.38 = χ^2contrast/χ^2 K-W). There is no significant deviation from the trend in the data (8.16 = (χ^2 K-W) - (χ^2contrast), ν=10, at P>.50). Overall, the results with rebelliousness show only slight evidence for the stages of Reality Shock.

3.6 Conforming/compliant.

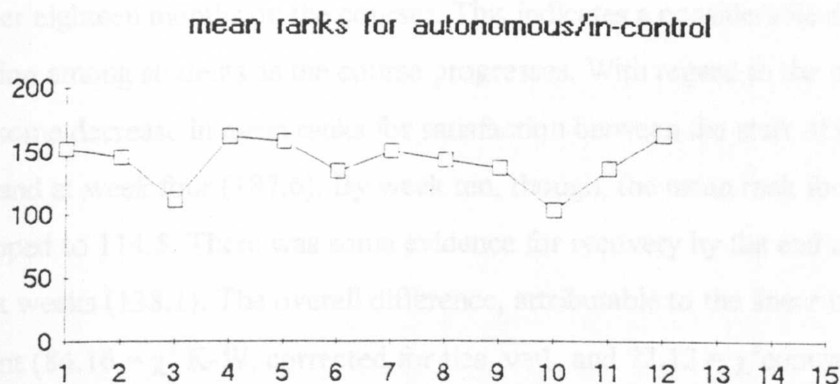
Figure 10. Graph of mean ranks *(Conforming/compliant).*



There was no consistency of trend, in either direction, identified by the mean ranks, with regard to conformity/compliance. There was a significant difference, but there was a non-significant trend test (26.73 = χ^2 K-W, corrected for ties, ν=1). The contrast is just significant, (3.19 = χ^2contrast, ν=1, at P<.10, with 0.119 = χ^2contrast/χ^2 K-W of the difference amongst the groups being due to the trend). However, there is a statistically significant deviation from the linear trend (23.53 = (χ^2 K-W) - (χ^2contrast), ν=10, at P<.001).

3.7 Autonomous/in-control.

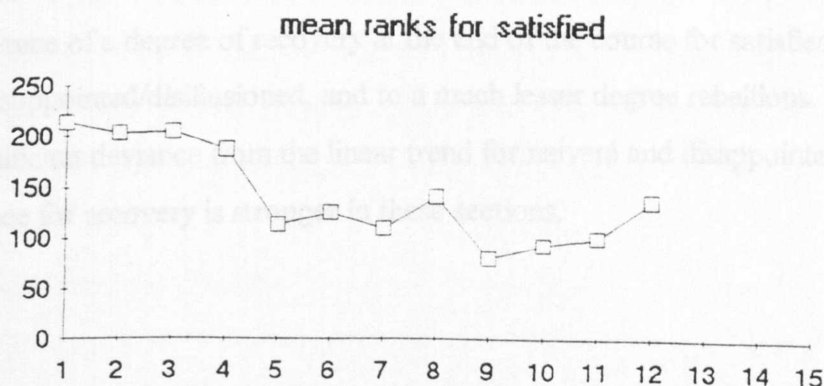
Figure 11. Graph of mean ranks *(Autonomous/in-control).*



There was no consistency of trend, in either direction, identified by the mean ranks, with regard to autonomy ($11.46 = \chi^2$ K-W, corrected for ties, $\nu=1$). The linear trend is not significant ($0.019 = \chi^2$contrast, $\nu=1$). Few of the differences amongst the groups were due to the trend ($0.0002 = \chi^2$contrast/χ^2 K-W).

3.8 Satisfied.

Figure 12. Graph of mean ranks *(Satisfied).*



There is a highly significant difference in the mean ranks for satisfaction amongst the groups. This ranges from 213.6 in group one (first day on the course), to 80.5 in group nine (after eighteen months on the course). This indicates a considerable decrease in satisfaction among students as the course progresses. With regard to the propositions, there is some decrease in mean ranks for satisfaction between the start of the course (213.6) and at week four (187.6). By week ten, though, the mean rank for satisfaction had dropped to 114.5. There was some evidence for recovery by the end of the course at thirty-six weeks (138.1). The overall difference, attributable to the linear trend, is highly significant ($84.16 = \chi^2$ K-W, corrected for ties, $\nu=1$, and $72.13 = \chi^2$contrast, $\nu=1$, at $P<.001$). Many of the differences amongst the groups were due to the trend ($0.86 = \chi^2$contrast/χ^2 K-W), which accounts for almost all of the variation in the scores ($12.02 = (\chi^2$ K-W) - (χ^2contrast), $\nu=10$, at $P>.20$).

4. Summary.

Analysis revealed that there were significant, clear-cut effects of linear trend for cynical and satisfied and, to a much lesser degree, rebellious. Also, linear trend and deviation effects were identified for naive and disappointed/disillusioned. There were, however, no effects for confused, conforming/compliant, or autonomous/in-control in the predicted direction. These results, therefore, indicate an overall trend from positive attitudes to negative attitudes, at least over the first thirty months of the three-year course. There is some evidence of a degree of recovery at the end of the course for satisfied, naive, cynical, disappointed/disillusioned, and to a much lesser degree rebellious. Since there was a significant deviance from the linear trend for naiveté and disappointed/disillusioned, the evidence for recovery is stronger in these sections.

5. Limitations.

It could be argued that one of the main limitations was that the study was of a cross-sectional design (Smith 1991). Although I appreciate that a longitudinal design would have given more revealing results for a single group, over-time (Barnard et al 1987), this was not possible because of time constraints. The advantage of a cross-sectional design, it could be equally argued, is that I was enabled to obtain a 'snapshot' of attitudes over a relatively short time, thus negating any extraneous influences, such as cohort effects, that the passage of time might occasion.

Overall, I was happy with the method of sample selection, although it might perhaps have been better if the groups had all been the same size. Because whole groups were selected as the samples, the demographic details of the groups were consistent with each other and representative of the student population as a whole. This was fortunate for me, as had this not have been the case, I would have been limited in my selection of subjects. This was particularly the case with group ten (n=13), which was the smallest of the groups, and so ran the highest risk of being unrepresentative. One other limitation was that, because the different groups were not studied at the same time, there was always the danger of communication of views between respondents. However, as students in practice communicate their views normally in everyday interactions, this was not seen as a serious limitation. One danger, though, that collecting the data over an extended period of time (although not as long as a longitudinal study), is that extraneous influences, unobserved by the researcher, may intervene and cause changes that are due to these other influences rather than the development of the Reality Shock phenomenon. With this type of data collection method, though, being aware of the possibility of this happening, and giving it due consideration when drawing conclusions, is as much as one can do.

6. Discussion and conclusions.

One of the most important hurdles facing new entrants to the nursing profession is the phenomenon of Reality Shock (Hughes 1958, Kramer 1974). This shock is thought to

arise from a discrepancy between nurses' prior expectations regarding the norms and values of the profession (otherwise known as professional orientation, Fox 1957, Miller and Wager 1971), instilled during their three years of nurse education, and the reality of the new role of qualified nurse. This phenomenon is similar to the concept of Occupational Reality Shock described by Dean et al (1988). In this study the students, following entry, appeared to experience a 'honeymoon' period of approximately four weeks. During this period the reported positive feelings were relatively high, and the reported negative feelings were low (see table 9). Kramer (1974) described the end of the shock phase as the period when the individual seeks recovery and/or resolution to the syndrome. Numerical results (see table 9) suggest that this occurred after approximately thirty months when the negative feelings were less pronounced and a more satisfied, and more positive/less negative set of attitudes ensued. This phenomenon has also been reported by others (Dai 1952, Gendron 1981, Louis 1980, Weller et al 1988, Heyman et al 1983). Gendron (1981) claims that this upturn in emotions is due to the anticipation of reaching the end of the course and becoming a qualified nurse. Louis (1980) describes this phenomenon as 'sense making'. The findings from my study would appear to support these theses.

Several authors have commented on the effects of having a pre-entry expectation, post-entry experience mis-match without labelling it as Reality Shock (Arnold 1985, Nicholson 1984, Van Maanen 1976, 1977, Van Maanen and Schein 1979, Wanous 1976, 1977). These have each shown that any discontinuity between expectations and experience has resulted in negative feelings for the organisation, lowered commitment and morale, and even resignation from the organisation. Following entry onto the course, and as the Reality Shock process progresses through its stages, some authors also claim that the students change their perceptions of what nursing is (Davis and Olesen 1964, Olesen and Davis 1966, Brown et al 1974, Siegel 1968, Roberts 1984). In the next chapter, the landmark study by Davis and Olesen (1964) is extended and replicated in an attempt to identify whether the phenomenon as they reported it, still occurs with modern-day neophyte student nurses.

CHAPTER X

STUDY THREE - EXTENSION-REPLICATION of the DAVIS and OLESEN (1964) STUDY, MEASURING STUDENTS' 'IMAGES of NURSING'

1. Introduction and background to the study.

Various viewpoints regarding the formation of images of nursing held by new entrants were explored in chapter V (Kalisch and Kalisch 1987, Hughes 1980, Gallagher 1987, Holloway 1992, Bridges 1990). The overwhelming majority of the literature reviewed in that chapter appears to support the notion that prospective students form their opinions concerning nursing from images derived from the media, or from society's stereotypes, and are disappointed when these images are at variance with the realities of their experiences as a student (Greenwood 1993). In the last chapter, it emerged that over-time this resultant negativity became apparent amongst the student body concerning the course they were experiencing, thus supporting the thesis of the 'peri-entry' approach, that the Reality Shock phenomenon occurs, not only in new graduates (Kramer 1974), but also in new entrants into nurse education. The study described in this chapter goes one step further, and is designed to examine whether, alongside this negativity about the course, there are any changes in attitude to nursing per se. I decided that in order to test for any changes I would replicate an earlier study into a similar, and related, phenomenon. Davis and Olesen (1964) had proposed that new students' images of nursing change over-time, but from a lay image to a more professional image (see chapter V). The tool they used, though, and their detailed account of the research process they followed, made their study suitable for my purpose, that is to study whether the image of nursing held by new entrants becomes more negative over-time, rather than more professional. Specifically, then, this chapter describes an extension/replication study of that part of the Davis and Olesen (1964) study which relates to the neophyte students' changing image of nursing. The Davis and Olesen study has been described as a particularly important study in the process of gaining understanding of the socialisation experiences of student nurses

(Brown et al 1974) and has certainly 'stood the test of time'. However, initial scrutiny of the original study identified certain methodological anomalies, anomalies one has to say that occurred not because of the lack of expertise of the authors, but because of the embryonic state of nursing research and computer technology at the time. Also, it is worth noting that the anomalies were, in part, due to context of the implementation of the questionnaire, that is the move from lay, to professional image. I found that it was still suitable to measure any move from a positive to a negative image. The intention, therefore, of the replication, was not to be dismissive of the original methods or findings, but to constructively examine, and ultimately build on them.

The anomalies identified were investigated prior to the replication, and the results of this statistical investigation were utilised to restructure the process employed in my study. For this reason, my study is not described as 'Replication', but as 'Extension/Replication'. The process of identifying and investigating the anomalies is described first in this chapter. Then, the new study is described, incorporating the changes felt necessary following statistical investigation of the original study. The methodological approach adopted by Davis and Olesen (1964) required me to, at least, adopt an equally quantitative and structured approach, and consequently I was somewhat prescribed by the methods of the original study as to the methodological processes that I could follow (see chapter VII, and later in this chapter).

1.1 Propositions.

The propositions in this section are concerned with the images of nursing that individuals bring with them at entry and how, according to the 'peri-entry' approach, these images change over time. (See chapters III and VIII). The propositions to be tested are;

1. Students' images of nursing will change, to become more negative, over the one year period of the study (Parker and Carlisle 1996, Muldoon and Kremer 1995).
2. The Davis and Olesen (1964) image groupings place the items in inappropriate groups (see chapters III and VII).

3. New, more appropriate, image groupings can be elicited by factor analysis (see chapter VII).

2. Method.

2.1 Introduction.

It has been suggested that, during the post-entry phase of the 'peri-entry' approach, the students' image of nursing changes from that held on entry, becoming more negative (see chapter II). Davis and Olesen (1964), however, suggest that although changes do occur, they do so in a predicted pattern, not from positive to negative, but from 'lay' and 'traditional-professional' through to 'advanced-professional'. However, because there was some doubt about the image groupings suggested by Davis and Olesen (1964) to test this thesis (see chapter VII), reliability analysis and a factor analysis were carried out before any further testing was undertaken. One has to say also, that because of the ease of carrying out these tests nowadays with the aid of computer aided analysis, these tests are almost always now undertaken as a matter of course. This study uses those findings in describing if, and how, the images of students change over-time, whether they change as Davis and Olesen suggested, or as the 'peri-entry' approach suggests. It is suggested, therefore, in this study that, rather than describe the changes in image in the manner that Davis and Olesen employ, it is more appropriate, in the context of the 'peri-entry' approach, to look at whether, in accordance with the findings of the Reality Shock study (study 2, chapter IX), the change in image is one that becomes more negative over time. Having said that, though, the new groupings, following the factor analysis, do enable us to see if changes in image can be seen according to certain predetermined groups or factors, just as Davis and Olesen had attempted to do with their named groupings. This is dependant, though, on the new groupings being shown to be reliable following alpha coefficient reliability analysis (Cronbach 1951).

2.2 Relationship with the original study.

In their original study, Davis and Olesen (1964) sought to answer five questions related to students' images of nursing. My study represents only one of those questions because

of its relevance to the perceived framework of the 'peri-entry' approach; *(How do images which students have of nursing upon completion of their first year compare with those they hold on entry?* (Davis and Olesen 1964, p.9). When formulating the conceptual structure of the 'peri-entry' approach I recalled how students, over the years, had commented that their view of nursing had changed as they became more experienced. They appeared, it seemed, to have a different perspective on the nurse's role than the one they were witnessing, and a changed set of priorities with regard to that role. What wasn't clear was the way these experiences had affected their image of nursing. Several authors have offered suggestions (Corwin and Taves 1962, Siegel 1968, Collins and Joel 1971, Ingmire 1952) as to why this change in image occurs. The study by Davis and Olesen (1964) seemed to have asked the same questions that might be implied by the 'peri-entry' approach, and offered answers that appeared feasible. The original study also employed a research methodology that lent itself readily to replication (Brown et al 1974). I decided that to replicate the original study would give an up-to-date version of, and hopefully build on, the 1964 study, and serve to test for any conceptual linkages within the framework of the 'peri-entry' approach regarding to the students' changing image of nursing. Closer scrutiny of the original study (see chapter V), and comments on it by other authors (e.g. Brown et al 1974), highlighted areas of concern that rendered a 'true' replication inappropriate to test the 'peri-entry' approach. Certain modifications were made to the original format of the Davis and Olesen questionnaire to enable a more thorough examination of the 'peri-entry' approach. The need for these modifications was also supported by the knowledge that Brown et al (1974) had also suggested restructuring the questionnaire by employing a Likert scale and thus avoiding the dichotomous responses of 'important to me - 'not important to me'. The changes made to the questionnaire can be summarised thus;

- The items were left unaltered.
- A five-point Likert scale was employed: 'Strongly agree (SA)', 'Agree (A)', 'Undecided (U)', 'Disagree (D)', 'Strongly disagree (SD)'.
- The students were asked to rate the comment that, *'This characteristic corresponds with my current image of nursing'*. This statement was chosen because I primarily

wanted to ascertain how the students saw their image of nursing being affected by their experiences.

The questionnaire, as presented to the students, is shown in Figure 13.

Figure 13. Study 3 questionnaire.

This characteristic corresponds with my current image of nursing/midwifery.

Please tick the boxes that most closely reflect your own experiences.

Name ____________________

Intake/Position ____________________

KEY:	
Strongly agree	SA
Agree	A
Undecided	U
Disagree	D
Strongly disagree	SD

SA	A	U	D	SD	Characteristics of Nursing/Midwifery.
					1. Order and routine.
					2. Clearly defined lines of authority.
					3. Originality and creativity.
					4. Dedication to the service of humanity.
					5. Ritual and ceremony.
					6. Hard work.
					7. Clearly defined tasks; each person is responsible for their job and their job alone.
					8. Close supervision of staff.
					9. Exercise of imagination and insight.
					10. Religious calling and insight.
					11. Meticulous attention to detail.
					12. Job security.
					13. Drama and excitement.
					14. High technical skill.
					15. Emotional control and restraint.
					16. Innovation in the solution of problems.
					17. An occupation highly respected in the community.
					18. Has a solid intellectual content.
					19. Demonstrates care in a tangible way.

2.2.1 Reliability of the original study.

In relation to the Davis and Olesen (1964) questionnaire, and the problems associated with the allocation of items to arbitrarily devised groupings, it was necessary to establish whether the questionnaire had internal reliability (Bryman and Cramer 1997). Establishing reliability is about establishing consistency. Internal reliability raises the question of whether the scale is measuring a single 'idea' and hence whether the items that make up the scale are internally consistent (Bryman and Cramer 1997). There are a number of procedures available for measuring the internal consistency. I chose Cronbach's alpha (Cronbach 1951, Cronbach and Meehl 1955), which is a widely used method that can be readily computed on the SPSS analysis system (Norusis 1993). The alpha coefficient determines the internal reliability or consistency of a set of items designed to measure a particular characteristic. This made it suitable to measure the internal reliability of the Davis and Olesen questionnaire.

It is generally accepted that reliability coefficients should be as high as possible (Herzog 1996). For applied research the minimum reliability has often been placed at **.80**, although **.70** is generally the accepted level. For more basic research, the standard is less demanding, with some opinions claiming acceptable coefficient as low as **.50** (Nunnally 1967). However, the conscientious researcher would not be happy to accept a reliability of **.50**, and would prefer to apply the general rule in reliability testing; 'The higher the better' (Herzog 1996). This was the 'general rule of thumb' that I applied when measuring the alpha coefficient of the Davis and Olesen (1964) questionnaire items.

Method.

For the factor analysis, and to test the scale's alpha reliability coefficient, I utilised the data obtained from the subjects in my study at T1 (n=88). The study questionnaire was completed by the subjects on three occasions. T1 immediately following entry (n=88), T2 after eighteen weeks of the course (n=74), T3 after one year on the course (n=64). Data collected at T3 (n=64) were also utilised for the alpha coefficient reliability analysis of my reassigned item clustering. Participants missing from data collection at T2 and T3 had not

left the course, but were absent on the day that data were collected. To ensure consistency in the longitudinal study, participants present at T3 who had been absent at T2, were excluded from the study at T3. The demographic details of the subjects are tabulated in table 11.

Table 11. Demographic details of the subjects in study 3.

	subjects.	Mean age.	S.D.
T1, on commencement	n=88	21.78	11.35
T2, after eighteen weeks	n=74	21.08	4.41
T3, after one year	n=64	21.34	5.72

Results.

The reliability of the whole 19 item scale, employed by Davis and Olesen (1964), was the first to be subjected to reliability analysis. The result was; alpha coefficient **.7977**, (Standardised item alpha of **.8006).** This indicated that the scale, as a whole, had a high internal reliability/consistency (taking **.70** as an acceptable level of reliability). The argument could be levelled that undertaking this alpha coefficient of the whole 19-item scale is statistically unsound because the items are measuring different things. However, I feel it does create a comparative discussion point when considering the next step of undertaking the alpha coefficient test on the original Davis and Olesen (1964) image groupings. The original image groupings (Davis and Olesen 1964) are shown in table 12.

Table 12, Davis and Olesen (1964) grouping of items under image.

Davis and Olesen (1964) Image groupings							
Group name	Items						
Lay	4	5	6	10	12	13	
Trad. Prof.	11	14	15				
Adv. Prof.	3	9	16	18			
Bureau-cratic	1	2	7	8			
Stand alone	17						
Stand alone	19						

The results were;

Lay image

Alpha coefficient **.5932,** with a Standardised item alpha of **.5987**

(using **.70** as an acceptable reliability indicator)

Traditional/professional image

Alpha coefficient **.5589,** with a Standardised item alpha of **.5998**

(using **.70** as an acceptable reliability indicator)

Advanced professional image

Alpha coefficient **.6525,** with a Standardised item alpha of **.6499**

(using **.70** as an acceptable reliability indicator)

<u>Bureaucratic image</u>

Alpha coefficient **.3917,** with a standardised item alpha of **.3919**

(using **.70** as an acceptable reliability indicator)

The results indicated that the groupings that Davis and Olesen had allocated had a low reliability. New image groupings needed to be found if valid results were to be elicited from my data. To achieve these new image cluster groupings I undertook a factor analysis of the original study items, again utilising the data at T1.

2.2.2 Factor analysis of original study.

For the purpose of analysis, I employed the principal components analysis, and factor analysis functions of the SPSS data analysis system (Norusis 1993). Dunteman (1989) describes the principal components analysis as,

> *"...a statistical technique that linearly transforms an original set of variables into a substantially smaller set of uncorrelated set of variables that represents most of the information in the original set of variables. Its goal is to reduce the dimensionality of the original data set. A small set of uncorrelated variables is much easier to understand and use in further analysis than a larger set of correlated variables"* (p.7).

The Eigenvalue is described as the amount of the variance accounted for by this variable (Bryman and Cramer 1997). The total variance explained by the five factors is simply the sum of their Eigenvalues, which in this case is 9.87444. The proportion of variance accounted for by any one factor is its Eigenvalue divided by the sum of all nineteen of the Eigenvalues, which is then multiplied by 100 to convert it to a percentage (adapted from Bryman and Cramer 1997). To keep the number of factors at a manageable and meaningful level, Bryman and Cramer (1997) explain that,

> *"Since the object of factor analysis is to reduce the number of variables we have to handle, this would not be achieved if we used all of them. Consequently, the next step is to decide how many factors we should keep. This really is a question of how many of the smaller factors we should retain, since we would obviously keep the first few which explain most of the variance"* (p.282).

Importantly, Bryman and Cramer (1997) explain that one way of reaching the decision is to apply 'Kaiser's criterion', which states that one should select and retain those factors with an Eigenvalue of greater than one. This is the criterion that I applied in this study. The principal components analysis identified five principal factors based on the nineteen items of the newly formulated questionnaire. The Eigenvalue and percentage variance of these factors are shown in table 13;

Table 13. Eigenvalue and percentage variance of identified factors.

Factor.	Eigenvalue.	% of Variance.
1	4.34210	22.9
2	1.88897	9.9
3	1.37059	7.2
4	1.16122	6.1
5	1.11156	5.9
Totals:	9.87444	52.0
All of the other fourteen variants had an Eigenvalue lower than 1.00, and a percentage of variance of 5.10 or less.		

The factor analysis was undertaken using the same data as the principal components analysis. In order to simplify the factor columns, a Varimax rotated factor matrix was employed (Dunteman 1989).

> *"Rotation brings about a simple structure by simplifying the columns (factors) of the rotated factor loading matrix. Varimax rotation simplifies the columns of the factor loading matrix by maximising the variance of the squared loadings. It results in a unique rotated factor loading matrix. That is, there is only a single unique factor loading matrix that maximises the varimax criterion"* (Dunteman 1989, p.63).

In essence, varimax rotation simplifies the interpretation of the analysis. I now had a rotated factor matrix which related each of the questionnaire items (variables) against each of the five principal component-derived factors by a series of factor loadings. Factor loadings show the degree of association between an item and the factors, and therefore can be used to interpret the factors. (See Table 14).

Table 14. Rotated factor matrix.

Item No. (i.e. Var.No).	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
1. Order and routine.	**.60385**	-.08005	.24802	.28485	.01308
2. Clearly defined lines of authority.	**.61575**	.03315	.09896	.25151	-.18625
3. Originality and creativity.	-.01614	**.62443**	.35967	-.08231	-.04616
4. Dedication to the service of humanity.	.44723	.14260	**.52247**	-.16237	.15784
5. Ritual and ceremony.	.15825	-.15461	-.05038	**.68773**	.11460
6. Hard work.	**.68903**	.20616	.11301	-.17270	.01977
7. Clearly defined work tasks.	-.01367	.09405	.12578	**.75423**	-.21349
8. Close supervision of staff.	**.27017**	.16689	.23108	.01192	-.71730
9. Exercise of imagination and insight.	.20935	**.66384**	.30944	-.02174	.22711
10. Religious calling and inspiration.	.16486	.16800	.33916	**.44553**	.00447
11. Meticulous attention to detail.	**.62688**	.18330	.11022	.02091	.01373
12. Job security.	.37414	-.07342	**.62283**	.14853	.07473
13. Drama and excitement.	.06918	.26247	.28043	**.39644**	.39413
14. High technical skill.	**.50729**	.39186	-.06147	.19594	.04550
15. Emotional control and restraint.	**.49346**	-.44094	.03370	.25087	.14328
16. Innovation in the solution of problems.	.24821	.26127	.22805	-.10114	**.56215**
17. A highly respected occupation.	-.01553	.18754	**.58111**	.10080	.04743
18. Has a solid intellectual content.	.27763	**.70604**	-.05417	.19666	.00247
19. Demonstrates care for others in a tangible way.	.07612	.07381	**.63795**	.08541	-.11449
Elicited items per factor, creating new 'Image Groupings *'.	*1,2,6,8 11,14,15.	*3,9,18.	*4,12,17, 19	*5,7,10, 13.	*16.

The items were allocated to those factors where their highest values were situated (see Table 14). This gave new groupings of questionnaire items according to their scores on the principal component based factors, and derived through the rotated factor matrix values. With regard to item 8, although factor 5 appears to have a higher score (-.71730), it is negative, and it makes more conceptual sense to take the highest possible positive score (factor 1, .27017).

Initial scrutiny revealed that one can, even by only exercising face validity, see that the groupings have a certain logic to their composition;

- Group 1 relates to the management, and practical dimensions of the nurse's role.
- Group 2 relates to the creative and cognitive dimensions of the nurse's role.
- Group 3 relates to the popular 'lay' image of the nurse's role.
- Group 4 relates to the emotive, and personal descriptions of the nurse's role.
- Group 5 stands alone, but one could legitimately argue that at a face validity level, this item should be placed in Image cluster 2. Interestingly, although the value clearly placed it in a group by itself, its second highest value would have placed it in group 2. I subsequently decided to subsume group 5 within group 2.

In view of the foregoing face validity of the groupings, and the comment made by Child (1973) that one should employ the factors after the highest loading items, the following labels were allocated to the new image groupings;

- Group 1. 'Work Dimensions'.
- Group 2. 'Cognitive Dimensions'.
- Group 3. 'Caring Dimensions'.
- Group 4. 'Role Descriptor Dimensions'.

When the Davis and Olesen (1964) groupings, without the use of factor analysis, is compared with the groupings that I proposed, following the use of factor analysis, some remarkable similarities become apparent. For clarity these are shown here in tabular form (see Table 15).

Table 15. Comparison of the new image groupings with the original image groupings.

Davis and Olesen (1964) Image groupings								This study Image groupings							
Group name	Items							Group name	Items						
Lay	4	5	6	10	12	13		*1 work*	1	2	6	8	11	14	15
Trad. Prof.	11	14	15					*2 cog- nitive*	3	9	18				
Adv. Prof.	3	9	16	18				*3 caring*	4	12	17	19			
Bureau- cratic	1	2	7	8				*4 role desc.*	5	7	10	13			
Stand alone	17							*Stand alone, or allocated to factor 2?*		16					
Stand alone	19														

The following observations can be made in comparing the Davis and Olesen (1964) image groupings to the new image groupings;

- Three of the six items in the 'lay' cluster (5,10,13) are in group 4 (role descriptor dimensions) of the new image groupings.
- All three of the items in the 'traditional professional' cluster are in group 1 (work dimensions) of the new image groupings.
- Three of the four items (3,9,18) in the 'advanced professional' cluster are in group 2 (cognitive dimensions) of the new image groupings. The other item in the 'advanced professional' cluster, item 16, could easily, as stated earlier, have been placed in group 2 (cognitive dimensions).
- Three of the four items (1,2,8) in the 'bureaucratic' cluster are in group 1 (work dimensions) of the new image groupings.

This means that if we count item 16 in group 2, that 13 of the 17 items (71.47%) placed by Davis and Olesen into groups, also appear together in groups under the factor analytic system of deriving the group structures. Two items, 17 and 19, were not allocated to groups in the original study (Olesen and Davis 1966, p.153). It is worth noting however, that the three items in the 'traditional professional' group (11,14,15), and the three items in the 'bureaucratic' group (1,2,8), all appear in the same group (group1, work dimensions) in the new image groupings. This is counter to the groupings suggested by Davis and Olesen (1964). They considered that these six items belong in two separate groups, and this makes the figure of 13/17 (71.47%) somewhat misleading.

Alpha coefficient reliability analysis was, at this point, undertaken on the new image clusters. The results are tabulated in table 16.

Table 16. Results of alpha coefficient reliability analysis of new image clusters.

Factor	Items	Alpha	Standardised item alpha
1. Work dimensions.	1,2,6,8,11,14,15.	.3041	.2844
2. Cognitive dimensions.	3,9,18.	.5219	.5255
3. Caring dimensions.	4,12,17,19.	.3370	.3200
4. Role descriptor dimensions	5,7,10,13.	.5823	.5822

Results of the alpha coefficient reliability analysis (see table 16) of the new image clusters indicated that these groupings, too, had a very low reliability, even though they were based on factor analysis. This would appear to indicate that the problem may lie in the questionnaire items.

2.2.3 Conclusions.

The factor analysis in my study identified five (translated to four) new groupings. There were some similarities in the structure of the Davis and Olesen (1964) groupings, and that of the factor analysis-elicited groupings, particularly with the 'advanced professional image'. However, it is worth noting that in the original study reliability test, this grouping

achieved the highest alpha coefficient value (**.6526**), making it the most reliable of the Davis and Olesen groupings. Even though new image groupings had been shown to have a low reliability, the obvious direction for my replication study to take now, was to test these new groupings, and the individual item ratings in a longitudinal, empirical study,

2.3 Extension/replication study.

2.3.1 Subjects.

The subjects (N=88) were made up of two groups, a group of new-entrant Diploma in Nursing Studies (Project 2000) students (n=72), and a group of 'Direct-entry' Diploma in Midwifery Studies students (n=16). Both groups commenced on the same date, and for this reason, the groups were henceforth considered together. An added benefit of this was that the greater numbers (N=88) gave more 'weight' to the statistical arguments (Burns and Grove 1993). The numbers of respondents on each study occasion were;

T1=88 (Called the experimental group).
T1 undertaken in the first week of the course.

T2=74 (14 respondents didn't participate).
T2 undertaken after eighteen weeks of the course.

T3=64 (A further 10 respondents didn't participate).
T3 undertaken after one year of the course.

The demographic details of the subjects were;

				AGE	
GROUP NUMBER	% MALE	% MARRIED		MEAN AGE	S.D.
T1, n=88	11.36 (n=10)	10.23 (n=9)		21.78	11.35
T2, n=74	13.51(n=10)	12.16(n=9)		21.08	4.41
T3, n=64	12.50(n=8)	10.94(n=7)		21.34	5.72

For the benefit of undertaking the ANOVA analysis, the remaining (T3) sixty-four students were the basis of the ANOVA study. Investigations showed that those subjects missing from T2, and T3 had not left the course, but were simply absent from school on the data collection days. Also, in order to ensure consistency, those subjects who were absent at T2 but were present for T3 were excluded from participation.

2.3.2 Procedure.

Following the reliability test and factor analysis, the data from the completed questionnaires (at T1,T2, and T3), were subjected to analysis of variance (ANOVA). The items for the ANOVA analysis were allocated to their new groupings (newly-named factors), and analysed, both in these new groupings, and individually. The analysis was undertaken, employing the SPSS data analysis programme (Norusis 1993).

2.3.3 Analysis.

Using the ANOVA technique, the mean and standard deviation for each of the questionnaire items were calculated for the three data collection occasions. The percentage responses for each option (1-5) on the Likert scale, over the three data collection occasions, was also calculated. From these data the programme then elicits the F-ratio, and significance of the variance over time of the study (see Table 13). From the analysis shown in Table 17, one can identify which item responses demonstrate a statistically significant trend between T1 and T3. Items 1,4,6,11,15, are all highly significant at $p < .001$. The results indicate that the students, over time, come to see nursing as being less and less like these items portray, that is they become significantly more negative. Referring back to the original Davis and Olesen (1964) study, the items were spread throughout the groups (1 in bureaucratic, 4 and 6 in lay, 11 and 15 in traditional professional), so no indication is evident of the progress through the stages suggested by the original authors. Interestingly, in the context of my groupings, though, four of these items, 1,6,11,15, are all in the same group, as dictated by the factor analysis (Factor 1, 'work dimensions').

Table 17. ANOVA results table for individual items.

	T1		T2		T3		**Significance**	
Item	Mean	S.D.	Mean	S.D.	Mean	S.D.	F-ratio	p
1	3.969	0.959	3.422	0.851	3.250	1.008	9.52	.000
2	3.891	1.025	3.641	0.982	3.750	0.926	0.98	.376
3	3.766	0.886	3.391	0.886	3.500	0.756	3.85	.024*
4	4.281	0.678	3.875	0.882	3.656	0.859	9.60	.000
5	3.047	1.105	2.984	0.864	3.016	0.745	0.08	.925
6	4.641	0.698	4.172	0.656	3.906	0.921	14.87	.000
7	2.760	1.050	2.906	1.065	3.047	1.015	1.04	.357
8	3.594	0.955	3.281	0.967	3.219	1.015	2.95	.056
9	4.125	0.917	3.719	0.826	3.703	0.920	4.38	.014*
10	2.813	0.974	2.438	0.941	2.625	0.864	2.56	.081
11	4.156	0.979	3.453	0.942	3.250	0.943	14.98	.000
12	3.453	1.053	3.063	1.052	3.000	0.854	3.66	.029*
13	2.938	1.067	2.938	0.941	2.859	0.924	0.14	.867
14	3.719	1.061	3.578	0.989	3.375	1.047	1.89	.156
15	3.938	0.941	3.500	0.943	3.328	0.837	6.98	.001***
16	4.063	0.833	3.672	0.714	3.734	0.761	4.95	.009**
17	4.109	0.758	4.000	0.735	3.969	0.755	0.60	.550
18	4.016	0.807	4.094	0.771	3.938	0.687	0.63	.536
19	4.016	0.917	3.906	0.729	3.922	0.650	0.36	.700

The degrees of freedom on each occasion was 2. Degrees of freedom for univariate F-ratios = 2/61.

Item 16 was the only item significant at $p < .01$, (there was a slight increase in mean between T2 and T3) which indicated that the students, over time, come to see nursing as being less about 'innovation in the solution of problems', and perhaps more about following the 'rules', or accepted practices. In short, the students appear to be becoming socialised into accepting the norms and values of the situations they encounter, and what they are told by their significant others (DuToit 1995).

Items 3,9,12, were significant at $p < .05$, showing a significant trend, by the students away from these images over time. Again, in the original study, these items were distributed in different groups (3 and 9 in advanced professional, 12 in lay, and 14 in traditional professional).

Nine items (2,5,7,8,10,13,17,18,19), showed no statistically significant trend (image change) over the time of the study, indicating that these images remained relatively stable throughout. The implication of this is that for a large number (9/19) of images (items) the students feel relatively the same after a year as they do on entry. Considering the groupings of the items, even in the new groupings, it would appear that only when considered in a group (factor), arrived at by a factor analysis, do the items appear to contribute to a highly significant change in image. Taken individually ten of the nineteen items showed significant differences, while nine did not.

With regard to the percentage changes for each item over time, it might be relevant to compare the original Davis and Olesen (1964) results with my results. The results are given in tabular form (see Table 18), and then discussed, paying regard to the comments made by the authors of the original study. Because the original study employed only an 'important - not important' option for the students, and I employed a Likert scale, direct comparison is not possible. However, in order to make some sort of comparison, I have taken the responses, 4 or 5 on the Likert scale, and totalled these as a percentage response for that item. This is not a true comparison, but I feel that a positive response on the dichotomous scale of the original study can, quite realistically, be considered as a 4 or a 5 on the Likert scale (N.B. These two options, 4 and 5, are the only positive options available. Option 3 is 'undecided', and options 1 and 2 indicate negative responses).

Table 18. Comparison of percentage changes in 'images of nursing' as reported by Davis and Olesen (1964), and the present study.

Item	Davis and Olesen (1964), images of nursing				Present study, images of nursing			
	T1	T2	% diff.		T1	T2	T3	% diff. T1-T3
1	93	96	3		81	54	49	-32
2	77	64	-13		76	67	70	-6
3	20	51	31		67	49	55	-12
4	80	73	-7		86	74	59	-27
5	16	12	-4		32	23	28	-4
6	96	89	-7		95	93	75	-20
7	40	32	-8		33	31	39	6
8	50	44	-6		67	43	47	-20
9	55	69	14		78	60	69	-9
10	25	36	11		24	11	13	-11
11	71	63	-8		82	52	44	-38
12	77	87	10		50	37	27	-23
13	60	63	3		38	30	25	-13
14	67	77	10		66	61	58	-8
15	92	83	-9		73	56	50	-23
16	41	67	36		86	64	67	-19
17	72	41	-31		76	84	77	1
18	34	31	-3		74	88	80	6
19	91	97	6		77	81	78	1

(N.B. The percentages in the present study are the totalled percentages of the Likert 4 or 5 responses. Also T1-T2 in the original study, and T1-T3 in present study, is one year).

The first thing apparent is that with the exception of four slightly positive trends (items 7, 17, 18, 19), the students image of nursing, taken from their 4 or 5 responses, becomes markedly more negative between T1 and T3. Admittedly, a direct comparison is not possible between the two studies, but there appears to be irrefutable evidence that the image of nursing, held by this sample, becomes progressively more negative. Some of the items do not change significantly over-time (2,5,7,8,10,13,14,17,18,18,19). The findings, though, do run counter to the findings of the original study, where nine of the items became more positive over time. It is difficult to make further comparisons between the explanations of the findings given by Davis and Olesen (1964), and the current study, as

those authors refer consistently to their results in the context of their arbitrary groupings of the items.

The results of the ANOVA of the new groupings show some particularly interesting findings (see Table 19). Each of the new groupings, as with the individual items, moves in a negative trend. With the exception of factor 4 (role descriptor dimensions), each of these trends is statistically significant. This adds support to the findings from the Reality Shock study (study 2, chapter IX), which showed that the students, over time, became progressively more disappointed and disillusioned with their experiences. The students do not, as suggested by Davis and Olesen, move from one image to another.

Table 19. ANOVA results table for items as they appear in the new factor-analytically derived groupings.

	T1		T2		T3		Significance		
Factor	Mean	S.D.	Mean	S.D.	Mean	S.D.	F-ratio	D. F.	p
1	3.987	0.429	3.578	0.546	3.440	0.529	18.33	2	.000
2	3.992	0.534	3.719	0.580	3.719	0.524	5.32	2	.006**
3	3.965	0.517	3.711	0.576	3.637	0.482	6.02	2	.003**
4	2.891	0.749	2.816	0.627	2.887	0.510	0.27	2	.766

Degrees of freedom for univariate F-ratios = 2/61.

2.4 Discussion of results, in relation to propositions.

The propositions related to this study are;

1. Students' images of nursing will change, to become more negative, over the one year period of the study (Land 1993).
2. The Davis and Olesen (1964) image groupings place the items in inappropriate groups.
3. New, more appropriate, image groupings can be elicited by factor analysis

1. The results give considerable support to the first proposition. The students' images of nursing undoubtedly become more negative over time. This is consistent with the

results of study 2, the Reality Shock study. There was no evidence of the recovery phase demonstrated in study 2. This was because in this study the length of the study only covered the first year of the course. Study 2 showed that recovery became evident only after thirty months of the course, consistent with Kramer (1974).

2. The alpha coefficient (Cronbach 1951, Cronbach and Meehl 1955) reliability test showed that the image groupings presented by Davis and Olesen were, in fact, not reliable. This gave support to proposition two.

3. The factor analysis (Kim and Mueller 1978) identified new image groupings for the questionnaire items, thus appearing to give support for proposition three. These new groupings, however, were also shown by alpha coefficient reliability analysis to be of low reliability.

2.5 Limitations.

The major limitation of the study is that, because of the apparent shortcomings of the original study, a 'true' replication study could not be undertaken. This made direct comparison difficult, and left any comparison open to the criticism that it was not a valid comparison. The use of the dichotomous scale in the original study, and the use of the Likert scale in my study also made comparison of percentage changes in 'images of nursing' impracticable. Also, because the original questionnaire was found, through factor analysis, to be inappropriate for measuring images of nursing, then a new, more appropriate scale that will withstand factor analytic scrutiny, is required.

3. Conclusions.

The method which Davis and Olesen (1964) chose to allocate their questionnaire items to image groupings gives rise to inconclusive, and sometimes contradictory, evidence being presented, as well as their hypothesis not being supported. However, following reliability testing of the scale, and factor analysis, the items could be reallocated to new groupings. The analysis of the data now showed more revealing results. Analysis of the data from the individual items, both in terms of the percentage changes, and the ANOVA analysis, shows that students do become progressively more negative about nursing. The students

did not, as suggested by Davis and Olesen (1964), come to discard one image and adopt another, they became negative in all images, with the exception of those in Factor 4 (role descriptor dimensions).

The next study, chapter XI, looks at another dimension of the 'peri-entry' approach, that of changes in the 'nursing' self-concept of students over time. The 'peri-entry' approach suggests that, counter to common reporting, the 'nursing' self-concept of students becomes more positive as a result of the socialisation process (Gendron 1981, Weller et al 1988, Heyman et al 1983). The approach used to measure the changes is the Personal Construct Psychology/repertory grid technique (Fransella and Bannister 1977).

CHAPTER XI

STUDY FOUR - A LONGITUDINAL STUDY of the 'NURSING' SELF-CONCEPT of NEOPHYTE STUDENT NURSES USING PERSONAL CONSTRUCT PSYCHOLOGY/REPERTORY GRID TECHNIQUE

1. Introduction and background to the study.

So far, Chapters VIII, IX, and X have demonstrated some degree of structure and support for the 'peri-entry' approach, with regard to the suggested socialisation trajectory experienced by new students. They have also, in some measure, borne out those earlier claims in the literature about the entry expectations of new entrants (Kibrick 1963, Mangan 1996), and developing negativity (Katzell 1968, Lindop 1991). In this chapter the intention is to examine another aspect of the 'peri-entry' approach, that is whether, as part of the socialisation process, the individual's 'nursing' self-image changes. There is apparent, in the literature reviewed in chapter VI, some considerable debate as to whether, as part of the socialisation process of the newcomer to nursing, there are some effects on the self-concept of the socialisee (Burgess 1980, Ashworth and Morrison 1989, Ellis 1980, Shepherd and Brooks 1991). In the 'peri-entry' approach, I have suggested that the nursing self-concept changes positively as the individual passes through the post-entry phase, even though at the same time the students are experiencing the negative effects of Reality Shock and a progressively more negative perception of nursing (Gendron 1981, Weller et al 1988, Heyman et al 1983). Interestingly, though, as Burgess (1980) points out, *"Nursing has a long history of interest in the self-concept of patients but has not manifested an equal interest in the development of nursing practitioners as persons, a seeming paradox"* (p.38). Arthur (1992) also comments that what a nurse, or aspiring nurse, thinks of as a successful professional nurse will be equated with their 'ideal' professional nursing self-concept, and they will be motivated to strive to achieve this. Examining this is one of the central purposes of this study.

1.1 The professional self-concept revisited.

In chapter VI, Dai (1952) argues for the existence of a number of contextually-based secondary selves. I propose, within the suggested framework of the 'peri-entry' approach, that the 'nursing-self' is one of these secondary selves that students possess, not only following entry, but prior to entry. In fact there is evidence to suggest that the possession of a 'nursing' self that is coterminal with the aspiring student's perception of the nurse, is what prompts them to want to enter nursing as a career (Kaler et al 1989, Dyck et al 1991). I further suggest that the 'nursing self-concept' of the individual student nurse changes in a more positive direction as a result of their socialising experiences, which is concordant with the views of Weller et al (1988) and Gendron (1981). In order to support these theses I needed a research methodology that specifically measured the 'self' of my respondents in the context of their role in nursing. I ultimately chose the repertory grid technique (Fransella and Bannister 1977) as the appropriate approach. There are a number of standardised self-concept measuring tools available (Burns 1979), but I felt that the personal construct psychology / repertory grid approach to be the most informative and context-specific (Button 1994, Fournier and Payne 1994). The structure of the grid gives freedom to the researcher to investigate those dimensions of the respondent that are most pertinent to the study (Fransella and Bannister 1977). In the case of my study, it gave me the opportunity to elicit from the individuals their perception of themselves from a number of perspectives and along a number of dimensions. It also gave me the unique opportunity to elicit how the subjects considered themselves in relation, both to others in their educational role set and to hypothetical 'ideals' (Nicholson and Arnold 1989, 1991).

2. Propositions.

The propositions stated in this section relate to the way the nursing self-concept of the students changes during their first year of training. Because of their need to relate to the underpinning philosophy of my chosen methodology, the propositions stated here relate to the personal construct psychology approach to the self-concept as used in the study.

The purpose of the study is to seek to examine the following;

1. How the nursing self-concept of the respondents changes in relation to their ideal self over the period of the study (Arnold and Nicholson 1991), (see section 3.5, chapter VI).
2. How the ideal self of the respondents is situated, on the cognitive maps, relative to those individuals that the respondents view as positive role models (Arnold and Nicholson 1991), (see section 4.3, chapter VI).
3. How the nursing self-concept of the respondents moves, over-time, relative to those elements representing individuals that the respondents view as positive role models (Nicholson and Arnold 1991), (see section 3.5, chapter VI).
4. How the students will rate the 'self now' and the 'self a year ago' on constructs related to the caring/nurturing dimensions of nursing and on those constructs related to the educational/technical dimensions of the nurses role (see section 3.5, chapter VI and section 5.1, chapter VIII).
5. How students' rate their 'ideal self' on constructs related to the caring/nurturing dimensions of the nurse's role and the ratings given to those constructs relating to the educational/technical dimensions of the nurses role (see section 3.5, chapter VI and section 5.1, chapter VIII).

3. Subjects.

The same sample was employed for this study as was used for study 3 (see chapter X). Demographic details of the subjects are shown in table 20.

Table 20. Demographic details of the subjects in study 3.

	subjects.	Mean age.	S.D.
T1, on commencement	n=88	21.78	11.35
T2, after eighteen weeks	n=74	21.08	4.41
T3, after one year	n=64	21.34	5.72

4. Procedure.

4.1 Introduction.

The timing of the three points of data collection was planned deliberately so that;

- T1 studied the students within the first week of the course (data was actually collected on day two),
- T2 was carried out after eighteen weeks (students have no clinical contact for the first eighteen weeks of the course),
- T3 was undertaken after one year (the students, by now have had liberal experience of both school, and clinical, experience).

On each occasion students were advised of their rights to withdraw, and offered my guarantee of personal confidentiality. The questionnaire booklet was explained, and any queries answered. All data collection was undertaken on occasions when students would normally be attending school.

4.2 Data collection.

With regard to this study, students were required to complete each of the nine grids in turn (ten at T3), without leaving any spaces. They were asked to rate each of the elements in turn, on a score of 1-7 against each of the fifteen constructs. Scholes and Freeman (1994) comment on this point that,

> *"This approach is a refinement of Kelly's original method of scoring the grids and was developed to resolve criticisms that the original format offered only dichotomies for the participant, which could not capture the complex nuances of an individual's interpretation of events, situation, and relationships"* (p.891).

Bannister (1960) also comments that it was becoming more common to use a 1-7 Likert type of scale because it enables a wider range of discrimination between the poles. Beail (1985) adds that the use of the 1-7 scale seeks to capture the complexity between the construct dimension. Scholes and Freeman conclude by saying that, *"The use of a continuum enables participants to locate their definitions more accurately between the polar extremes"* (p.891).

The subjects were advised, prior to completion of the grids, that both the elements and the constructs were to be interpreted in the context of nursing. The three 'self' elements were to refer to themselves in their nursing role. The six other elements, the students were advised, were to be hypothetical, imaginary individuals. This was decided upon because I did not want other dimensions of any actual person influencing the ratings given by the subjects (Barnes 1990). The only exception to this rule was the employing of the 'real' last clinical mentor (E10) at T3. This exception was employed because it was felt that the students' clinical experience was somewhat limited, and so their ability to hypothesise about the clinical staff was equally limited.

4.3 Repertory grid analysis.

The grids for all the respondents, on each of the three occasions, T1, T2, T3, were subjected to a SERIES analysis to find a consensus grid for each set of data. Each consensus grid was then subjected to INGRIDA analysis (see chapter VII). The three sets of analyses were then compared and conclusions drawn about the changes in position of elements, both in the 'cognitive maps', and with regard to changes in the 'inter-element' spaces and relationship of the elements and constructs.

Principle components analysis (cognitive maps).

Within the remit of eliciting the three (relating to T1, T2, T3) 'cognitive maps', via the INGRIDA programme, the following tables were produced from the data analysis for each of the three occasions;

- Analysis of component space.
- Loadings of elements and constructs.

The analysis of the component space, for each set of grid data for T1, T2, and T3, showed on each occasion that there were two Principal Components to be considered (see Tables 21, 22, and 23). On each of the three occasions there were two principal components, one occupying most of the component space, and a second one, although considerably smaller, still occupying more of the component space than the other six components combined.

Table 21, Table for analysis of component space at T1.

COMPONENT	ROOT	AS PER CENT
1	281.2937	94.71
2	14.5951	4.91
3	0.5785	0.19
4	0.3234	0.11
5	0.1199	0.04
6	0.0507	0.02
7	0.0258	0.01
8	0.0102	0.00

Table 22, Table for analysis of component space at T2.

COMPONENT	ROOT	AS PER CENT
1	318.8207	96.44
2	10.3860	3.14
3	0.7630	0.23
4	0.2872	0.09
5	0.1737	0.05
6	0.1210	0.04
7	0.0265	0.01
8	0.0040	0.00

Table 23, Table for analysis of component space at T3.

COMPONENT	ROOT	AS PER CENT
1	332.6217	96.20
2	11.4047	3.30
3	1.1195	0.32
4	0.2845	0.08
5	0.1514	0.04
6	0.0804	0.02
7	0.0693	0.02
8	0.0354	0.01

Having established that there are two principal components to be considered the axes for the 'cognitive maps' can be drawn (see chapter VII). The tables for the loadings of the elements provides us with the data to position each of the elements on the 'maps' (see Tables 24, 25, and 26). The tables for the loadings of the constructs provides us with the data to position each of the constructs on the 'maps' (see tables 24b, 25b, 26b). To find the position for any element on the cognitive map, a point is found where the loading for the element on the first principal component intersects with the loading for the same element on the second principal component.

Table 24, Loadings for elements at T1 on Principal Components 1 and 2.

COMPONENT 1			COMPONENT 2	
ELEMENT	**Loading**		**ELEMENT**	**Loading**
7, Somebody for whom I have no respect	9.4303		4, Somebody I really dislike	1.6726
4, Somebody I really dislike	8.6926		9, Nurse/midwifery teachers	0.9673
2, Myself one year ago	3.0693		7, Somebody for whom I have no respect	0.6537
1, Myself now	1.6032		6, My ideal qualified male nurse/midwife	0.4729
8, My ideal student nurse/midwife	-3.7224		3, My ideal self	0.4597
3, My ideal self	-4.6913		5, My ideal qualified female nurse/midwife	0.3235
9, Nurse/midwifery teachers	-4.7578		8, My ideal student nurse/midwife	-0.1074
5, My ideal qualified female nurse/midwife	-4.7904		1, Myself now	-2.1323
6, My ideal qualified male nurse/midwife	-4.8335		2, Myself one year ago	-2.3101

Table 24b, Loadings for constructs at T1 on Principal Components 1 and 2.

COMPONENT 1			COMPONENT 2	
CONSTRUCT	**Loading**		**CONSTRUCT**	**Loading**
3, Confident	-2.53		3, Confident	1.90
11, Ambitious	-2.90		6, Good leader	1.14
6, Good leader	-3.15		15, Technically skilled	1.02
8, Assertive	-3.25		8, Assertive	0.95
14, Enjoys studying	-3.82		2, Knowledgeable	0.81
15, Technically skilled	-4.04		13, Research-minded	0.60
4, Good communicator	-4.14		4, Good communicator	0.56
13, Research-minded	-4.17		14, Enjoys studying	0.48
9, Well organised	-4.29		9, Well organised	0.21
2, Knowledgeable	-4.92		12, Good role model	-0.13
1, Caring	-5.01		11, Ambitious	-0.54
7, Empathic	-5.20		7, Empathic	-0.94
10, Approachable	-5.23		5, Non-judgmental	-1.06
12, Good role model	-5.33		1, Caring	-1.32
5, Non-judgmental	-5.47		10, Approachable	-1.45

Table 25, Loadings for elements at T2 on Principal Components 1 and 2.

COMPONENT 1			COMPONENT 2	
ELEMENT	**Loading**		**ELEMENT**	**Loading**
7, Somebody for whom I have no respect	10.3098		2, Myself one year ago	2.1413
4, Somebody I really dislike	9.1255		1, Myself now	1.6198
2, Myself one year ago	3.2842		8, My ideal student nurse/midwife	0.0757
1, Myself now	1.2477		3, My ideal self	-0.1773
8, My ideal student nurse/midwife	-3.5886		5, My ideal qualified female nurse/midwife	-0.4043
3, My ideal self	-4.7300		6, My ideal qualified male nurse/midwife	-0.4530
9, Nurse/midwifery teachers	-5.0653		7, Somebody for whom I have no respect	-0.6995
5, My ideal qualified female nurse/midwife	-5.2602		9, Nurse/midwifery teachers	-0.8627
6, My ideal qualified male nurse/midwife	-5.3231		4, Somebody I really dislike	-1.2401

Table 25b, Loadings for constructs at T2 on Principal Components 1 and 2.

COMPONENT 1			COMPONENT 2	
CONSTRUCT	**Loading**		**CONSTRUCT**	**Loading**
3, Confident	-3.26		1, Caring	1.47
8, Assertive	-3.36		10, Approachable	1.29
11, Ambitious	-3.66		5, Non-judgmental	0.76
6, Good leader	-3.82		7, Empathic	0.60
14, Enjoys studying	-4.28		11, Ambitious	0.53
15, Technically skilled	-4.46		12, Good role model	0.15
13, Research-minded	-4.53		9, Well organised	-0.06
4, Good communicator	-4.54		4, Good communicator	-0.16
9, Well organised	-4.77		2, Knowledgeable	-0.35
1, Caring	-5.01		14, Enjoys studying	-0.62
7, Empathic	-5.15		8, Assertive	-0.70
2, Knowledgeable	-5.19		6, Good leader	-0.76
12, Good role model	-5.29		15, Technically skilled	-0.99
10, Approachable	-5.46		3, Confident	-1.10
5, Non-judgmental	-5.50		13, Research-minded	-1.24

Table 26, Loadings for elements at T3 on Principal Components 1 and 2.

COMPONENT 1			COMPONENT 2	
ELEMENT	**Loading**		**ELEMENT**	**Loading**
7, Somebody for whom I have no respect	10.2571		7, Somebody for whom I have no respect	1.0291
4, Somebody I really dislike	9.9074		4, Somebody I really dislike	1.0003
2, Myself one year ago	4.0529		9, Nurse/midwifery teachers	0.9058
1, Myself now	1.0001		5, My ideal qualified female nurse/midwife	0.4208
10, My last clinical mentor	-2.4145		6, My ideal qualified male nurse/midwife	0.4082
8, My ideal student nurse/midwife	-3.3566		3, My ideal self	0.3123
9, Nurse/midwifery teachers	-4.5386		10, My last clinical mentor	0.0212
3, My ideal self	-4.7728		8, My ideal student nurse/midwife	-0.1695
5, My ideal qualified female nurse/midwife	-5.0608		1, Myself now	-1.5525
6, My ideal qualified male nurse/midwife	-5.0739		2, Myself one year ago	-2.3757

Table 26b, Loadings for constructs at T3 on Principal Components 1 and 2.

COMPONENT 1			COMPONENT 2	
CONSTRUCT	**Loading**		**CONSTRUCT**	**Loading**
11, Ambitious	-3.56		13, Research-minded	1.35
8, Assertive	-3.66		15, Technically skilled	1.01
3, Confident	-3.75		3, Confident	0.92
14, Enjoys studying	-4.02		6, Good leader	0.78
6, Good leader	-4.33		8, Assertive	0.78
9, Well organised	-4.51		14, Enjoys studying	0.63
13, Research-minded	-4.57		2, Knowledgeable	0.62
4, Good communicator	-4.70		9, Well organised	0.06
15, Technically skilled	-4.77		4, Good communicator	-0.02
1, Caring	-5.02		12, Good role model	-0.24
7, Empathic	-5.20		11, Ambitious	-0.57
2, Knowledgeable	-5.30		7, Empathic	-0.65
12, Good role model	-5.38		5, Non-judgmental	-0.83
10, Approachable	-5.54		1, Caring	-1.43
5, Non-judgmental	-5.58		10, Approachable	-1.48

From the above tables, we can see that Component 2 will be the X-axis of the cognitive maps, and Component 1 will be the Y-axis. Before the cognitive maps are drawn, however, it might be appropriate to give a summary table in 'element-order' to give some visual sense of the relationship between, and movement of, the loadings of the elements over the three data-collection occasions (see Table 27).

Table 27. Relationship between the element loadings at T1, T2 and T3.

	COMPONENT 1			COMPONENT 2		
Elements	LOADINGS					
	T1	T2	T3	T1	T2	T3
1, Myself now	1.6032	1.2477	1.0001	-2.1323	1.6198	-1.5525
2, Myself one year ago	3.0693	3.2842	4.0529	-2.3101	2.1413	-2.3757
3, My ideal self	-4.6913	-4.7300	-4.7728	0.4597	-0.1773	0.3123
4, Somebody I really dislike	8.6926	9.1255	9.9074	1.6726	-1.2401	1.0003
5, My ideal qualified female nurse/midwife	-4.7904	-5.2602	-5.0608	0.3235	-0.4043	0.4208
6, My ideal qualified male nurse/midwife	-4.8335	-5.3231	-5.0739	0.4729	-0.4530	0.4082
7, Somebody for whom I have no respect	9.4303	10.3098	10.2571	0.6537	-0.6995	1.0291
8, My ideal student nurse/midwife	-3.7224	-3.5886	-3.3566	-0.1074	0.0757	-0.1695
9, Nurse/midwifery teachers	-4.7578	-5.0653	-4.5386	0.9673	-0.8627	0.9058
10, My last clinical mentor			-2.4145			0.0212

'Cognitive Maps'.

The cognitive maps (see Figures 14, 15, and 16), drawn using the figures from the above data, give a visual representation of the positions of the elements in relation to each other. We can then compare the movement of the elements within the map structure, over time. The maps also give us a visual representation of the relationship of the elements to the constructs. The intersection of the loadings for the constructs is aligned with the intersection of axes X and Y and the point where this line would exit from the circle is marked. The constructs are then named on the outer circle, with their opposite poles shown on the other side of the circle as a minus sign.

Figure 14. The cognitive map at T1.

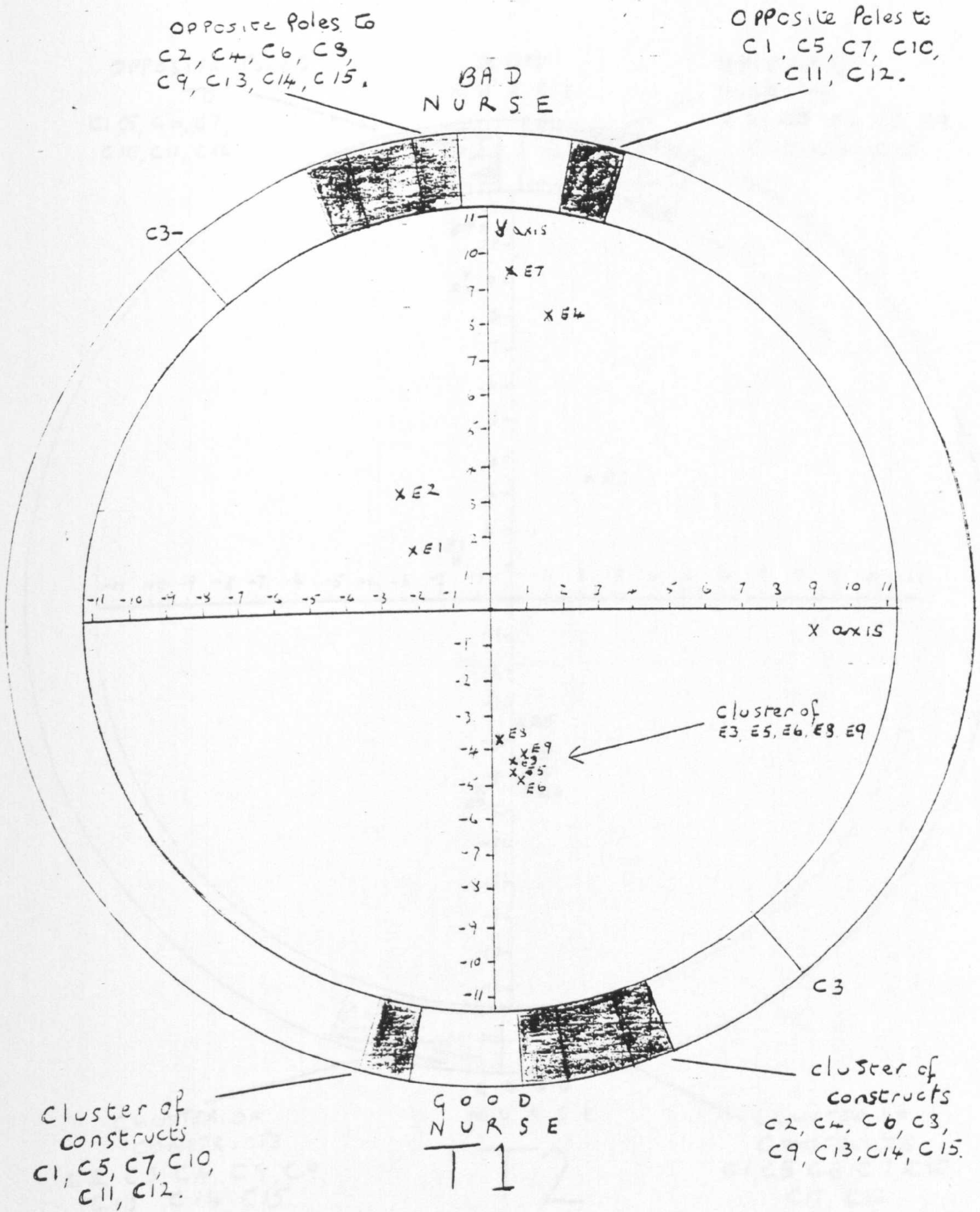


Figure 15. The cognitive map at T2.

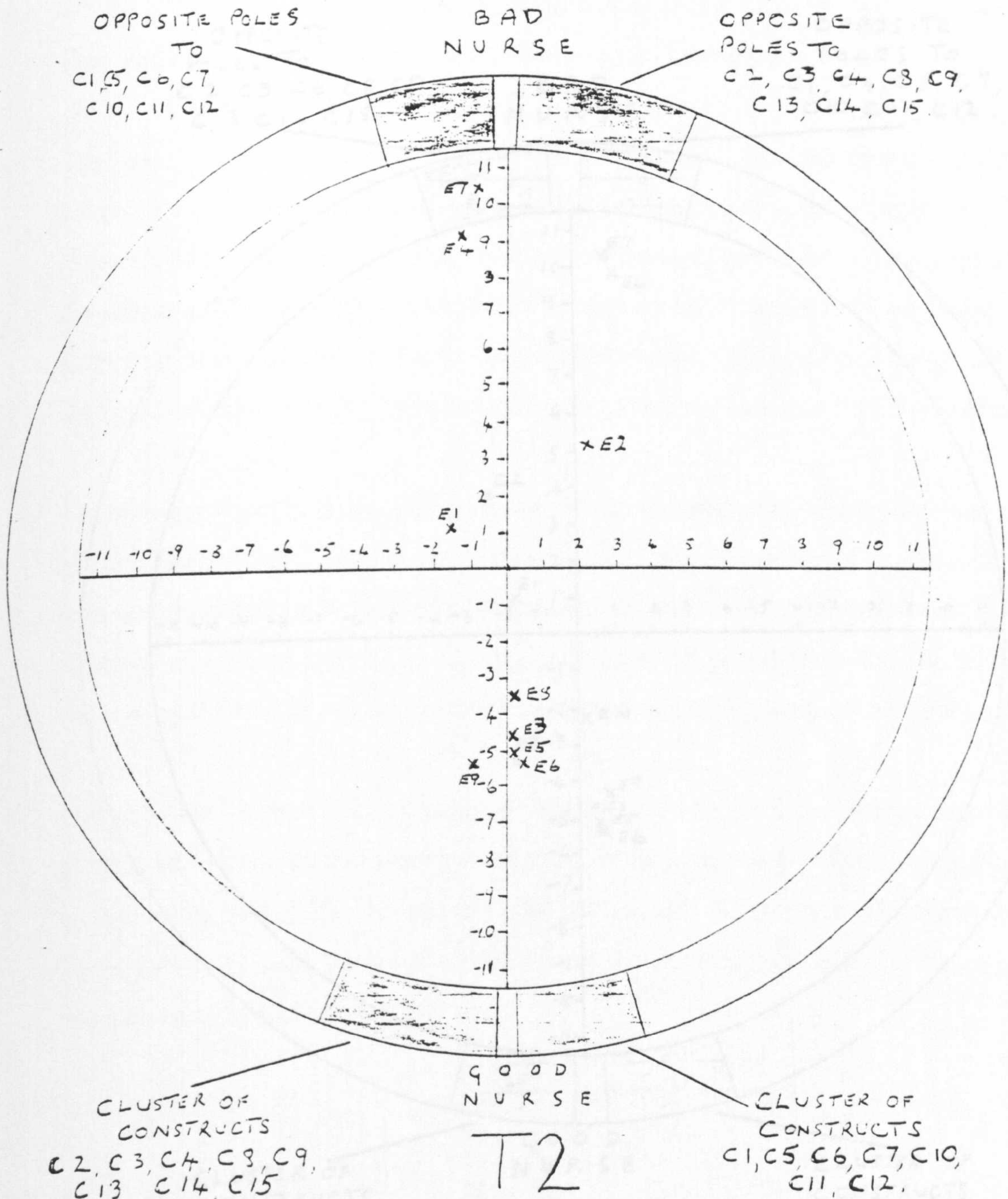
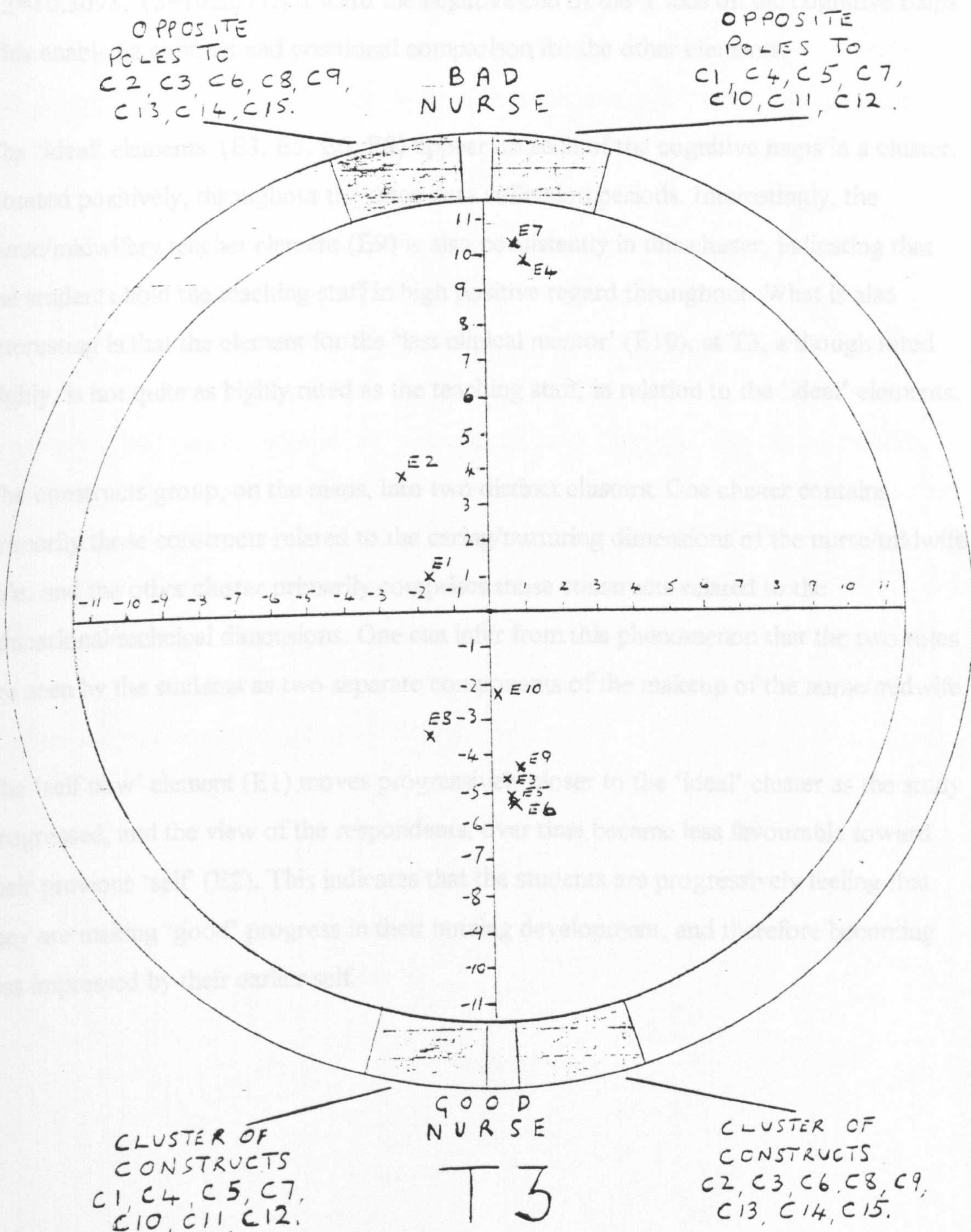


Figure 16. The cognitive map at T3.



5. Discussion of results.

The 'cognitive maps'.

The results are best discussed in relation to the propositions, and the foregoing tables and cognitive maps. It is worth commenting at the outset that the elements E4 (Somebody I really dislike) , and E7 (Somebody for whom I have no respect) remained as extreme loadings (Element 4, T1=8.6926, T2=9.1255, T3=9.9074. Element 7, T1=9.4303, T2=10.3098, T3=10.2571,) toward the negative end of the Y axis on the cognitive maps. This enabled a contrast and positional comparison for the other elements.

The 'ideal' elements, (E3, E5, E6, E8) appear on each of the cognitive maps in a cluster, situated positively, throughout the three data collection periods. Interestingly, the nurse/midwifery teacher element (E9) is also consistently in this cluster, indicating that the students hold the teaching staff in high positive regard throughout. What is also interesting is that the element for the 'last clinical mentor' (E10), at T3, although rated highly, is not quite as highly rated as the teaching staff, in relation to the 'ideal' elements.

The constructs group, on the maps, into two distinct clusters. One cluster contains primarily those constructs related to the caring/nurturing dimensions of the nurse/midwife role, and the other cluster primarily comprises those constructs related to the educational/technical dimensions. One can infer from this phenomenon that the two roles are seen by the students as two separate components of the makeup of the nurse/midwife.

The 'self now' element (E1) moves progressively closer to the 'ideal' cluster as the study progressed, and the view of the respondents, over time became less favourable toward their previous 'self' (E2). This indicates that the students are progressively feeling that they are making 'good' progress in their nursing development, and therefore becoming less impressed by their earlier self.

The tables.

The tables shown earlier enable us to give a supportive, quantitative dimension to the visual changes apparent on the 'cognitive maps'. The tabular results can be used to provide substantive numerical analysis of the claims made via the visual evidence of the cognitive maps. It is from this numerical, tabular evidence that the maps were derived, and therefore its use lies in its ability to be used to support with 'hard' data, the seemingly obvious visual changes claimed on the maps.

5.1 Relationship between constructs and the three 'self' elements.

In propositions 4 and 5, I set out to examine how students would rate the 'self now', the 'self a year ago', and the 'ideal self' against the caring/nurturing constructs (C1, C5, C7, C10), and the educational/technical constructs (C13, C14, C15). This is to examine whether students see themselves, to some degree, with those qualities that reflect the 'lay' perception of nursing, and whether they need to work towards those skills that they require to become a qualified, well-functioning professional nurse. These propositions are best examined against the tabular results of the INGRIDA analysis related to the construct/element relationships, expressed in degrees. (See Tables 28, 29, 30, and 31a, 31b, 31c). (NB. In all tables, the lower the score, the closer the relationship between that element and that construct [UMIST 1990]).

Table 28. The three 'self' elements in relation to all constructs, expressed in degrees.

	SELF NOW			SELF A YEAR AGO			IDEAL SELF		
Construct	T1	T2	T3	T1	T2	T3	T1	T2	T3
1 Caring	112.0	110.9	106.5	128.1	130.0	133.6	20.5	19.1	20.1
2 Knowledge-able	136.1	130.3	127.8	151.3	150.1	155.9	5.9	6.4	6.6
3 Confident	162.1	144.1	133.8	173.8	162.0	162.8	31.5	19.1	12.6
4 Good communicator	134.6	129.2	121.4	150.0	148.6	149.2	5.8	4.3	5.8
5 Non-judgmental	115.8	119.4	113.6	131.9	138.9	141.0	17.0	10.9	12.9
6 Good leader	146.7	137.7	131.9	160.8	156.5	158.8	16.5	12.4	9.0
7 Empathic	116.6	120.5	114.8	132.5	140.1	142.4	16.5	9.9	11.8
8 Assertive	142.6	138.0	133.0	158.8	157.8	161.2	10.9	10.9	9.9
9 Well organised	129.3	128.0	122.9	145.8	147.5	149.6	3.9	2.8	5.7
10 Approachable	111.4	114.0	107.2	127.4	133.4	134.5	21.6	16.6	19.3
11 Ambitious	115.6	118.6	112.7	132.5	138.3	140.0	16.7	12.4	14.2
12 Good role model	125.4	125.8	120.0	141.2	144.9	146.4	8.6	6.0	7.5
13 Research-minded	133.7	141.5	136.9	150.9	161.7	164.8	8.9	15.6	14.8
14 Enjoys studying	132.4	135.2	130.9	149.8	154.8	155.1	7.7	8.4	11.1
15 Technically skilled	140.8	139.8	133.7	156.5	158.4	160.7	9.3	11.5	9.2

Table 29. The three 'self' elements in relation to the caring/nurturing constructs, expressed as degrees.

	SELF NOW			SELF A YEAR AGO			IDEAL SELF		
Caring constr-uct	T1	T2	T3	T1	T2	T3	T1	T2	T3
1	112.0	110.9	106.5	128.1	130.0	133.6	20.5	19.1	20.1
5	115.8	119.4	113.6	131.9	138.9	141.0	17.0	10.9	12.9
7	116.6	120.5	114.8	132.5	140.1	142.4	16.5	9.9	11.8
10	111.4	114.0	107.2	127.4	133.4	134.5	21.6	16.6	19.3

Table 30. The three 'self' elements in relation to the educational/technical constructs, expressed as degrees.

	SELF NOW			SELF A YEAR AGO			IDEAL SELF		
Tech. constr-uct	T1	T2	T3	T1	T2	T3	T1	T2	T3
13	133.7	141.5	136.9	150.9	161.7	164.8	8.9	15.6	14.8
14	132.4	135.2	130.9	149.8	154.8	155.1	7.7	8.4	11.1
15	140.8	139.8	133.7	156.5	158.4	160.7	9.3	11.5	9.2

Table 31a. Range of degrees for the 'self now' element in relation to the two sets of constructs (caring/nurturing, and educational/technical), throughout period T1-T3

Caring/nurturing elements C1, C5, C7, C10		Educational/technical elements C13, C14, C15	
Lowest degree in the range	Highest degree in the range	Lowest degree in the range	Highest degree in the range
106.5	120.5	130.9	141.5

Table 31b. Range of degrees for the 'self a year ago' element in relation to the two sets of constructs (caring/nurturing, and educational/technical), throughout period T1-T3

Caring/nurturing elements C1, C5, C7, C10		Educational/technical elements C13, C14, C15	
Lowest degree in the range	Highest degree in the range	Lowest degree in the range	Highest degree in the range
127.4	142.4	150.9	164.8

Table 31c. Range of degrees for the 'ideal self' element in relation to the two sets of constructs (caring/nurturing, and educational/technical), throughout period T1-T3

Caring/nurturing elements C1, C5, C7, C10		Educational/technical elements C13, C14, C15	
Lowest degree in the range	Highest degree in the range	Lowest degree in the range	Highest degree in the range
11.8	21.6	7.7	15.6

6. Summative discussion of results.

The results in the foregoing tables can be employed to demonstrate how the various 'self' elements are rated by the students in relation to all of the constructs, and more specifically to the caring/nurturing and educational/technical dimensions of the nurse's role. Overall, the results indicate that the elements 'self now' and 'self a year ago', rate relatively unfavourably when compared with the 'ideal self'. This situation is apparent, both on the caring/nurturing elements, and on the educational/technical elements. The inference here is not that the current self is necessarily rated poorly, but that the ambitions of the students, in all aspects of nursing, is high, perhaps even unreasonably high. This is confirmed when one considers the ranges of degrees for the three elements on both sets of constructs over time, and when one refers to the position of the 'ideal self' element in the cognitive maps. More specific conclusions can be drawn, though, when one considers the element/construct relationships separately.

With regard to the caring/nurturing constructs (E1, E5, E7, E10), the subjects develop a more positive view of their caring self-concept between T1 and T3. However, between T1 and T2, their view becomes somewhat more negative. This could be due to the fact that between T1 and T2 there is no clinical contact, and so the students have no opportunity to demonstrate their caring skills. Also their self concept during this period may be clouded by their views of themselves in a purely academic environment, and rating themselves on their academic prowess, rather than the caring skills that they haven't yet had the opportunity to test.

Also, on the caring/nurturing constructs, the view of their earlier self (E2) becomes progressively worse. This indicates that they feel that some improvement is being made, because the students feel that the distance between their earlier selves and their self now is getting greater. It also indicates that there is a growing awareness of how little the students knew earlier.

With regard to the 'ideal self' element on the caring/nurturing constructs, between T1 and T3 the rating becomes higher, indicating that the students are setting higher standards for themselves as the course progresses. However, between T1 and T2, the students become particularly demanding of themselves. Between T2 and T3, the trend is less demanding, indicating a more realistic set of standards, perhaps based on the clinical experience, only undertaken following T2.

When one considers the individual relationships between the three self elements and the educational/technical constructs (C13,C14,C15), more illuminating evidence becomes apparent. On the 'self now' relationship to C13 (research-minded), the subjects become less research-minded over the time of the study. This is particularly evident between T1 and T2 during which time a considerable theoretical input regarding research is undertaken. Also, with regard to the 'self now', the students grow to 'enjoy studying' (C14) more over time, with a decline, though, between T1 and T2 when they experience *only* theoretical input. This changes when the students go on their placements between T2 and T3, when they can relate the theory to practice, and they can enjoy applying their studies to the practical dimension of nursing. With C15 (technically skilled) the students' 'self now' image gets progressively better throughout the course of the study, indicating an improving and positive self image over time with regard to their feelings of technical competence.

Regarding the 'self a year ago' (E2) and the educational/technical constructs, as with the caring/nurturing constructs, the relationship becomes more negative, and the students more critical of their earlier selves. The reasons for this are almost certainly the same as for the changes in the same element and the caring/nurturing constructs.

With regard to the 'ideal self' (E3) element and the educational/technical constructs the evidence is different from the caring/nurturing constructs. The relationship between the element and the constructs becomes more distant over time, indicating that the students, in the light of their experiences, have become less demanding of themselves with regard

to their expectations. A more realistic set of expectations now seem to prevail, which might indicate that the students are coming to terms with the realities of nursing.

7. Inter-element distances.

One major facility of the INGRIDA programme is its ability to plot the distances between a pair of elements (see chapter VII). This function, according to UMIST (1990), is particularly useful in exploring a person's self-concept, where the distances of the elements (people) from the Self Now, and Ideal Self are plotted. The graphical distribution of the points is informative concerning how the person sees themselves (UMIST 1990). This is particularly useful in the context of this study, where I needed to explore how the self-concept changes in relation, not only to the ideal self, but also to those significant others in the students' educational role set. The results are expressed as degrees, which it is permissible to interpret as average distances (UMIST 1990).
For sake of clarity, a summary of the results is shown in tabular form (see Table 32).
(NB. If the number becomes lower over time, then the relationship, or distance, is becoming closer. If the number becomes greater, then the relationship, or distance, is becoming more removed or distant).

Table 32. Inter-element distances, between 'self now' and the other elements, expressed as degrees (at T1,T2,T3).

RELATIONSHIP BETWEEN **E1**, 'SELF NOW' AND THE OTHER ELEMENTS				
	T1	T2	T3	Summary
E2. Self one year ago.	19.2	22.3	31.0	Becomes more distant over time.
E3. My ideal self.	132.0	129.3	125.9	Becomes closer, over time.
E4. Somebody I really dislike.	64.0	60.4	63.6	Remains relatively unchanged over time.
E5. My ideal qualified female nurse/midwife.	130.8	131.5	126.5	Becomes closer, over time.
E6. My ideal qualified male nurse/midwife.	132.4	131.8	126.5	Becomes closer, over time.
E7. Somebody for whom I have no respect.	57.4	56.9	63.7	Becomes more distant over time.
E8. My ideal student nurse/midwife.	124.0	125.8	119.1	Becomes closer, over time.
E9. Nurse/midwifery teachers.	137.8	136.3	132.4	Becomes closer, over time.
E10. My last clinical mentor.			119.5	Single reading only, therefore no trend apparent.

7.1 Discussion of results.

It is suggested that, over time, the individuals' nursing self becomes more positive and moves toward their 'ideal self'. It is proposed that the 'nursing self-image' of the students will get closer to those significant others in their educational role set. The data contained in the foregoing tables can be utilised to test these propositions quantitatively. Table 32 shows the relationship between the element E1 (Self now) and the other elements over the time span of the study. Trends can be identified from the tabular details and explanation for the trends is best summarised according to the relationship between element E1 and the other elements as it appears in the table.

E1/E2; the respondents' view of the self a year earlier has become more negative over time. This indicates that the students feel that they have made progress and have a resultantly lower opinion of their former nursing self.

E1/E3; overall, the students move closer to their ideal self, indicating that they are getting a more positive nursing-self concept as the course progresses.

E1/E4; the view remains relatively unchanged. This might indicate that the course has made the students' tolerance of those they dislike neither better nor worse.

E1/E5; as shown on the cognitive maps, the 'ideal' elements are to be found in a cluster, with the 'self now' element moving closer to the cluster over time. The inter-element distances table gives further data as support for that evidence. The E1/E5 relationship is typical of this trend.

E1/E6; as E1/E5.

E1/E7; relationship becomes slightly more distant over time. This might indicate that the students grow to consider that respect is important in nursing, and that they wish to distance themselves further from those for whom they have no respect.

E1/E8; as E1/E3, E1/E5, and E1/E6.

E1/E9; It is interesting that the students, over time grow closer to the teaching staff on the tabular evidence. This is particularly so when one considers the Reality Shock evidence in study 2 (chapter IX), where the students soon become disillusioned and disappointed with the course. The evidence here suggests that this disappointment doesn't extend to the relationship between the students and the teaching staff.

E1/E10; no trend can be elicited, but the tabular evidence suggests that the E1/E10 relationship sits among those other positively rated elements. This supports the view that the respondents hold all of those in their 'real' and 'hypothetical' educational role set in high regard, and that this regard gets better over time.

8. Relationship of results to propositions.

The relationship of the results with these propositions is best demonstrated by accounting for each proposition in turn (propositions are restated in parentheses);

1. (How the nursing self-concept of the respondents changes in relation to their ideal self over the period of the study). The cognitive maps showed visually how the 'self now' element (E1) moved closer to the 'ideal self' element (E3). Also, the tabulated data from the 'inter-element' distances analysis confirmed this movement over time. The

'self now' element (E1), moved positively, in relation to the 'ideal self' element (E3) (measured in degrees), from 132.0 degrees at T1, to 125.9 degrees at T3.

2. (How the ideal self of the respondents is situated, on the cognitive maps, relative to those individuals that the respondents view as positive role models).As shown by the visual evidence of the cognitive maps, the 'ideal self' element (E3) of the respondents remained, throughout the study, in the cluster with those elements that are considered by the students to be of a positive influence to them. This includes the nurse/midwifery teachers (E9), and the other 'ideal' elements (E5,E6,E8). Also, at T3, the 'my last clinical mentor' element (E10) was visually situated close to the 'ideal self' (E3) element, but not quite in the 'ideal' cluster, as was the 'teacher' element.
3. (How the nursing self-concept of the respondents moves, over-time, relative to those elements representing individuals that the respondents view as positive role models).The visual display of the elements on the cognitive maps, supported by the inter-element relationship tables shows the 'nursing self-concept' (E1) moving closer, over time, to the cluster of elements that represent the elements considered by the students to be of a positive influence on them.
4. (How the students will rate the 'self now' and the 'self a year ago' on constructs related to the caring/nurturing dimensions of nursing and on those constructs related to the educational/technical dimensions of the nurses role). As shown by the data in tables 29 and 30. The students rated the caring/nurturing constructs higher than the educational/technical constructs. One interesting departure from this, though, is with the 'ideal self' element (E3), which is rated higher on the educational/technical elements. This could be because the students are aware of their shortcomings in these areas and would like to improve to become the well-qualified professional nurse.
5. (How students' rate their 'ideal self' on constructs related to the caring/nurturing dimensions of the nurse's role and the ratings given to those constructs relating to the educational/technical dimensions of the nurses role). As shown in tables 29 and 30, both sets of construct were rated highly with regard to the element for the 'ideal self', but the evidence suggests that the elements for the educational/technical dimensions of the nurses role, because they are rated highest, are the ones that the students feel that

are perhaps the more important: students feel that these are the areas of nursing that they would like to be 'good' at, and feel they need to work hardest at.

9. Limitations.

As with any empirical study, a number of limitations are evident. The main limitation is that the INGRIDA programme is such a rich source of data analysis, that a single report such as this can hardly do it justice. One has to argue that this, though, is certainly a limitation of the study's use of the tool, rather than a limitation of the tool itself. If the study had not been part of a structure to examine the 'peri-entry' approach, then more dimensions, exploring the full potential of the INGRIDA programme, could have been utilised. The use of the repertory grid technique is limited, only by the imagination of the researcher, in this case, mine. When a study, with such a rich supply of data as this, is only part of a number of studies, one is automatically restricted in how much discussion one can have in respect of the conclusions drawn from the analyses, and of the theoretical underpinnings of the analyses themselves. This can, though, only be considered to be a limitation if these data are not, at some future point in time, used to demonstrate even more dimensions of the complex process known as socialisation. Another limitation identified is that the importance of the results would have benefited from this longitudinal study covering the whole of the three-year course, rather than just the first twelve months. Had the numbers in the sample been smaller, I would have preferred to have elicited the constructs from each of the respondents individually. However, as explained earlier, the argument for supplying the constructs has, by necessity, added a new dimension to the construction of repertory grids. Somewhat perversely, therefore, this limitation has proved to be a boon in justifying both individualised, and generalised, grid designs (Thorne 1997).

10. Conclusions and implications for the 'peri-entry' approach.

This has proved to be an important study in the ongoing debate surrounding the question of whether the professional self-concept of neophyte student nurses is positively or negatively influenced by the socialisation process. Views in the published reports have,

historically, been somewhat polarised. On the one hand, the majority of commentators have claimed that the self-concepts of the students undergo a more negative trend as a result of their socialisation experiences (Kramer 1974, Klug 1989, Burgess 1980, Windsor 1987, Theis 1988, Kelly 1992, Ellis 1980), whereas, on the other hand, a small number have indicated that the self-concept of new students becomes more positive as a result of their socialisation experiences (Hughes et al 1991, Gendron 1981, Heywood et al 1983, Weller et al 1988). Within the framework of the 'peri-entry' approach, it is suggested that, over time the students achieve a more positive 'nursing' self-concept. This suggestion is reflected in the nature of the propositions, which, in the main, were supported by the results of the data analysis. An important feature of the study is the 'high expectations' that the students have of themselves, as reflected in the 'ideal self (the self that I would most like to be like)' element (E3), which sits consistently amongst those other 'ideal elements' and the element for nurse/midwifery teachers (see cognitive maps and tables for inter-element distances). One could argue that a progressively more positive self-concept is inconsistent with the symptoms of Reality Shock (Kramer 1974). However, Gendron (1981) argues that this positive self concept develops because the individual grows in competence and confidence over time and that this is supplemented by the individual feeling that they are continuously getting closer to the end of the course, and that prized qualification.

Having now completed the substantive studies examining the 'peri-entry' approach, the final chapter briefly summarises and then discusses the thesis as a whole and the empirical studies in particular. The findings from each of the four studies are discussed in the context of how they fit, if at all, into the 'peri-entry' approach. The implications of the studies and the approach for nursing are also discussed, and recommendations for future practice explained.

CHAPTER XII

SUMMARY and DISCUSSION

1. Introduction.

Having now completed the theoretical background and the empirical examination of the foci of the suggested framework of the 'peri-entry' approach to new-entrant socialisation in nurse education, it is appropriate to reconsider the issues covered, and discuss them in the light of the findings of the studies. The reason for presenting the 'peri-entry' approach for consideration was because it included in its structure the events of the pre-entry period, and earlier theories and research reports about the socialisation experiences of new students had, in the main, seemed to concentrate on the period commencing at the point of entry, leaving the pre-entry period relatively unexplored (DuToit 1995, Watson 1981, Cohen 1981, Goldenberg and Iwasiw 1993). Also, the approach was structured as it was, consisting of the four dimensions of socialisation explored in the empirical chapters, because these dimensions were, apart from the adopting of the host culture's values and norms, the most frequently reported single aspects of the socialisation phenomenon (Stoller 1978, Shead 1991, Heyman et al 1984). The four dimensions chosen were also those that were frequently studied in the general occupational fields, and were transferable to the nursing context (Nicholson and Arnold 1991, Louis 1980, Wanous et al 1992). It was convenient to bring the four dimensions under the 'framework' of the 'peri-entry' approach because the majority of studies into the negative dimensions of the post-entry experiences, seemed to pay some reference to the effects on the individual's feelings of experiencing unmet expectations (Katzell 1968). This common factor, that each of the post-entry studies may, in some way be connected with the effects of these unmet expectations prompted me to align the studies, albeit tenuously, within the framework of one approach. Criticism could legitimately be levelled at the 'peri-entry' approach that the four selected parts are not connected, and that they are all 'isolated' dimensions of the socialisation trajectory. Also, it could be argued that the negativity and other difficulties experienced by the students are simply 'rites of passage', and are there to be endured as part of 'becoming' a nurse. I am also aware that by

undertaking a structured, quantitative, approach to the three post-entry studies, that it might be felt that I am missing the opportunity to explore the nuances of the interactive and qualitative dimensions of the complexities of socialisation. Many earlier studies, I felt, had approached the socialisation phenomenon from this qualitative approach (Melia 1981, Seed 1991), and by so doing had already provided the necessary qualitative dimension to the exploration of the subject. I felt that within the postpositivist paradigm (Guba 1990), and with the freedom, as a practitioner to undertake a multi-study approach, that there was 'room' in the socialisation literature for a different, yet complementary approach. Structured approaches had been employed before (DuToit 1995), but not in the context of combining the studies under one conceptual 'umbrella', namely the effects on the socialisation process of unmet entry expectations. I am happy, therefore, to accept, and defend, the criticisms by referring back to the literature and drawing on my own, and colleagues experiences, content simply to have at least informed some of the debate in the complex issue of socialisation, and to have given some, admittedly attenuated structure to the otherwise disparate socialisation process.

The 'peri-entry' approach is a three-phase approach, which seeks to examine and give some sense of 'inter-conceptual linkage' to the concepts of socialisation by paying attention to the implications of what transpires in the pre-entry period, as well as to the events of the entry and post-entry periods, and to examine empirically for any possible connections between the socialisation events of the periods. Of importance to the approach, in the sense that they 'launch' the socialisation trajectory, are the expectations about their new career that students had when they commenced their training, and how these expectations were formed and developed. Also of importance in the approach was the question of what the effects might be on the students' socialisation process if these expectations weren't consistent with their post-entry experiences (Katzell1968). In fact, the approach seeks, primarily, to explore through reference to the literature, and through four empirical studies, whether there is dissonance between pre-entry expectations and post-entry experience. If dissonance is identified, as the 'peri-entry' approach, and the literature, suggest, then what might be the debate concerning the implications for the individual's socialisation experiences in

the three dimensions chosen for inclusion in the 'peri-entry' approach? Further topics for debate might also be raised; Can the negativity expressed in one study be allied to the negativity shown in another? Do similar results in the studies demonstrate anything more than coincidence, or different aspects of the rites of passage? Can one draw any conclusions from the results at all, or is the socialisation process so complex that any attempt to demonstrate a relationship between concepts can be dismissed on the grounds that each component of the socialisation milieu can only, and therefore must, be considered as a stand-alone part of the socialisation trajectory? Does the inherent complexity of the socialisation process mitigate against any study claiming support for its underpinning theory, and can any proposition concerning socialisation simply be dismissed on the grounds that some factor not identified in the study is 'at work' and that the researcher is invariably working to an erroneous set of assumptions or propositions? The studies comprising this thesis make no claim to answer these questions, they merely seek to pose the questions in order to structure, stimulate and inform the complex socialisation debate.

One important point to consider here is whether the four studies can legitimately claim to have correctly identified the expectations of new entrants, and also whether they have measured the areas where dissonance between expectations and experience may be reflected in empirical terms. The literature appears to indicate that unmet expectations do result in negativity in the students (Katzell 1968, Louis 1981), particularly in the three post-entry areas studied here. I am, therefore, making an assumption based on the literature, that these areas of study are the most appropriate to measure when looking for a relationship between events in the pre-entry period, examined in study 1 (chapter VIII), and consequences for the student's well-being in the post-entry period, examined in studies 2-4 (chapters IX-XI). Any relationship between the studies, though, must be calculated by 'educated conjecture', as must any claims for a causal, or even 'loose' conceptual, relationship between the expectations and the attitude changes. Although the literature appears to support the assumption (e.g. Lindop 1989), I am not convinced that a causal link can legitimately be claimed, if one is looking for irrefutable evidence. The evidence of probability (Guba 1990) says that there probably is a link, but one could equally argue that the negativity may

also be simply part of the 'rites of passage' that students experience when starting nursing (see above, and Bradby 1990). Interestingly, if one adheres to a 'critical realist' postpositivist paradigm interpretation of the study results, then given the available evidence, causality can be claimed. This is because postpositivists accept that outside the laboratory experiment that 'true' claims for causality can not be made, and one must rely on the 'laws of probability' (Guba 1990). What they argue is that if the evidence is detailed enough, and the study is convincing in its approach to method, data collection, analysis, and interpretation of results, then a claim *can* be made for a causal relationship to exist. However, wherever one's paradigmatic loyalties lie, though, the evidence provided by the four studies does serve, if nothing else, to fuel the debate.

2. Summary and discussion of overall study results.

The four studies were devised as an empirical examination of the major reported conceptual components, and possible relationships, of the three phases of the 'peri-entry' approach. The results of each of the studies appeared to give some support to the notion that students, prior to entry form expectations based of societal images of nursing (Kalisch and Kalisch 1987, Gallagher 1987), and that when these expectations are not met by the post-entry experiences, then changes in attitude and emotion occur (Parker and Carlisle 1996, Ilgen and Seely 1974). The overall results are summarised as follows;

Study 1.

Study 1 results indicated that;

- Individuals decide at an early age to enter nursing (Muldoon and Kremer 1995).
- Individual's perceptions of nursing appear to be guided by society's stereotypes and the media (Land 1994).
- Individuals have a vision of nursing, based, it seems, on its caring and nurturing dimensions, with a lesser perception of the technical or educational dimensions (Kohler and Edwards 1990).

- Prospective student nurses have less perception of the nature of nurse education, than one might expect, given the nature of the selection interview setting and purpose (Pankratz and Pankratz 1967).
- Prior to entry, all of these images develop into a set of expectations about their new career that the individual then develops through a process of anticipatory socialisation (Kersten et al 1991, Jacox 1973).

Study 2.

Study 2 indicated that;

- Reality Shock occurred amongst new students soon after commencing the course (Bradby 1990).
- The stages of Reality Shock followed the predicted pattern of honeymoon, shock, recovery/resolution (Kramer 1974).
- After thirty months, there was evidence of the recovery/resolution phase of the Reality Shock phenomenon (Kramer 1974).

Study 3.

Study 3 results indicated that;

- A progressively more negative attitude developed over-time, on the part of the respondents towards nursing (Muldoon and Kremer 1995).

Study 4.

Study 4 results indicated that;

- The context-specific 'nursing' self-concept of new students got more positive over-time (Heyman et al 1983, Gendron 1981).
- The educational role-set of the students was consistently held in high regard.
- The students' self-concept got closer over-time to the opinion they held for their educational role-set.

Conceptually, I would like to claim that there is some reasonable argument from these findings, combined with my own anecdotal evidence, and the evidence from the literature, to support the view that the consequences demonstrated in the three post-

entry studies might have some links with the non-meeting of expectations held on entry. I cannot overstate the importance I place on my own experiences, and on the reports from the literature. Consistently, over the years, I have listened to students saying that they were disappointed with the course, and that it wasn't what they were expecting. With regard to this, though, and considering that these comments were forthcoming regardless of the nature, structure or curriculum of the course, I am becoming increasingly aware that this apparent turmoil may be due to the students experiencing a rite of passage, and that they would be disappointed and feel 'let down' regardless of what the course held for them. I tried to present a balanced selection of the literature that would present a more eclectic view of the socialisation experiences, but whatever I read seemed to support the theses of the studies. There was overwhelming reporting of the 'fact' that students do enter training with expectations based on the lay image (Bridges 1990, Gallagher 1987, Kalisch and Kalisch 1987), that the Reality Shock phenomenon does appear to occur (Bradby 1990, Shead 1991, Wierda 1989), and that the images of nursing held by the students do become more negative (Ehrenfeld et al 1997, Parker and Carlisle 1996, Muldoon and Kremer 1995). The exception to this trend was the way that earlier reports had claimed that the individuals' professional self-concept declined (Klug 1989, Kramer 1974). Although I reported this claim, the findings of my study were counter to it, being supported by only a minority of the literature (Weller et al 1988, Heyman et al 1983, Gendron 1981).

The results are encouraging in view of the fact that there were several different groups of subjects in the four studies, and there was a different methodology chosen for each study, thus demonstrating variety of approaches, yet remaining within the overarching framework of practitioner research (Reed and Procter 1995). As a practitioner researcher I was concerned that I might not be able to maintain the required degree of neutrality whilst drawing on my own experience-based value system, as suggested by Reed and Procter (1995) and Guba (1990), and that I might be forced, by circumstances, to abandon the chosen approaches in favour of some enforced research paradigm that was incompatible with the practitioner research philosophy (Webb 1990). As events transpired this was not the case. Each of the

methods and the data collection approaches fulfilled the requirements of both the practitioner research philosophy (Reed and Procter 1995, Webb 1990) and the postpositivist paradigm (Guba 1990).

It could be argued that the 'peri-entry' approach is fragmented, and this has been reflected in the arguably arbitrary nature of concept and method selection, but I would argue that the 'peri-entry' approach is based on sound literature-based evidence and my own experiences as a lecturer. This approach to method selection, and concept identification was employed to ensure that the most appropriate samples were used and the most appropriate methodologies employed, that is to say that the choice of methodologies and samples were driven by the nature of the studies, the requirements of the approach, and the previously reported evidence on the subject (Sackett and Wennberg 1997). The four aspects of socialisation selected for empirical testing were not chosen arbitrarily. The literature suggests some possible links between the pre-entry events identified here and the aspects of socialisation examined in the three post-entry studies. The point is not whether these studies were appropriate, or even conceptually linked, but which other studies need to be undertaken to identify further implications for the students' socialisation experiences, caused by their entering with an inappropriate set of expectations.

3. Limitations of the 'peri-entry' approach.

With the 'peri-entry' approach I have set out to identify, and examine empirically, some of the major dimensions of the socialisation process of the new entrant into student nurse education. I am, as stated earlier, conscious of the fact that there are important concepts and relationships that impact on the socialisation process that I have omitted. How big a part they play in the process as a whole, and how significant their absence from my approach might prove to be, is open to speculation and debate. I hope, though, that others will identify some of the concepts missing from the 'peri-entry' approach, and seek to 'fill the gaps' by undertaking the further research necessary to provide a more complete picture. However, having identified at least some of the factors, I hope that I have started the process. Any approach, though, has limitations. The 'peri-entry' approach is no exception. With the benefit of hindsight

there are certain aspects of the choice of participants, the methods employed, and dimensions studied, that I might have incorporated into my approach. Not incorporating them must be seen as limiting the scope of the 'peri-entry' approach. These limitations, as I have identified them, are;

- The demographic details of an individual (age, marital status, gender, education, social background, family background in health care) may have some bearing on how they react to being socialised (Stoller 1978, Kibrick 1963, Davis and Olesen 1963). With the exception of the sample selection in study one, I chose to consider the study groups as homogeneous entities. To have done otherwise, I believe, would have been both cumbersome and confusing, and would have risked missing important points under a welter of different and confounding data. In future, though, it may be appropriate to consider these demographic details in 'small doses', and singly, to facilitate a clear, uncluttered view of their contribution to the socialisation process.
- Previous health care experience could be an important factor, and deserves to be measured at some point. My sample in study one excluded candidates with previous health-care experience. The reasons behind this thinking were explained, and drawing on evidence from earlier studies, justified in chapter VIII (Stoller 1978, Warner and Jones 1981, McCain 1985). However, it might be appropriate to undertake a replication of study 1 using the same interview setting, and the same seventeen questions to test a sample who have all had previous health care experience and compare the findings.
- Some will undoubtedly see the structured approach I have adopted to exploring the complexities of socialisation via the 'peri-entry' approach as, in itself, limiting. I would defend the structured approach, though, on the grounds that it enabled me to give the studies, and the theoretical background, some degree of relationship to the other concepts identified when seeking to explain my four central concepts. This, I believe, gave a more complete view than if I had approached this complex subject in a more unstructured manner

Methodological limitations.

As is the case following many empirical studies, some non-specific and general limitations were identified with the methodologies employed. My first observation would be that, although the mainly quantitative approach employed here, has given some valuable statistical evidence on the 'peri-entry' approach, more use could have been made of the qualitative dimensions of the research repertoire (Melia 1982). Where a qualitative approach was used, it was not only particularly illuminating in its own right, but also had the added bonus of 'throwing more light' on the topics also examined quantitatively. One other potential methodological problem is that of relating the studies to each other, as an overall structure, to examine aspects of the approach empirically. The danger of employing different methods for each of the studies is that they may be seen as isolated, stand-alone studies, rather than component parts of a whole. One major limitation of the approach, is that certain dimensions of it are not measured after the first year of the course. Specifically, the Images of Nursing study (study 3), and the Self-concept study (study 4), were only measured, albeit on three occasions, for the first year. Further research should clearly examine these issues throughout the whole of the three-year course.

3.1 Implications of the 'peri-entry' approach.

Although the 'peri-entry' approach does have its limitations, the results of the studies give some indication that the students do appear, in fact, to develop progressively more negative views about the course and about nursing, as they progress through the course. This, if accepted, and not labelled, perhaps understandably, as rites of passage, has quite profound implications for nursing in general, and nurse education in particular. These negative feelings are often reported as being the cause of stress and attrition amongst the student body (Lindop 1987, 1989, 1991). Another effect of student dissatisfaction is that the educational staff might tend to blame themselves and their input to the course, causing lowered morale amongst teaching staff. This is a particularly important factor with the less experienced members of the teaching staff. Student dissatisfaction may also result in inappropriate reorganisation of the curricular content. One more implication of dissatisfaction with the educational system is that

the students may grow to detach themselves from it, and only communicate with the school when absolutely necessary, and then perhaps reluctantly. A major implication of the positive self-concept that the students have is that they may give any credit due, for their success, to their own endeavours, and not to the input from the school. The problem here, is that if the student needs help at some point they might not feel able, or willing to use the school, and school staff, even though evidence from study 4 indicates how the school staff are held in high regard by the students. What is perhaps required is that we develop the positive self-concept in students, without any increase in the apparently attendant negative perceptions of nursing.

One final implication of the 'peri-entry' approach, which is also supported by the literature, is the need to recognise the potential power of the media, and society in general, with regard to the expectations that students have on entry (Gallagher 1987, Bridges 1990). Also the approach has identified that socialisation is not a passive process (Simpson 1979), concerned simply with inculcating the new recruit into the norms and values of the profession. It is a multi-dimensional, lengthy, complex and dynamic process, and must be recognised as such (Coombs 1978). Students need to be listened to, and enabled to participate in their own socialisation (Simpson 1979). They need to be clear what their role is; are they students or nurses? If we do not make it clear, then evidence suggests that they will react negatively (Coombs 1978, Mangan 1996). Would it not be preferable to enable them to take a proactive role in their own socialisation? (Simpson 1979). If we involve the students more then possibly the negativity exposed in the studies here will decrease in intensity.

4. Practical recommendations, and recommendations for future research.

The first recommendation I would make is that somebody take the studies described here and either replicate, or extend them. I recognise that the 'peri-entry' approach is only, if anything, a basis for more work, not a final entity, and its claims, as already stated, are intended to stimulate debate, not to provide answers. I would also recommend that some reader of this thesis seek to develop empirically those areas where a need is apparent in the conceptual framework of the 'peri-entry' approach. I would suggest that some of the concepts described in this thesis, but not given

comprehensive empirical study, be given serious consideration for future research projects. These concepts include; segmentation, anticipatory socialisation, the 'lay' image of nursing, teaching and assessment strategies, and recruitment practices. I would further suggest that these, and other related topics, be preferably approached from a practitioner research perspective. Practitioners in nurse education are ideally situated to undertake such projects (Webb 1990) because of their background in the setting where they will be undertaking the research. By undertaking their own research they will also be avoiding the less-than favourable reception to their results that is experienced by 'outsider' researchers (Reed and Procter 1995).

With regard to the findings of the studies, and in the context of the three 'peri-entry' phases, I would like to make the following recommendations;

1. Potential recruits need to be made aware of the realities of the course for which they are applying (Wanous 1973). The recruitment literature and selection interviews need to reflect a realistic, rather than an idealistic interpretation of nurse training (and nursing). Florence Nightingale said that 'it is not enough to care'. Students appear to enter nursing with a belief that caring is the start, and finish, of the nurse's *raison d'être,* they need to appreciate that academic study, and technical expertise also play a part in patient-care. They need to be aware that care-assistants and support workers enter their chosen field because they care, and that they demonstrate this care in a tangible way on a daily basis. If students enter for the same reasons, based on the caring dimension of nursing, then one could argue that, perhaps without realising it, they are confusing the role of the support worker and the role of the nurse. What they are doing, maybe, is applying to be a care-assistant without realising it! Nursing in general, and being a student nurse in particular, is much more than this. The students before, during, and after entry need to be helped to appreciate this. There is ample anecdotal evidence, supported by the literature that nurses enter the profession because they care (Katzell 1968). Perhaps where the new entrant into nurse education makes the fundamental mistake is when they believe that this is not only where nursing begins, but also where it ends. Everybody involved in the care of patients can demonstrate that they care (Coombs 1978), and that this is one of the prerequisites of the role. However,

study one seems to indicate that new student nurses may not think beyond this caring dimension of their role. They appear to pay too little heed to the academic and technical aspects of being a student nurse, only considering that 'hands-on' care is how they will progress towards becoming a qualified nurse. This is how I feel I can make the comparison between the students and the care-assistants.

In connection with the foregoing there are, perhaps, implications for the support workers themselves. If, in the course of their work, they see the students actively expressing negative views about their training, saying that it isn't preparing them for 'real hands-on nursing', then the support workers might legitimately feel that if students are only aspiring after what they believe is effectively the support workers role, then maybe the support worker role is of a higher status than they are generally led to believe. This might have a considerable and positive, 'knock-on' effect. If the support workers begin to see their role as important, worthwhile, and one to aspire after, then they may begin to feel more valued and seek, through education, to improve both the role and their ability to function in that role. This would certainly make the promotion of the NVQ and GNVQ qualifications easier by making them more credible and valued by all staff, particularly the support workers themselves.

2. Any misconceptions, on the part of candidates, at interview, need to be carefully, and thoroughly corrected. They need to be aware exactly what it is they are applying for. All of the components of the course, including the need to achieve and maintain a high academic standard should be clearly and thoroughly explained. Evidence here suggests that inappropriate expectations held on entry have obviously not been identified and explored at selection interview. It might be that there is no formal mechanism in the interview process for so doing, and maybe we should consider introducing one, by realistically restructuring the whole interview milieu, with, at its core, a philosophy of presenting the realistic face of nursing to aspiring nursing students. We must remember that when they enter the interview forum this is the last opportunity we have to correct any misconceptions that candidates might have about what they are asking to embark on.

3. An active publicity campaign should be undertaken to correct the misconceptions about nursing, that are held by the public (Black and Germaine-Warner 1995). This would help to correct the misconceptions about nursing, held by the candidates such as those interviewed in study 1. We could begin by reconsidering the recruitment and advertising literature, aiming to recruit, not into nursing, but into nurse education. We shouldn't recruit nurses, but student nurses, fully armed with all the necessary information about their 'life' as a student for the three years following commencement. Recruitment tactics should also avoid the pitfalls of concentrating efforts on the glamorous aspects of the profession and give some insight into the technical and autonomous nature of the modern nurse, rather than the stereotypes so often portrayed in the media and television fiction (Kalisch and Kalisch 1982, 1987).
4. Up-to-date, and accurate advice should be given to schools' careers officers to enable them to enable their young charges to make a reasoned decision as to whether nursing is the right career for them. Evidence suggests that it is in childhood that many of the expectations about nursing are formed (Soothill and Bradby 1993). If we inform the school careers officers as to the realities of nurse education, then this will give the young people a more appropriate view of nursing and nurse education on which to base their expectations.
5. Following entry, teaching staff need to be aware of the possibility of the onset of Reality Shock and other negative views, and perhaps through student counselling or teaching, seek to overcome them (Kramer 1974) by open discussions with students at regular intervals following entry. This will also give the students the opportunity to explore other issues that concern them, and give them both the positive impression that the education staff value their opinions and that they are being enabled to take a proactive part in their own socialisation/education.
6. The curricular content could perhaps be reconsidered so as to reflect a more clinical bias, in accordance with students' expectations (Hunt 1996). (See study 1).
7. Further consideration needs to be given to the 'theory-practice gap' (Spence 1994), to make sure that nurse education in school, and nurse education in the clinical areas, are part of the same continuum, rather than two separate entities

(Melia 1981, 1984, 1987). This would, I suggest, lessen the degree of negativity expressed by students in studies 2 and 3.

8. We must take advantage of the students' developing positive self-image, and their positive image of the teaching staff, and use them to our advantage (Gendron 1981). Discussion groups, between students and teachers, could be organised to encourage the students to feel that they are taking an active part in their education. This would also serve to lessen the negativity expressed in studies 2 and 3.
9. Curriculum planning needs to take account of the nature of student nurse socialisation, and not assume that socialisation is just another way of describing the transmitting of course content to a group of eager, willing, and passive recipients (Simpson 1979, Cohen 1981, DuToit 1995).
10. The role of personal tutor needs to be explored further, and developed, to minimise the impact of Reality Shock (see chapter IX), and to generally ease the socialisation process. This would also have the added benefit of demonstrating to the students in a tangible way that we do care about, and respect them. We should also remind them that we are also nurses who understand them because we too have been through what they are going through. Study four identified that the students consistently hold their teachers in high regard. We should build on this positive relationship and forge even closer links through the more personal contact achieved through the personal tutor role (see chapter XI).
11. Ultimately, the answer to the new students' entering the course with realistic expectations, might lie in giving them what Wanous (1973) described as 'Realistic Job Previews' (RJP's). Weitz (1956) described the first published account of a realistic job preview (RJP) experiment. Since then considerable debate has been carried on with regard to the efficacy of the Realistic Job Preview (RJP) in lowering the degree of negativity expressed as a result of unmet pre-entry expectations. Wanous (1989) described how the attention given to research accounts of RJP experiments accelerated dramatically in the 1980's. Of the 38 reported studies into RJP's, 25 had been carried out in the 1980's. Wanous (1989) described a review and meta-analysis of 21 RJP experiments (Premack and Wanous 1985), which concluded that RJP's lower initial expectations (r = -.17, with a 95% confidence interval of -.10 to -.24) and increase job survival (r = .06).

Undertaking his own field experiment, Wanous (1973) assessed the effect of a realistic job preview versus an unrealistic (i.e. traditional) preview. Results showed that those who received the realistic job preview subsequently had more realistic job expectations, and fewer thought of leaving, compared with those given the traditional preview. Wanous (1973) concluded by suggesting that future research is needed into the effects that initial expectations have on job survival, into the techniques of job previews, and into the timing of a job preview in relation to the entire recruitment-selection-placement process. Aware of the importance of the RJP described and advocated by Wanous (1973, 1976, 1977), the present study is cognisant of the importance of realistic preparation for entry into nursing as in any other occupation. Nursing, though, is different from many other occupations in that prior to entry the newcomer is exposed to powerful society-based socialisation processes. Any job preview proposed for nurse-education must be cognisant of this important fact. The present study investigates the consequences for the neophyte student with regard to their feelings, following exposure to the powerful lay image of nursing and with little-or-no preparation for entry into nurse-education. The key to making entry expectations more realistic, and the post-entry feelings less negative, may be to devise a realistic job preview programme for prospective candidates that is specific to the vagaries of nurse education.

12. My final recommendation would be for somebody to evaluate the impact of all of the above by undertaking a series of longitudinal intervention/action research studies. Preferably whoever takes up this challenge should be a practitioner in nurse education.

Summary.

Regardless of the mismatch between the public image of the nurse, and the reality of nursing and nurse education, recruitment practices appear to perpetuate the problem (Hughes 1980). It could be that the profession is reluctant to portray a 'professional' image because in the past recruitment into nursing has been consistently falling (Soothill and Bradby 1993), and it is safer to give the public what they expect (Hughes 1980) than it is to 'run the risk' of trying something new. Holloway (1992) describes how the latest advertisements, *"glamorise the role of nursing. This glamorisation particularly relates to the concentration on emergency situations...and*

the reality of nursing is ignored" (p.36). This is all in spite of the warnings that these portrayals affect nurses' self-images and undermine nurses' self-confidence, beliefs and values (Bridges 1990). Borrill (1987) emphasises this point, *"For a profession to receive suitable applications it has to sell itself to the right population. At the same time, it should avoid an overglamorised image as entrants could become disillusioned and leave"* (p.53). Importantly, if the public have the 'wrong' image of nursing, this makes recruitment of the right individuals, with the right credentials, and an appropriate set of expectations about the profession exceedingly difficult. However, before nursing blames the media, or the public themselves, for these inaccurate images, it might pay to consider the comments by Holloway (1992), *"...it is also crucial that nursing takes account of the contribution it has itself made over the years to the perpetuation of the ideology behind these images"* (p.37). As is the case following many empirical studies, some non-specific and general limitations were identified with the methodologies employed. My first observation would be that, although the mainly quantitative approach employed here, has given some valuable statistical evidence on the 'peri-entry' approach, more use could have been made of the qualitative dimensions of the research repertoire (Melia 1982). Where a qualitative approach was used, it was not only particularly illuminating in its own right, but also had the added bonus of 'throwing more light' on the topics also examined quantitatively. One other potential methodological problem is that of relating the studies to each other, as an overall structure, to examine aspects of the approach empirically. The danger of employing different methods for each of the studies is that they may be seen as isolated, stand-alone studies, rather than component parts of a whole. One major limitation of the approach, is that certain dimensions of it are not measured after the first year of the course. Specifically, the Images of Nursing study (study 3), and the Self-concept study (study 4), were only measured, albeit on three occasions, for the first year. Further research should clearly examine these issues throughout the whole of the three-year course.

One is led, perhaps inevitably, to the conclusion that simply changing the course will have little-or-no effect in rectifying the negative feelings expressed collectively and individually by the students. It could be postulated that any changes that need to be

made, should be made prior to entry, to counter the impact of the popular lay images of nursing held by new entrants, so that entry expectations match the 'real' world, not just of nursing, but of nurse-education. New students should perhaps be encouraged to appreciate that being a student-nurse is, in itself a role with specific characteristics and obligations, and not merely a process that has to be tolerated before the anticipated role as a nurse can be reached and occupied. If this peri-entry approach to socialisation is considered worthy of debate, then the outcomes of debating it and its implications for the socialisation process could perhaps be utilised to prepare the students for a realistic appreciation of their new role as student nurses.

5. Discussion.

I have noticed, in my reading, that no individual has claimed to have discovered the definitive approach to socialisation. I also make no such claim. The beauty of the subject is that it is never complete. The vastness and complexity of it is its very attraction. If, however, the theorists and researchers keep adding their own reasoned, and empirically supported 'pieces' to the socialisation 'jigsaw', then the understanding becomes progressively more comprehensive. The importance for the nursing profession of this constant striving, as I hope I have shown here, is that the impact of socialisation can have such far reaching effects on the profession, on the education system, but most importantly, on the individual student nurse.

6. Conclusions.

What work has been done in the area of student-nurse socialisation in the recent past (DuToit 1995, Seed 1991, Colucciello 1990, Goldenberg and Iwasiw 1993) has been of a high quality, and I have made full use of it in this thesis. However, I still believe we have a lot to learn from the organisational socialisation literature (Nicholson and Arnold 1991, Schein 1968, Louis 1981, Feldman 1981, Van Maanen 1976, Wanous 1976), and from general and higher education (Williamson 1993, White and Mufti 1979). I also feel that it is important to reaffirm my belief that the practitioners in nurse education begin to appreciate the important contribution they could make if they took more responsibility for research in this area (Webb 1990, Reed and Procter

1995, Meerabeau 1992. 1995). I would finally, though, also like to restate the importance that I, through the 'peri-entry' approach, place on the pre-entry period in relation, both to the process and outcomes of socialisation. It is here that I feel socialisation begins.

I have decided to let someone else, Afaf Meleis (1991), have the final word. She concludes that,

> *"Writing and reading books are both existential experiences and ongoing, evolving processes. Neither the reader nor the writer is the same person after reading or writing a book, nor are their ideas and viewpoints the same. A book is never complete because ideas are never complete. Yet at some point a project needs to be abandoned so that others can explore its ideas in order to modify, extend, affirm, refine, or refute their own - all of which, if shared with the author, will allow her to do the same"* (p.7).

APPENDIX

ORIGINAL DAVIS AND OLESEN (1964) STUDY, FOLLOW-UP STUDY, (OLESEN AND DAVIS 1966), AND REPLICATION STUDY, (BROWN ET AL 1974).

Davis F. Olesen V.L. (1964). Baccalaureate students' images of nursing: A study of change, consensus, and consonance in the first year. Nursing Research. 13, (1). 8-15.

Olesen V.L. Davis F. (1966). Baccalaureate students' images of nursing: A follow-up report. Nursing Research. 15, (2). 151-158.

Brown J.S. Swift Y.B. Oberman M.L. (1974). Baccalaureate students' images of nursing: A replication. Nursing Research. 23, (1). 53-59.

BACCALAUREATE STUDENTS' IMAGES OF NURSING

A Study of Change, Consensus, and Consonance in the First Year[1]

Fred Davis
Virginia L. Olesen

A VIEW held widely by both sociologists and educators is that, besides its many other functions, professional education serves to induce among students a greater uniformity and consensus of outlook on their chosen profession (1, 2). Such consensus is seen as developing by and large from the students' common and repeated exposure to various, situationally reinforced, professional values and attitudes proferred them by those who design and define their learning experiences, namely, teachers and, in some cases, other professionals engaged in implementing the educational task. Thus it is, for example, that many a teacher has observed that, in addition to imparting theoretical knowledge and practical skills to students, much of his effort is devoted inevitably to disabusing them of "false" and "naive" views of the profession and instilling instead "correct" and "sophisticated" views.

Although rarely made explicit, still another corollary of this view of student socialization is that with time, as the student grows more conversant with the distinctive outlooks and habits of thought in his field, he experiences a reduction in whatever "dissonance" he may have earlier perceived in the alignment of his needs and values with the demands of the profession (3). In summary, according to this line of reasoning, not only do student aspirants grow more consistent with each other in their views of the profession, but they also grow more consistent within themselves as they are exposed increasingly to the special world of their profession.

These are, admittedly, long range processes, not to be wholly consummated in a day or even a month. But, at the same time, educators assume—with some plausibility, it would seem—that appreciable headway can be made in them from the outset. Through exposure to such age-old pedagogic techniques as precept, example, guided discussion, and focused educational experiences, it is believed that the student will begin to quickly assimilate faculty values and outlooks and adjust his own dispositions accordingly. Indeed, it is a commonplace that the student who after a suitable introductory period reveals an insufficient attentiveness or regard for those values that faculty espouse is, in the vernacular, in for trouble.

Background, Subjects, Methods

In order to gain some idea of the empirical validity of these propositions on professional socialization and, more particularly, to shed light on their possible relevance for nursing students, the Nursing Career Project has over the past two years been conducting research in this and related areas with basic baccalaureate students at the University of California School of Nursing in San Francisco. Field work, interview, and questionnaire methods have been utilized with the students, although the data presented here are restricted mainly to those obtained by questionnaire. Specifically, these comprise students' responses at two points in time—at entry into the school and upon completion of the first year of the three year curriculum—to a dual-focused, check list question on images of nursing

[1] The research on which this paper is based is supported by a grant (GN-06726) from the Division of Nursing, U. S. Public Health Service. We are indebted to Curtis Hardyck for his invaluable advice on a number of statistical matters.

and their bearing on students' personal values. The study population consists of the seventy-five students from the classes of 1963 and 1964 who during 1960-61 and 1961-62 completed their first year in the School.[2] The question administered to them at the two time points appeared in the questionnaire (see Figure 1).

Several technical considerations and rough-hewn hypotheses underlay the researchers' choice of these nineteen items. In the first instance, the items had to bear some familiar or plausible relationship to work in nursing so that a beginning student with her limited knowledge of the field could, if she chose, associate them with her picture of nursing. At the same time, the items had to be of a type which might conceivably hold some saliency, either positive or negative, for the student's personal values and attitudes. Thus, a vast number of characteristics which can conceivably be associated with nursing (e.g., "clean white uniforms," "complex organizational environment," "tired feet," "risks to health") were not included in the checklist because of their presumed low saliency for the values and aspirations of this particular student population.

But, even these considerations far from exhaust the universe of possible characterizations, which, simultaneously, can apply to nursing and hold personal significance for students. And, since it was impractical to construct a more exhaustive checklist within the confines of an already lengthy questionnaire, the selection of items was further guided by certain tentative notions entertained by the authors on probable shifts in the patterning of students' responses over time. In particular, items were selected which would reflect changes in student imagery on two distinguishable, if not wholly independent, dimensions: the cultural sources of their attributions, and their psychological investment in "bureaucratic" as against more individualistic orientations to nursing (4).

As for the former of these dimensions, it will be noted that the checklist encompasses items ranging at one extreme from mainly lay images of nursing (Items 4, 5, 6, 10 and 13), through traditional images of a more professionally based character (Items 1, 11, 14 and 15), to those which, at the other extreme, can be thought of as relatively advanced professional images (Items 3, 9, 16, 17 and 18). The broad hypothesis advanced in this connection was that as students progressed through the school they would come increasingly to discard lay and traditional professional images of nursing for professionally more advanced images. Similarly, having in an early exploratory phase of the research gained some idea of the philosophy of the school and its faculty's emphasis on interpersonal approaches, total patient care and problem-solving techniques of learning, it was also postulated that over time there would be a tendency for students to reject routinized-bureaucratic images of nursing (Items 1, 2, 7, 8, 11 and 15) for more individualistic-innovative orientations (Items 3, 9 and 16). (Actually, this last set of items is almost identical to that subsumed under the above category of professionally more advanced images of nursing, it being difficult in the setting studied to clearly separate "advanced images" from "innovative-individualistic orientations.")

In the next section findings on these and earlier mentioned issues will be discussed in terms of the following series of questions:

1. How do images which students have of nursing upon completion of their first year compare with those they hold at entry?

2. Which nursing-related images acquire greater, which lesser, importance for the self from time of entry to the end of the first year?

3. What relationship, if any, is there between changes in student imagery and the value emphases of nursing faculty?

4. Over-all, do students develop among themselves greater consensus on their view of nursing and on what they find personally of value therein?

5. During this period do students come to experience less "dissonance" (i.e., greater consonance) between what they see in nursing and what they value for themselves?

Findings

Images of Nursing. Table 1 gives the percentages of students at the two time points who indicate that the item in question "corresponds with my picture of nursing." Significant percentage changes occur in five items and changes approaching significance in another four. Clearly, the most striking pattern among these is the marked percentage increases for such innovative and individualistic attributes as 'Originality and Creativity,' 'Imagination and Insight,' and 'Frequent Innovation in the Solution of Problems.' A large proportion of students who did not ascribe these attributes to nursing when they began their studies do so upon completion of the first year.

The pronounced trend toward individualistic and innovative characterizations of the field is corroborated partially by a countertrend among several, though not all (e.g., 'Order and Routine'), of the bureaucratic type items included in the checklist. Although many students still claim to see them in nursing by the end of the first year, there are percentage decreases for such bureaucratic items as 'Clear Cut Lines of Authority,' 'Emotional Control and Restraint,' 'Clearly Defined Work Tasks,' 'Close Supervision and Direction' and 'Meticulousness.' The decrease in the first of these is statistically significant and that in the second approaches significance. In general, therefore, the hypothesis that students would shift towards individualistic-innovative and away from

[2] Nine drop-outs from these classes are excluded from the analysis since it was not possible to administer an end-of-the-year questionnaire to them. In a separate analysis of students' responses to this question on the entering questionnaire, no obvious differences of importance could be discerned between the distribution of responses of the nine subsequent drop-outs and that of their classmates. It must be borne in mind, however, that the number of drop-outs is so small as to preclude meaningful statistical comparisons between the two groups.

Figure 1. Questionnaire

Below are listed certain characteristics which different people attribute to nursing. We want you to consider each characteristic from two vantage points:

1. If the characteristic corresponds with your own picture of nursing, place a check mark in the column on the left-hand side of the page. DO THIS REGARDLESS OF WHETHER YOU PERSONALLY APPROVE OR DISAPPROVE OF THIS CHARACTERISTIC, JUST AS LONG AS IT SOMEHOW FITS YOUR PICTURE OF NURSING. Do this column first. (Check as many as apply)

2. If the characteristic is personally very important to you, place a check mark in the column on the right-hand side of the page. DO THIS REGARDLESS OF WHETHER YOU THINK OF THE CHARACTERISTIC IN CONNECTION WITH NURSING, JUST AS LONG AS IT IS VERY IMPORTANT TO YOU. Do this column second. (check as many as apply.)

Characteristic Corresponds With My Picture of Nursing	Characteristics	Characteristic Is Very Important to Me Personally
______	1. Order and routine	______
______	2. Clear cut lines of authority	______
______	3. Originality and creativity	______
______	4. Dedicated service to humanity	______
______	5. Moving ritual and ceremony	______
______	6. Hard work	______
______	7. Clearly defined work tasks; each person responsible for her job and her job alone	______
______	8. Close supervision and direction*	______
______	9. Exercise of imagination and insight	______
______	10. Religious inspiration and calling	______
______	11. Meticulousness	______
______	12. Job security	______
______	13. Human drama and excitement	______
______	14. High technical skill	______
______	15. Emotional control and restraint	______
______	16. Frequent innovation in the solution of problems	______
______	17. An occupation highly respected in the community	______
______	18. Solid intellectual content*	______
______	19. Demonstrating care and concern for others in an immediate and tangible way*	______
______	20. Other characteristics in your picture of nursing or of importance to you personally. (Specify)______	______

* Items administered only to the Class of 1964, N=32. For all other items N=75.

Table 1. Percentages of Students Designating Attributes as Corresponding with their Picture of Nursing, at Time of Entry and Upon Completion of the First Year, N=75

Attribute	At Entry (Percent)	End of First Year (Percent)	Percent Change	P[b]
Order and Routine	93	96	3	.05
Clear Cut Lines of Authority	77	64	−13	.001
Originality and Creativity	20	51	31	
Dedicated Service	80	73	−7	
Ritual and Ceremony	16	12	−4	
Hard Work	96	89	−7	
Clearly Defined Work Tasks	40	32	−8	
Close Supervision and Direction[a]	50	44	−6	
Imagination and Insight	55	69	14	.05
Religious Inspiration	25	36	11	$.10>P>.05$
Meticulousness	71	63	−8	
Job Security	77	87	10	$.10>P>.05$
Drama and Excitement	60	63	3	
High Technical Skill	67	77	10	$.10>P>.05$
Emotional Control and Restraint	92	83	−9	$.10>P>.05$
Frequent Innovation	41	67	36	.01
Occupation Highly Respected[a]	72	41	−31	.025
Solid Intellectual Content[a]	34	31	−3	
Demonstrating Care and Concern[a]	91	97	6	

[a] N=32 for these items.
[b] Significance determined by McNemar test for change in related samples. All P values reported are for one-tailed tests. Quinn McNemar, *Psychological Statistics*, 3rd. Ed., New York: Wiley, 1962, pp. 225-26.

Table 2. Percentages of Students Designating Attributes As Very Important to the Self, at Time of Entry and Upon Completion of the First Year, N=75

Attribute	At Entry (Percent)	End of First Year (Percent)	Percent Change	P[b]
Order and Routine	56	48	−8	
Clear Cut Lines of Authority	16	23	7	
Originality and Creativity	48	79	31	.001
Dedicated Service	75	64	−11	$.10>P>.05$
Ritual and Ceremony	3	9	6	
Hard Work	44	37	−7	$.10>P>.05$
Clearly Defined Work Tasks	11	7	−4	
Close Supervision and Direction[a]	9	3	−6	
Imagination and Insight	59	85	26	.001
Religious Inspiration	36	39	3	
Meticulousness	35	39	4	
Job Security	48	59	11	$.10>P>.05$
Drama and Excitement	41	40	−1	
High Technical Skill	37	57	20	.01
Emotional Control and Restraint	65	52	−13	$.10>P>.05$
Frequent Innovation	40	75	35	.001
Occupation Highly Respected[a]	47	71	24	.05
Solid Intellectual Content[a]	56	71	15	
Demonstrating Care and Concern[a]	87	97	10	

[a] N=32 for these items.
[b] Significance determined by McNemar test for change in related samples. All P values reported are for one-tailed tests. Quinn McNemar, *Psychological Statistics*, 3rd. Ed., New York: Wiley, 1962, pp. 225-26.

bureaucratic characterizations of the field appears to be borne out, albeit not uniformly.

On the other hand, the hypothesis that students would come increasingly to discard lay and traditional professional images for professionally more advanced images receives much less support from the data. While they do come to display decidedly more receptiveness toward 'Originality and Creativity,' 'Imagination and Insight' and 'Frequent Innovation,' there is a decline in receptiveness toward other advanced images such as 'Occupation Highly Respected in the Community' and 'Solid Intellectual Content.' Similarly, of the five blatantly lay images appearing in the checklist—'Dedicated Service to Humanity,' 'Ritual and Ceremony,' 'Hard Work,' 'Religious Inspiration and Calling' and 'Human Drama and Excitement'—in only the first three is there a decline in acceptance from time of entry to completion of the first year, none significantly; the last two show increases, one of them—'Religious Inspiration and Calling'—of some magnitude, although neither change is statistically significant. Ambiguous as these findings are, it is perhaps not unreasonable to suggest that while first year baccalaureate students prove highly receptive to certain professionally advanced characterizations of nursing, they also show some reluctance about relinquishing many of the lay images that they brought with them at entry.

These trends and countertrends notwithstanding, it is important to bear in mind that in the aggregate the students also reveal considerable continuity in their imagery of nursing from time of entry to completion of the first year. Thus, for example, of the five items receiving the highest percentages of entry—'Hard Work,' 'Order and Routine,' 'Emotional Control and Restraint,' 'Demonstrating Care and Concern for Others' and 'Dedicated Service to Humanity'—only the last of these is excluded from the top five a year later. Similarly, of the five lowest ranking items at entry—'Ritual and Ceremony,' 'Originality and Creativity,' 'Religious Inspiration and Calling,' 'Solid Intellectual Content' and 'Clearly Defined Work Tasks'—only one, 'Originality and Creativity,' is absent from this cluster a year later.

Importance of Characterizations for Self. Parallel, though somewhat less pronounced, trends are evident in the personal importance that students assign to the listed characterizations of nursing (Table 2). Over the year individualistic and advanced images of nursing, such as 'Originality and Creativity,' 'Imagination and Insight' and 'Frequent Innovation' show statistically significant increases in the percentages of students who declare them to be of importance to the self. With the exception of 'Clear Cut Lines of Authority' and

'Meticulousness' (both of which show very small increases), there are corroborative percentage decreases for such bureaucratic attributes as 'Order and Routine,' 'Clearly Defined Work Tasks,' 'Close Supervision and Direction,' and 'Emotional Control and Restraint.' Again, a mixed picture obtains with respect to the discarding of lay images of nursing which are deemed of importance to the self; two,—'Dedicated Service to Humanity' and 'Hard Work,'—decline and three—'Ritual and Ceremony,' 'Religious Inspiration and Calling,' 'Human Drama and Excitement'—increase slightly or remain the same over the two time points.

A particularly interesting finding appears in connection with the item, 'An Occupation Highly Respected in the Community.' Whereas it produces a statistically significant increase in the percentage of students who claim it is important to the self (Table 2), over the same period it also produces a statistically significant decrease in the percentage of students who attribute it to nursing (Table 1). Many possible explanations can be advanced for this seemingly contradictory finding. That favored by the authors on the basis of impressions gained from field work with students, is that during their first year students experience considerable reality shock in observing the frequent lapses of respect and deference accorded nurses by doctors, patients, and even auxiliary nursing personnel. The impact of these events, is, of course, peculiarly reinforced by their own low status as novices beset by feelings of inadequacy in the mastery of even the simplest nursing tasks. They are prone to become highly sensitive to issues of occupational prestige in their personal lives (Table 2, Item 17)—especially from their vantage point as college educated young women—while at the same time giving vent to their feelings of devalued status by projecting them onto the field as a whole (Table 1, Item 17).[3]

In general when the findings in Tables 1 and 2 are compared it is fair to conclude that to the extent that students' characterizations of nursing change from time of entry to the end of the first year, roughly parallel changes occur in the personal importance that they assign to these characterizations.

Relationship of Changing Student Imagery to Emphases in Faculty Teaching. That the changes in student characterizations are not merely fortuitous or idiosyncratic is suggested by Table 3 wherein is summarized the responses to a similar question administered to the 17 faculty members under whom the 75 students studied in their first year. Given the same check-list of 19 items, the faculty members were asked to indicate on a five point scale how much they emphasized each in their teaching and other contacts with students, whether "Strongly," "Moderately," "Minimally," "Not at al," or "I Try to De-emphasize This."

With one or two exceptions what is most revealing about Table 3 is that the attributes which a large majority of faculty (better than 75 percent) claim to emphasize "Strongly" or "Moderately" are precisely the same ones which receive large percentage increases among students from time of entry to completion of the first year (Tables 1 and 2). Thus, for example, 'Originality and Creativity,' an item receiving strong emphasis from all faculty also shows a 31 percent increase in the number of students attributing it to nursing and an equivalent increase in the number claiming it as important to the self. Similar convergences of faculty and student values obtain for such other individualistic-innovative characterizations as 'Imagination and Insight' and 'Frequent Innovation.' 'High Technical Skill,' still another attribute endorsed strongly by faculty, also shows an increase in students attributing it to nursing and a statistically significant increase in the number of students deeming it of importance to the self.

Table 3. Percentages of Faculty Stating That They Emphasize Attribute 'Strongly' or 'Moderately' in Their Teaching and Other Contacts with Students, N=17

Attribute	Percent 'Strongly' or 'Moderately'
Order and Routine	47
Clear Cut Lines of Authority	47
Originality and Creativity	100
Dedicated Service	42
Ritual and Ceremony	6
Hard Work	40
Clearly Defined Work Tasks	6
Close Supervision and Direction	29
Imagination and Insight	100
Religious Inspiration	—
Meticulousness	36
Job Security	12
Drama and Excitement	53
High Technical Skill	94
Emotional Control and Restraint	64
Frequent Innovation	94
Occupation Highly Respected	58
Solid Intellectual Content	100
Demonstrating Care and Concern	100

Of the two remaining items emphasized "Strongly" or "Moderately" by more than 75 percent of faculty, one ('Demonstrating Care and Concern for Others in an Immediate and Tangible Way') finds faculty and students in strong agreement from the outset, thereby permitting little leeway for a further convergence at the end of the year. Even at that, this item registers near maximally possible percentage increases among students in both its Nursing and Self dimensions.

The one item strongly endorsed by faculty on which students fail to converge either at entry or a year later is 'Solid Intellectual Content.' Although a large proportion of students subscribe to it for themselves at both times (Table 2), at neither time do many attribute it to nursing (Table 1), despite the faculty's claim to value it highly. This apparent divergence of opinion relates closely to a recurrent theme encountered by the authors in their field work with students: the frequent complaint of many that their nursing courses did not measure up in intellectual and theoretical content with what they had received in academic college subjects before coming to the School of Nursing. Typically,

[3] We wish to thank Charlotte Gaffney for her insightful comments in this connection.

such complaints were suffused with nostalgia for the "liberal arts atmosphere" of former college campuses, the equivalent of which could not be found, it was felt, in the professionalized milieu of the hospital-medical center. For some, this perceived discontinuity of educational experience became a source of much inner stress and uncertainty regarding their career choice (5).

In summary, it may be said that whereas nursing faculty does exert a significant influence on the images and self-values that students come to hold in relation to nursing, such influence is far from uniform. As with all forms of social influence, the assimilation of faculty viewpoints and standards is in large part a function of the students' own values, cognitions, and prior experiences (6, 7). Where these somehow mesh, as in the case of such expressive values as 'Originality and Creativity' and 'Imagination and Insight,' significant changes are induced. Where, however, the present cognitions of students conflict somehow with expectations and norms engendered by prior experience, as in the case of 'Solid Intellectual Content,' the mere propagation of an image by faculty will not prove sufficient to insure its incorporation by students.

Consensus among Students. The selective character of attitude change during the first year is further underscored by the finding that students do not achieve greater consensus among themselves either with respect to their characterizations of nursing or in the personal importance that they assign to these characterizations (Table 4). On the basis of derived group mean Consensus Scores[4] for the two periods, there is barely any difference in the former and an insignificant seven point difference in the latter. While more students come to agree on certain characterizations, either for nursing or themselves, an almost equal number come to disagree on other characterizations. The net result is hardly any change in the over-all level of student consensus from time of entry to completion of the first year.

Table 4. Mean Consensus Score of Students for the Nineteen Attributes, at Entry and Upon Completion of First Year, N=75

Category of Attributions	Mean Consensus Scores*	
	At Entry	End of First Year
Characteristic of Nursing	.48	.46
Important to Self	.35	.42

* Maximum possible score, 1.00; minimum, .00.

Dissonance and Consonance of Images between Nursing and Self. Much the same picture unfolds in regard to the amount of dissonance (or consonance) obtaining between what students see in nursing and what they deem of importance to the self. Proceeding on the assumption that a student is psychologically consonant on an item if she checks it for both Nursing and Self and psychologically dissonant if she checks it for one but not the other (see Figure 1. Questionnaire), Consonance Scores were calculated for each of the 75 students at time of entry and, again, upon completion of the first year.[5] The individual scores were then averaged to give a group mean Consonance Score, one for each time point.

As in the case of Consensus Scores, the students as a whole evidence no significant increase in the extent to which they reconcile, or bring into closer harmony, their perceptions of nursing with personal values (Table 5). Despite marked changes in some individual scores from time of entry to completion of the first year, the mean Consonance Score for both time points hovers near the .50 mark. Thus, at either time point the average student is likely to be consonant on as many items as she is dissonant on. The assumption that professional education serves to reduce dissonance generated by the perceived clash of occupational demands and personal values is, in this instance at least, not supported.

Table 5. Mean Consonance Score of Students at Entry and Upon Completion of First Year, N=75

Time	Score	S. D.
At Entry	.48	.22
End of First Year	.52	.21

Discussion

Drawing together the above, the composite picture of early professional socialization that emerges at this collegiate school of nursing is one wherein students do not develop a greater over-all consensus of outlook on their chosen field. Nor, as we have just seen, do they on the average come to reconcile their perceptions of the field with what they find personally of value therein. Despite such molar outcomes, the students do come to gravitate perceptibly towards individualistic-innovative views of nursing and away from bureaucratic orientations. In this, nursing faculty appears to exercise an important and possibly decisive influence. As regards other professional values, however, the influence of faculty on student outlooks is much less decisive.

In light of the generally negative implications of these findings for prevailing depictions of occupational socialization in professional schools, two

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[4] Following the logic that 50 percent student agreement on an item in Tables 1 or 2 represents the point of minimum consensus (i.e., as many students attribute the item to nursing, or to self, as do not), a Consensus Score was derived for each of the nineteen items by calculating the arithmetic difference on the actual percentage score from 50 percent; the greater the difference, the greater the presumed student consensus on an item. The 19 differences were then averaged to give a group mean Consensus Score, the final figure being multiplied by two so as to locate it within a .00 to 1.00 range.

[5] A student's Consonance Score was determined by dividing the number of items checked for both Nursing and Self by the sum of items checked for one, the other, and both. Hence, a score of 1.00 would represent maximum consonance and .00 minimum consonance (i.e., absolute dissonance). Items left blank (i.e., checked neither for Nursing nor Self) do not enter the calculation.

important issues remain to be considered. The first is whether the initial year of a collegiate nursing program is enough time for students to develop sufficiently stable outlooks on their profession and on themselves in relation to it. Would not greater consensus and consonance have been discovered among them had the same question been administered upon completion of their second and third years? And, would not these measures have revealed them to be in even closer accord with faculty outlooks than appears to be the case after only a year? The second and, perhaps, more important issue is the generalizability of the findings for other collegiate schools of nursing and for professional education generally.

In line with the suggestion of our hypothetical interrogator, the first of these issues can ultimately be disposed of through repeated administrations of the questionnaire to these same students at later time points. Although such data are currently being collected, as yet the number of students surveyed over an extended longitudinal span is too small to permit reliable comparisons with findings presented here. It is with some hesitation, therefore, that we report on the basis of these very partial data from succeeding years that few, if any, major deviations seem to take place from the general pattern of student responses established by the end of the first year. In other words, it appears that in the later years of the curriculum students continue to respond to the question in much the same fashion as they did upon completion of the first year. This, in turn, suggests that not only do most changes in student imagery occur mainly during the first year, but that beyond this point the curriculum ceases to alter to any significant extent the basic configuration of student imagery, consensus, and consonance established by then.

Tentative though it may be, we are inclined to attach more than passing significance to this finding because of the support it receives from other facets of our research with the students, particularly our field work and interviews with them. Thus, as have so many other researches into nursing education, we too have noted a much higher student drop-out rate from the school in the first year than in succeeding years of the curriculum (8). But, even among the many who remain to graduate, it is evident from our observations and interviews that the period of greatest stress, anxiety, and uncertainty for them is again the first year, and that after this time most achieve a comparatively stable level of adjustment to nursing and the school (9).

These observations would also suggest that, from time of entry, whatever important changes occur in the students' images of nursing and self are for the most part consummated and stabilized by the end of the first year. Needless to point out, this is not to say that other aspects of the students' socialization into the profession (e.g., range of skills and breadth of knowledge) also remain stable, or that their concepts of nursing may not undergo further change following graduation.

On the broader issue of the generalizability of our findings, only the most cautious and tentative of inferences are possible. As for their possible relevance for professional education in general, there is clearly no basis for inferring that findings approximating the ambivalent pattern depicted here would, for example, also obtain for first year students in schools of medicine, law, engineering, architecture, etc. Indeed, in view of the firmer career commitments that are thought to be generated in the male professions, it may well be that students in these fields do achieve greater consensus and consonance in their professional outlooks than do nursing students (10). Yet, to the extent that sociologists and others are prone to impute certain structural regularities to the career socialization process in professional schools (irrespective of field), our findings may betoken an important qualification to such theorizing. In any event, whether collegiate nursing students constitute a special case of the career socialization paradigm, or whether in their ideational ambivalence they share more with other professional students than ordinarily meets the eye, is an empirical question. To answer it would require more cross-institutional research on the professions than exits presently.

Confining the comparison to other collegiate schools of nursing, there are perhaps better grounds for inferring that essentially similar findings would be obtained from first year students elsewhere as were obtained here. This statement is, of course, predicated on a number of as yet unverified assumptions, one being that within rather broad limits all present day collegiate nursing students share much the same kinds of social backgrounds, aspirations, and life-styles; another that, despite certain local variations, the ideational impress of collegiate nursing programs upon students is much the same everywhere.

The former assumption would appear to be justified in view of the increasing standardization of student selection criteria in institutions of higher learning, the spread of uniform accreditation schemes for baccalaureate nursing programs, and most important, perhaps, what numerous commentators (11) have referred to as the growing "Homogenization" of our national culture along urban middle class lines, especially within the young adult sector of society.

A good case can be made for the latter assumption, too, given what seems to be the emergence in recent years of certain distinctive, widely disseminated value predilections among collegiate schools of nursing. We refer, in particular, to: the philosophy of total patient care and the central place accorded therein to psychological and interpersonal determinants; the importance attached to social and cultural factors in health and illness; the movement away from functional specialization towards generalist approaches; the emphasis on delineating and defining autonomous facets of the graduate nurse's role; the strong reaction against former didactic styles of pedagogy (with their presumed effect of rote-like task mastery by students for its own sake) and increasing experimentation with problem solving and other student initiated approaches to learning. To the extent that these statements adequately characterize the emergent,

and possibly by now predominant, educational philosophy of American collegiate schools of nursing, it would seem reasonable to hypothesize that its impress on first year students—granting the many broad social and cultural similarities obtaining among them—would be sufficiently the same everywhere to give rise to the same ideational trends, uniformities, and inconsistencies as were noted for the 75 here. But, intriguing though these speculations may be, it goes without saying that they are no substitute for the empirical inquiry necessary to substantiate or invalidate them.

Summary

In an attempt to assay the validity of certain widely held notions on professional socialization and to weigh their relevance for students in a collegiate school of nursing, a dual-focused checklist questionnaire was devised which sought to record changes that occur in students' images of nursing and in the personal importance they attach to such images. The questionnaire was administered to 75 students at the University of California School of Nursing, San Francisco, upon their entry into the school and, again, upon completion of their first year of studies. Findings resulting from a comparison of student responses at the two time points are:

1. A pronounced trend towards individualistic and innovative images of nursing and away from bureaucratic images; also, a minor and inconsistent trend away from lay images of nursing.

2. A commensurate increase in the personal importance students attach to individualistic-innovative images, but at the same time no appreciable change in the importance they continue to attach to lay images.

3. While the teaching emphases of nursing faculty appear to exercise a considerable influence on the students' increasing endorsement of individualistic-innovative orientations, such influence does not extend to all professional values which faculty claim to emphasize in their contacts with students.

4. Over-all, however, there is from time of entry to completion of the first year no significant increase in consensus among students, either with respect to their characterizations of nursing or the personal importance they attach to such characterizations.

5. Similarly, there is no evidence that, on the average, students grow less "dissonant" in terms of reconciling their images of nursing with personal values.

Although it would be extremely hazardous to generalize these findings to first year students in other kinds of professional schools, there are good grounds for conjecturing that essentially the same findings would be secured from students in many other collegiate schools of nursing. The validity of this inference, however, must await comparative research on a wider cross-section of baccalaureate programs.

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CONTRIBUTORS TO THIS ISSUE

(Continued from page 2)

turer in nursing service administration at the University of California at Los Angeles. Her chief interest lies in studying the activities performed by the professional nurse in the care of patients with a view to developing, if possible, (1) criteria for the use of the special duty nurse, and (2) indices to determine and measure quality of patient care.

DAVID J. FOX (Ph.D., Columbia University, New York) is assistant professor of education at Teachers College, Columbia University, and principal investigator of the Factors and Practices Project, Institute of Research and Service in Nursing Education, Teachers College.

JANE HOLLIDAY (St. Elizabeth Hospital School of Nursing, Youngstown, Ohio; Ed.D., Teachers College, Columbia University, New York, N. Y.) is principal investigator and project director of the on-going PHS-NU-00045-02 study entitled "Visiting Nursing for the Sick at Home: A Descriptive Study." The study is sponsored by VNSNY. Her strong belief that the research methodology steps in nursing studies should be described, prompted her to write the article in this issue.

MARGARET A. KAUFMANN (University of Michigan School of Nursing, Ann Arbor, Michigan; Ed.D., University of California at Los Angeles) is associate professor in medical-surgical nursing at the University of California School of Nursing at Los Angeles. She is interested in the development of means by which the physiological response of patients to various facets of nursing intervention may be determined with precision and accuracy, and is therefore concomitantly concerned with problems of instrumentation and of establishing baseline responses against which change in patient response may be evaluated.

ELEANOR E. DRUMMOND (University of California School of Nursing, San Francisco; Ed.D., Teachers College, Columbia University, New York) is assistant professor of medical-surgical nursing at the University of California School of Nursing at Los Angeles. Dr. Drummond has been interested in the care of patients with tuberculosis since 1950.

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BACCALAUREATE STUDENTS' IMAGES OF NURSING

A Follow-Up Report

Virginia L. Olesen
Fred Davis

IN AN earlier paper published in this journal, we reported on changes in images of nursing among first year baccalaureate students at the University of California School of Nursing in San Francisco(4). Several dimensions of change were dealt with in that paper:

1. The attributes by which students characterize nursing; for example, whether it is hard work, whether it involves order and routine, et cetera
2. Whether such attributes are viewed as important or not important to the self
3. The amount of consensus students reach *among themselves* regarding what they see in nursing and what they view as important to the self
4. The amount of consonance students achieve *within themselves* between what they see in nursing and what they view as important to the self

The present paper is a follow-up report on these same students upon graduation from the school of nursing two years later.

Without repeating here the rationale and content of the specific hypotheses that guided the presentation of findings in that paper, it will, perhaps, suffice to broadly summarize these findings as follows. From time of entry into the baccalaureate program[1] to completion of the first year, it was found that students:

1. Came increasingly to characterize nursing in terms of certain advanced professional images of the field, e.g., "originality and creativity," "frequent innovation in the solution of problems."
2. Relinquished somewhat, though not as much as had been predicted, layman-type images of the field such as "dedicated service to humanity" and "moving ritual and ceremony."
3. Came dramatically to think of advanced professional images as important to the self, in proportions far in excess of those subscribing to them at entry into the school.
4. Did not, contrary to our hypothesis, reach greater over-all consensus among themselves either with respect to those attributes which characterize nursing or those which are viewed as important to the self.
5. Did not—again, contrary to our expectations—achieve on the average greater consonance within themselves between what they saw in nursing and what they valued for themselves.

Interesting though these findings were, their most obvious limitation is that they pertain only to the first year of baccalaureate nursing education. This leaves open the question of whether the changes and trends in occupational imagery registered then would sustain themselves, or undergo further modification, in the succeeding years of the curriculum. While in the original article we were able to offer speculative reasons for our belief that the first year trends would, by and large, persist to graduation, such speculations are, as we noted then, no substitute for concrete empirical findings on the issue(5).

Fortunately, we are now in a position to remedy this shortcoming, having in the interim extended our longitudinal questionnaire survey to cover the same group of students reported on earlier through graduation from the school. What follows, therefore, will essentially replicate the topical outline and points of interest covered in the earlier article, except of course that it will deal with the effects of the entire three years of baccalaureate nursing education on occupational imagery and not just those effects evidenced over the first year alone. In presenting these extended findings we shall not only consider what meanings and implications they have in their own right, but will at certain points compare and contrast them with the first-year's findings. Before proceeding, however, so as to bring readers unfamiliar with the earlier report up to date, we will review briefly some of the basic back-

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[1] Students do not enter this baccalaureate program until they have completed at least two years of college liberal arts studies elsewhere. Graduation from the program requires three years, making a total of five years of baccalaureate study toward the B.Sc. In this article designations such as "the first year" or "the third year" refer exclusively to the first and third years of the nursing school phase of the curriculum and not to time points in the five year span.

ground material concerning the study, the students surveyed, and the questionnaire instrument which generated the data for the present and previous papers.

Background, Subjects, Methods

The subjects of this report are the 65 graduating students of the classes of 1963 and 1964 who entered the baccalaureate program in 1960 and 1961, respectively.[2] At entry in the fall of the year and each succeeding June thereafter until graduation, the students were administered an extensive questionnaire which, among its many subjects of inquiry, included a 19-item checklist (see Table 1 for the wording of the items) which sought to elicit from them their images of nursing. For each item the student was asked to signify, 1) whether it corresponded with her picture of nursing and, 2) whether it was "very important to [her] personally."[3]

Without restating here the detailed rationale that lay behind our selection of these 19 items, suffice it to say that they group themselves quite naturally into four fairly distinct "image clusters" which we have variously labeled Layman images, Traditional Professional images, Advanced Professional images (or, alternatively, Individualistic—Innovative images) and Bureaucratic images(6). The analysis we shall present here will focus more on the patterning of student responses among and between these image clusters than on their responses to the specific items *per se*. Further, although we hold in our files complete data on student responses to the checklist at every phase of their passage through the curriculum (i.e., at entry, end of the first year, end of second year, and graduation), for economy and clarity of presentation we shall confine this report solely to a comparison of entry and graduation responses, omitting those secured at intermediate time points. Taking the present and the previous reports together, this means that the only time point we have left out of consideration is the end of the second year. However, a preliminary analysis of student responses secured then revealed no sharp deviations from the pattern set by either the end of the first year or at graduation.

Finally, before moving to the findings the reader is entitled to a fuller picture of the make-up of the student group. These students are, by and large, women in their early twenties, of middle and upper middle class socioeconomic background, reared in large and medium sized cities, and affiliated predominantly with the more socially prestigeful Protestant denominations (e.g., Episcopal, Congregational, Unitarian). Less than 15 percent classify as of working class social origin according to Hollingshead's Index of Social Position and an equally small proportion is Catholic(13). Except for a handful of Oriental students, all are white. Prior to enrolling at the School of Nursing, a large proportion had attended a nearby university campus noted for its high academic standards. While there their grade point averages placed them as a group on a scholastic par with those of their classmates who remained to complete the normal four year undergraduate liberal arts curriculum.

Findings

Table 1 presents the percentages of students who at entry and upon graduation indicated that the items on the checklist corresponded with their picture of *nursing*.

Characterizations of Nursing. Looking at the first cluster of items, layman's images of nursing, it can be seen that three years of professional education have done little to alter student attributions in this sphere. With the exception of "Dedicated Service to Humanity," the shift in student view is slight and is not clearly patterned. The decrease in students who change on the attribute "Dedicated Service to Humanity," probably reflects readjustments of early romanticized images of the field, as well as "reality shock." At the same time, it should be noted that certain common layman images such as "Religious Inspiration and Calling" and "Moving Ritual and Ceremony" received very little assent from students, even at the outset, and to the extent that this changes, it is in a declining direction.

Inspection of the second cluster shows that students do, however, clearly move away from viewing nursing in accordance with certain traditional professional images. Thus, for example, the statistically significant decline in the number of students who attribute "Meticulousness" and "Emotional Control" to nursing approximates a fifth of those responding.

The most vivid and dramatic changes may be seen in the third cluster, where the increases in attributions of such advanced professional images as "Originality and Creativity" and "Frequent Innovation" are significant beyond the .001 level. Such large increases (their magnitudes exceed all others in Table 1) suggest that strong faculty emphasis on these themes, a matter discussed at length in our earlier report, was not lost on these students, and that the trend established during the first year was forcefully sustained over the succeeding two years(7).

An opposite trend, but one which complements the gain in advanced professional images, is seen in the fourth cluster. Here, statistically significant losses occur in student attributions to nursing of such images as "Clear Cut Lines of Authority" and "Close Supervision," i.e., the bureaucratic characterizations of the field. These decreases are generally consistent with other research findings that have shown that baccalaureate students acquire a strong aversion to bureaucratic conceptions of nursing practice(3).

[2] All drop-outs, transfer students (either in or out of the program), and others who did not both begin and graduate with these classes have been eliminated from the analysis. This accounts for the difference in the present N of 65 from that of 75 given in the earlier paper. Between the end of the first year and graduation an additional ten students from these two classes withdrew for one reason or another.

[3] The exact lay-out of the checklist with the instructions accompanying it is duplicated on p. 10 of the earlier article.

Table 1. Percentages of Students Designating Attributes as Corresponding With Their Picture of Nursing at Entry and Upon Graduation. ($N=65$)

Attributes	At Entry	Upon Graduation	Change[a]
Dedicated Service to Humanity	80	67	-13*
Moving Ritual and Ceremony	12	6	- 6
Hard Work	95	90	- 5
Religious Inspiration and Calling	28	20	- 8
Human Drama and Excitement	58	64	+ 6
Job Security	77	85	+ 8
Meticulousness	66	49	-17*
High Technical Skill	69	74	+ 5
Emotional Control	92	71	-21**
Originality and Creativity	17	58	+41***
Exercise of Imagination and Insight	55	59	+ 4
Frequent Innovation in the Solution of Problems	37	60	+23***
Intellectual Content[b]	37	41	+ 4
Order and Routine	93	92	- 1
Clear Cut Lines of Authority	77	58	-19**
Clearly Defined Work Tasks: Each Person Responsible for Her Job and Her Job Alone	38	34	- 4
Close Supervision and Direction[b]	48	22	-26*
Demonstrating Care and Concern for Others in an Immediate and Tangible Way[b]	89	93	+ 4
An Occupation Highly Respected in the Community[b]	70	37	-33**

[a] Significance of changes in related samples tested via a one-tailed test with McNemar test. Quinn McNemar, *Psychological Statistics*, 3rd Ed., New York, Wiley, 1962, pp. 225-226.
[b] $N=27$ on these items.
*** $p=.001$ or less.
** $p=.01>p.>.001$.
* $p=.05>p.>.01$.

Of the two remaining characteristics, "Denomstrating Care and Concern for Others" is attributed at graduation to nursing by the same overwhelming majority as did so at the outset. Clearly, though, the same cannot be said of "An Occupation Highly Respected in the Community." On the contrary, between the start and completion of their nursing education, a significant number of these students came to believe that nursing is not accorded the community respect which, as we shall see, they would like it to have.

To sum up the changes in student characterizations of nursing, in general it was found that the trends which had been noted at the end of the first year were sustained through graduation time. Increasing numbers of students came to depict nursing in terms of advanced professional images, while fewer of them came to attribute either traditional professional or bureaucratic characteristics to the field. At the same time, student opinion concerning the appropriateness of certain lay characterizations of the field continued to be mixed and not strikingly different from what it had been upon entry into the baccalaureate program.

Importance of Characterizations for Self. Looking at the first cluster of items in Table 2 it would seem that there is considerable variation among students as to which lay images of nursing grew more, and which less, important to the self. Thus, many students cease to claim that "Dedicated Service to Humanity" and "Religious Inspiration and Calling" are very important to themselves. Yet, at the same time there are statistically significant increases in the number who came to regard "Human Drama and Excitement" and "Job Security" as personally important. The decrease in student idealism and gain in realism reflected in these findings has often been noted in other studies of professional student bodies(1,14). It is an attitudinal trend which is alleged to grow more pronounced as graduation approaches.

As for traditional professional images, it is clear that a significant number of students who had previously regarded these as personally important no longer do so by time of graduation. Whereas "High Technical Skill" shows no appreciable change, "Meticulousness" and "Emotional Control and Restraint" come to be widely rejected by students.

Table 2. Percentages of Students Designating Attributes as Very Important To Self at Entry and Upon Graduation. (N=65)

Attribute	At Entry	Upon Graduation	Change[a]
Dedicated Service to Humanity	72	45	−27***
Moving Ritual and Ceremony	2	0	− 2
Hard Work	43	35	− 8
Religious Inspiration and Calling	38	14	−24*
Human Drama and Excitement	38	55	+17*
Job Security	46	69	+23**
Meticulousness	32	15	−17**
High Technical Skill	38	47	+ 9
Emotional Control and Restraint	66	29	−37***
Originality and Creativity	44	81	+37***
Exercise of Imagination and Insight	58	85	+27***
Frequent Innovation in the Solution of Problems	40	80	+40***
Solid Intellectual Content[b]	55	67	+12
Order and Routine	55	35	−20**
Clear Cut Lines of Authority	14	15	+ 1
Clearly Defined Work Tasks: Each Person Responsible for Her Job and Her Job Alone	8	3	− 5
Close Supervision and Direction[b]	11	4	− 7
Demonstrating Care and Concern for Others in an Immediate and Tangible Way[b]	89	78	−11
An Occupation Highly Respected in the Community[b]	44	56	+12

[a] Significance of change tested with one-tailed test, utilizing McNemar test for change in related samples, McNemar, *op cit.*, pp. 225-226.
[b] N=27 on these items.
*** p=.001 or less.
** p=.01>p> .001.
* p=.05>p> .01.

Paralleling the sharp trend evidenced in their characterizations of nursing, by graduation a much greater proportion of students declare that advanced professional images are personally important than did so at entry. The magnitudes of change in such items as "Frequent Innovation" and "Originality and Creativity" are among the largest in Table 2 and are in a positive direction.

The diminution of personal regard for items in the fourth cluster, those reflecting bureaucratic imagery, is, in general, slight. There is a significant trend away from believing "Order and Routine" important to the self, but the other items show no appreciable change. However, it should be noted that even at entry, with the exception of "Order and Routine," none of these items proved personally attractive to more than a few students.

An anomaly which made itself evident as early as the end of the first year, is again reflected in the last item of Table 2, "An Occupation Highly Respected in the Community(8)." Though students come increasingly to value this attribute for themselves, with the passage of time fewer and fewer claim to find it in nursing (also see Table 1). In the absence of data which might throw light on this odd disjunction of aspiration and perception, one can only speculate on the peculiar ambivalence which a sizable number of these students must feel towards their chosen profession, even as they are about to graduate.

Over-all, as in the case of characterizations of nursing, the trend established by the end of the first year in what students personally value in nursing is in all essential respects sustained throughout the curriculum. Advanced professional images of the field appear to enjoy an ascendancy at the expense of traditional and bureaucratic images.

Consensus among Students. Our initial expectation that agreement among students would increase as they progressed to graduation is only partially borne out by the data. Whereas on the one hand, as Table 3 shows, there is no appreciable change from entry to graduation in the over-all consensus[4]

[4] Following the logic that 50 percent student agreement on an item in Tables 1 or 2 represents the point of minimum consensus (i.e., as many students attribute the item to nursing, or to self, as do not), a Consensus Score was derived for each of the 19 items by calculating the arithmetic difference on the actual percentage score from 50 percent: the greater the difference, the greater the presumed student consensus on an item. The 19 differences were then averaged to give a group mean Consensus Score, the final figure being multiplied by two so as to locate it within a .00 to 1.00 range.

reached by students on their characterizations of nursing, on the other hand, there is an apparently meaningful increase (from .36 to .50) in consensus concerning those characterizations which are important or unimportant to the self.

Table 3, being a set of averages, obscures certain selective facets of student consensus, such as those attributes on which sizable numbers of students do agree. This information may be found in Table 4, which lists those items which large majorities of students (75 percent or more) did or did not attribute to nursing and did or did not regard as important to the self.

Table 3. Mean Consensus Scores for the 19 Items at Entry and Graduation. (N=65)

Category of Attributions	Mean Consensus[a]	
	At Entry	Upon Graduation
Characteristic of Nursing	.48	.43
Important to Self	.36	.50[b]

[a] Maximum possible score 1.00; minimum, .00.

[b] "t" test difference .10>p>.05 for change in related samples. McNemar, *op. cit.*, pp. 225, 226.

The upper part of Table 4 shows that throughout the curriculum stable, high level consensus exists that "Hard Work" and "Job Security" are characteristics of nursing. There is also continued, widespread student agreement that "Demonstrating Care and Concern for Others" also characterizes nursing. By contrast, at both time points most students concur that "Ritual and Ceremony," "Religious Inspiration," and "Close Supervision" do not belong to nursing.

As for items which students regard as personally important, the lower half of Table 4 discloses continuing high level agreement for "Demonstrating Care and Concern." Significantly, such individualistic-innovative images as "Originality and Creativity," "Imagination and Insight," and "Frequent Innovation," which registered relatively little positive consensus for the self upon entry, come to elicit striking support by time of graduation. By contrast, several bureaucratic attributes (e.g., "Close Supervision" and "Clear Cut Lines of Authority") are rejected for the self by large majorities of students.

Viewing Table 4 as a whole, it is interesting that, whereas at entry large majorities of students could agree on the presence or absence in nursing of 9 out of 19 items, at graduation they could do so with respect to only 7 of the same 19. An inverse pattern, though, reveals itself concerning the personal importance attributed to the items. Here, high agreement on only five items at entry comes to encompass ten by graduation. It would seem, therefore, that to the extent that students do achieve consensus among themselves, it is more likely to reflect their personal occupational values than their perceptions of the field. Somewhat obliquely this suggests, as does the comparison of graduation consensus scores in Table 3, a point we have noted elsewhere, namely, that perhaps these students possess more in common as young, middle class, American women with a certain distinctive outlook on life than they do as aspirants to the nursing profession(9).

Consonance(12). Our findings on consonance—the amount of subjective agreement a student *feels* between what she sees in nursing and what she values for herself—again ran counter to our expectations. The data reveal little over-all change in consonance.[5] On the other hand, as can be inferred from the bottom line of Table 5, neither does dissonance (the attitudinal imbalance between the two dimensions) increase.

On only one cluster of items, advanced professional images, is there any evidence of a significant increase in consonance. With respect to the other clusters, however, there are neither sharp increases nor decreases in consonance. The students would seem to be, to borrow a term from physics, in a "steady state of opposed valances."

In Table 5 we can see that the magnitudes of consonance reveal a similar story about the fit of self and nursing images. At the outset layman's (consonance .54) and traditional professional images (.51) produce the closest fit. By graduation, however, advanced professional images result in high consonance (.53). At both time points, there was least consonance (i.e., highest dissonance) for bureaucratic-routinized images. These findings on consonance are wholly in keeping with the central trend noted elsewhere in this article, namely, the growing attractiveness of advanced professional images and decreasing attractiveness of bureaucratic images for students as they progress through the baccalaureate program.

Discussion

In the earlier *Nursing Research* article we pointed to some common assumptions of sociologists and educators to the effect that professional socialization induces among students a greater consensus of outlook on their chosen profession, along with a closer psychological fit between what they perceive and value in it. The findings reported there gave us reason to question these assumptions. But, because those findings were limited to just the first year of baccalaureate nursing education, we were reluctant to press our doubts too strongly.

Now, on the basis of these extended findings which cover the full three year course of the baccalaureate curriculum, we are in a better position to challenge the aforementioned assumptions. Again, as in the previous report, it was found that, except for the selective influences exercised upon occupational imagery by advanced professional themes in the field, students by and large did not radically

[5] A student's Consonance Score was determined by dividing the number of items checked for both Nursing and Self by the sum of items checked for one, the other, and both. Hence, a score of 1.00 would represent maximum consonance and .00 minimum consonance (i.e., absolute dissonance). Items left blank (i.e., checked neither for Nursing nor Self) do not enter the calculation.

Table 4. Items on Which Large Majorities of Students Showed Agreement At Entry and Upon Graduation.[1] (N=65)

Items Which Large Majority of Students Saw in Nursing	
At Entry	**Upon Graduation**
Dedicated Service Hard Work Job Security Emotional Control Order and Routine Clear Cut Lines of Authority Demonstrating Care and Concern	Hard Work Job Security Order and Routine Demonstrating Care and Concern

Items Which Large Majority of Students Did Not See in Nursing	
At Entry	**Upon Graduation**
Ritual and Ceremony Religious Inspiration	Close Supervision Originality and Creativity Ritual and Ceremony

Items Which Large Majority of Students Thought Important to Self	
At Entry	**Upon Graduation**
Demonstrating Care and Concern	Originality, Creativity Imagination, Insight Frequent Innovation Demonstrating Care and Concern

Items Which Large Majority of Students Did Not Hold Important to Self	
At Entry	**Upon Graduation**
Ritual and Ceremony Clear Cut Lines of Authority Clearly Defined Tasks Close Supervision	Ritual and Ceremony Religious Inspiration Meticulousness Clear Cut Lines of Authority Clearly Defined Tasks Close Supervision

[1] Large Majority—75 percent or more.

alter their perceptions of nursing or of what they valued therein for themselves. Nor did they, for that matter, achieve greater over-all consensus *among* themselves or consonance *within* themselves in these respects. (The former must be qualified somewhat inasmuch as they did reach greater consensus concerning what they personally valued in nursing.)

Clearly, either the implicit model of professional socialization posited by sociologists and educators is amiss, possibly through over-simplification, or there is something so unique about baccalaureate nursing students as to render them a special case deserving exemption from the presumed appositeness of the model. Unfortunately, empirical guidelines are as yet lacking for choosing one or the other of these explanations. As with much else in sociology, conceptualizations of the professional socialization process abound; useful comparative findings that transcend a particular occupation or profession and which speak, therefore, to the relevance of the general model as a whole are much harder to come by.

Given the dearth of analytically viable comparative data, we are left in a peculiar dilemma. In criticizing the traditional model we may be doing it an injustice; for, when all is said and done, our data represent but a single instance, an instance which may be enough unlike a class of other "single instances" as to afford little warrant for a critique of the model's relevance. Single instance or no, though, not to criticize is to leave unexplained, in limbo as it were, a body of findings which patently flies in the face of certain of the model's key assumptions.

Perhaps, then, the best strategy for the present is to assume a certain crude validity for the model, recognizing all along that it probably harbors numerous lacunae and over-simplifications, some of which may be redressed on the basis of our findings. At the same time, though, by attributing to the model a certain rule-of-thumb relevance, we allow for the possibility that these unexpected findings do reflect genuine tendencies which, in some part at least, are more or less unique to baccalaureate nursing students. In what follows we shall alternately

Table 5. Students' Mean Consonance Scores at Entry and Graduation. (N=65)

Image of Nursing	At Entry		Upon Graduation		Change[a]
	Mean	S.D.	Mean	S.D.	
Layman's Images (Dedicated Service, etc.)	.54	.30	.55	.26	+.01
Traditional Professional (Meticulousness, etc.)	.51	.36	.50	.40	−.01
Advanced Professional (Originality, etc.)	.36	.30	.53	.38	+.17**
Bureaucratic-routinized (Order and Routine, etc.)	.34	.34	.29	.37	−.05
Average on All 19 Items	.47	.21	.51	.20	.04

[a] Significance of change tested via "t" test for related samples, utilizing a one-tailed test.
** = .01>p>.001.

evaluate our findings from each of these standpoints.

Regarding the presumed relevancy of the traditional model of professional socialization, we would suggest that one of its major deficiencies is that it draws too uniform and monochromatic a picture of what is supposed to transpire in the minds of students receiving professional training. We refer to such stark sociological depictions of the process as the wholesale displacement over time of lay occupational images by distinctly professional ones, the high unanimity of professional outlook accruing to aspirants, and the gradual, but almost total, elimination of inner conflict and ambivalence regarding one's commitment to the profession. Our findings suggest that barring, perhaps, certain extreme forms of career indoctrination (e.g., nonprobationers, professional revolutionaries), professional socialization in an open democratic society such as ours is a more variegated process, allowing for considerably more pluralism, contradiction, ambivalence, and ideational "slippage" than the simplistic traditional model would have us believe. Witness, in this connection, the sizable number of students in our study who continue from entry to graduation to hold on to certain predominantly lay images of nursing and who manage somehow to live with sometimes sharp discrepancies between what, occupationally speaking, they value for themselves and what they see in nursing.

Qualitatively, we infer from these findings that collegiate nursing schools—and, quite possibly, other professional schools as well—possess, sometimes contrary to their intent, sufficient pedagogical and ideological flexibility (or "slack," as some would have it) to allow persons of decidedly different background, outlook, and striving to acquire the minimal identities necessary for the practice of the profession, without, at the same time, having to drastically remake themselves as people. Because such flexibility exists and, teleologically, is perhaps necessary as well, there is no reason to expect the neat, symmetrical, ideational moldings that are predicated by the familiar model of professional socialization. Nonetheless, it follows that until the model is conceptually revised and enriched to where it better accommodates the diversity found in professional socialization, its utility will remain severely limited.

We would qualify these criticisms only insofar as it is recognized that the model's historical origins in sociology can be traced almost wholly to studies of such prestigeful male professions as medicine, law, the ministry, and the military. Even though there are grounds for suspecting that it over-simplifies socialization processes in these professions as well, it, nevertheless, is perhaps true that aspirants in these fields do acquire a somewhat greater similarity of occupational outlook than did the baccalaureate nursing students whom we studied.[6] The latter's seeming failure in this respect points, in our estimation, to an important intervening variable in the process of professional socialization, namely, the aspirant's prior internalization of and attachment to the concept of a lifetime adult professional career. And, the psychological sources of a person's attachment to this concept are to be located not in professional training *per se*, but rather in a complex of antecedent social roles, chief among which in our society is one's sexual role as male or female.

What we wish to suggest by these observations is that to the extent that collegiate nursing students may constitute a more or less unique instance of professional socialization, this has vastly more to do with their status as young women than it does with other aspects of their persons, or with the professional education they receive. As we and other in-

[6] We reiterate, though, that this interpretation merits close scrutiny, ideally, on the basis of systematic cross-professional comparisons.

vestigators have noted in related connections, it is precisely because the cultural expectations surrounding the female role in our society so inhibit the internalization of a career-oriented concept of self that we discover such apparently diffuse and ambivalent patterns of occupational imagery among these students (10.17). It is as if their underlying indifference to a career, and consequent lack of commitment to the profession, permitted them the freedom to continue to conceive of nursing and of their relationship to it in peculiarly individual and idiosyncratic ways. Such, we would submit, is probably much less the case with medical or law students (2.16) though probably analogous to what one would find among young women studying elementary school teaching or social work (15).

Finally, we wish to consider briefly the implications of certain of our findings for student job selection and area specialization in nursing in the years following graduation, at least for those who remain active in the field. As we have noted throughout, the single most striking trend in our data is the pronounced shift among students towards what we have termed advanced professional images, e.g., such attributes as "Originaltiy and Creativity" and "Frequent Innovation in the Solution of Problems." For reasons which would take us too far afield to discuss here, students come to associate these attributes to a much greater degree within such areas as public health and psychiatric nursing than they do within other specialties in nursing. Therefore, we would predict that a disproportionate number of those remaining active will affiliate with such specialties as public health and psychiatric nursing. Indeed, some preliminary post-graduation follow-up data on the students, which we have reported on elsewhere, indicate this to be the case (11).

Summary

In this follow-up report of a longitudinal study of changes in occupational imagery among baccalaureate students at the University of California School of Nursing in San Francisco, it was found that from time of entry into the school until graduation three years later:

1. Students came increasingly to characterize nursing and what they valued in it in terms of advanced professional images of the field.

2. Complementary to this trend, a larger proportion of them came to reject bureaucratic images of the field, although, surprisingly, a fair number continued to hold onto certain layman images.

3. Despite these trends, however, students do not achieve greater consensus *among* themselves concerning what they believed did and did not characterize nursing. They did reach higher consensus, though, on what in nursing they viewed as important or not important for the self.

4. Except for their increasing endorsement of advanced professional images for both nursing and self, in the main they did not effect a closer correspondence *within* themselves (i.e., grow more consonant) between what they saw in nursing and what they valued therein.

These findings confirm in nearly every respect the changes and trends in occupational imagery which we reported on in this journal following the students' completion of their first year of baccalaureate nursing education. By their very nature, the findings suggest the need for major revisions in the traditional conceptual model of professional socialization propounded in contemporary sociological theory.

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Correction Please

Please make a correction in the footnote on page 25 of the article, "Clinical Inference in Nursing I. A Nurse's Viewpoint," by Katherine Kelly in the Winter 1966 issue of *Nursing Research*.

The footnote refers to an article which appeared in the Winter 1964 issue of *Nursing Research* and should read "Winter 1964."

These courses provided students with their first major clinical experiences which focus on illness as contrasted with earlier clinical experiences which focus primarily upon the maintenance of health. It is likely that students in the adult health/child health course had direct experiences with dying patients. Experiences with death and dying patients in mental health or maternal health settings are less likely to occur. However, should such events occur in these settings, they tend to be emotionally charged and dramatic as well as unexpected.

The third exception to the trend identified earlier is in the dying of self score of faculty. The greater mean age of faculty members and a resulting chronological nearness to an age at which their own death is more likely to occur may account for the increased subscale score.

The results also indicated that dying of others was least feared by all subjects. Mean scores consistently decreased with increased educational preparation.

Inconsistency scores demonstrated the previously identified trend of a decrease with increased academic preparation. The major exception was the score achieved by the first-year graduate student group.

The second hypothesis, that fear of death and dying will be positively related to choice of clinical specialization in medical-surgical nursing rather than with choice of clinical specialization in community health, rehabilitation, or mental health-psychiatric nursing, was not supported. There were no significant differences between the mean scores of the total sample according to area of clinical specialization and educational level within areas of clinical specialization. Tables 2 and 3 illustrate these data.

However, some interesting trends appeared within the data. The scores achieved by the adult health clinical specialization group suggest the tendency of fear of death and dying to decrease with increased academic preparation. Another interesting trend is the tendency of the mental health-psychiatric nursing group to achieve the overall highest scores.

These results support the Golub and Reznikoff (1971) findings that a nurse's professional education does influence her attitudes toward death. However, there were major differences in the manner in which levels of education and experience were identified as well as in the instruments utilized to measure attitudes toward death and dying in these two studies.

These data also tended to support the findings of Feifel *et al.* (1967) that differences between subgroup classifications of clinical specialization were minimal. The conclusion in the Feifel *et al.* study regarding the relationship of acculturation to the professional role and increased fearfulness was not borne out of this study. However, this particular question requires further investigation in that professional acculturation would appear to be accomplished through both professional education and clinical service processes.

In view of the trends in the data presented here and the limited sample in clinical specialization areas other than adult health, community health, and mental health-psychiatric nursing, the necessity for further study with a larger sample is indicated.

Table 3. Analysis of Variance for Effects of Area of Clinical Specialization

Fears of Death and Dying	F Ratio for Main Effect of Area of Specialization	F Ratio for Interaction of Area of Specialization by Educational Level
Death of self	1.73	0.68
Death of others	0.10	0.43
Dying of self	1.34	1.17
Dying of others	1.08	1.93
General fear of death	0.63	0.07
Inconsistency	1.28	0.47
df	2/85	4/85
F needed for significance at five percent level	3.12	2.50

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Baccalaureate Students' Images of Nursing: A Replication

Julia S. Brown

Yvonne Badders Swift

Mary L. Oberman

In a replication at the University of Oregon School of Nursing in 1972 of a study conducted between 1960 and 1962 of University of California nursing students' images of their chosen profession, beginning students in both schools were found to hold similar views of nursing and of personal occupational values. Faculty at the two schools were found to be alike in their emphases. Selective changes in their conceptions of nursing were found to have taken place during the year of study regarding advanced professional, bureaucratic, lay, and traditional images of the profession. Students in the Oregon study arrived at a higher consensus of what they considered important in nursing, but neither group showed greater achievement in consensus of what they believed characterized nursing. The Oregon students were more able to reconcile their perceptions of nursing

with their personal values than the California students had been. The influence of time span between the studies was acknowledged. Implications for nursing were discussed.

Almost a decade ago, an article, "Baccalaureate Students' Images of Nursing" (Davis and Olesen, 1964), appeared in NURSING RESEARCH which reported early findings of research on the professional socialization of nursing students. Over the years the paper has become somewhat of a classic and has attracted considerable attention from professional educators and behavioral scientists.

Original Study. Davis and Olesen based their investigations on three propositions:

I. As students are increasingly exposed to the special world of their chosen profession, they modify their original lay conceptions so as to accord more closely with the professional views and attitudes of their teachers and preceptors.

II. As the educational process continues, students arrive at a consensus of outlook on the profession.

III. Over time, the student develops a greater "inner consistency" in that less discrepancy is perceived between occupational demands and personal needs and values.

To test the empirical validity of these propositions for nursing students, an instrument was devised to determine the student's "images" of nursing and the bearing of these images on the student's personal values. Nineteen characteristics commonly attributed to nursing were listed, and the student was asked to check, first, those characteristics which corresponded to her picture of nursing, and, second, those characteristics which were important to her personally. This 19-item dual-focused checklist questionnaire was administered to all incoming students (N = 84) at the University of California School of Nursing at San Francisco for two consecutive years (1960-1961 and 1961-1962). The questionnaire was readministered to all students (N = 75) who completed the first year of study at the School.[1]

A similar instrument was devised to measure faculty emphases in teaching. Each of the 17 faculty members responsible for instructing first-year nursing students was given the same list of 19 characteristics and asked to indicate on a 5-point scale the extent to which each item was stressed in teaching or in other contacts with students: "strongly," "moderately," "minimally," "not at all," "I try to deemphasize this."

The responses of the 17 faculty members to this questionnaire, together with the responses of the 75 students to their questionnaire at two points in time, comprised the data for the California study. From an analysis of these data, the authors derived partial support for their first proposition, but little if any support for their second and third hypotheses. Reasoning that the California faculty subscribed to the same educational philosophy and emphases as prevailed generally among collegiate nursing school faculties, Davis and Olesen inferred that essentially similar findings would be obtained were investigations to be conducted on first-year nursing students in other collegiate settings. To our knowledge, no empirical evidence has been reported to date to substantiate or refute their inference. For this reason, we present the findings of a modest study recently conducted at the University of Oregon School of Nursing.

Rationale for This Study. This investigation was designed to replicate the Davis and Olesen study in order to determine whether similar or different results would be obtained in the Oregon setting.[2] It appeared reasonable to anticipate *different* results on the argument that the sweeping social changes of the 1960's might have affected student values and conceptions of nursing. It appeared equally plausible to predict *similar* results in that student backgrounds and educational experiences at California and at Oregon were basically alike. Both schools were state-supported, West Coast institutions. Both schools recruited mainly white, Protestant, middle-class young women. Both schools offered a baccalaureate degree program, delaying admission of the student to the nursing curriculum until the sophomore or junior year. Both schools subscribed to a philosophy which stressed total patient care, increasing autonomy and professionalization of the nurse, the significance of psychosocial factors in health matters, the need for innovation in nursing care, and the importance of student-initiated approaches to learning.

Method. To replicate the Davis and Olesen study, the same instrument was used. However, we quickly found that the limited time and resources at our disposal necessitated several modifications in the basic design. The longitudinal design of the California study proved unfeasible, and, instead of administering the questionnaire to the same students at entry and again a year later, the questionnaire was administered to two separate groups of students, a group of sophomores recently arrived on campus and a group of juniors who had completed one year of the nursing curriculum. Moreover, because of the large size of the sophomore and junior classes in the Oregon school (161 and 140 members, respectively), we decided to draw a sample of respondents from these classes, rather than to use them in their entirety. Arbitrarily, the size of the total sample was set at 75 to 100 students. Inclusion in the sample was as follows: From a list of all sections of all required nursing courses for sophomores, sections were randomly drawn until the section enrollments approximated 50 students. Similarly, sections were selected randomly from the total list of sections for required nursing courses for juniors. Sub-

JULIA S. BROWN (Ph.D., Yale University, New Haven, Connecticut) is associate professor of sociology at the University of Oregon School of Nursing, Portland.

YVONNE BADDERS SWIFT is an undergraduate at the University of Oregon School of Nursing, Portland.

MARY L. OBERMAN is an undergraduate at the University of Oregon School of Nursing, Portland.

[1] In an extension of this study to graduating seniors, nearly identical results were obtained. These results were reported in Olesen and Davis (1966). For a full description and analysis of the project of which these studies were a part, see Olesen and Whittaker (1968).

[2] This investigation was undertaken initially by two sophomore nursing students to fulfill the research requirement for an introductory sociology course.

sequently, questionnaires were distributed to these students. In this way, we obtained 74 completed questionnaires — 53 from sophomores, 21 from juniors. The questionnaires were administered in the fall of 1972.

The faculty questionnaire was distributed to all 21 instructors of the sophomore and junior students during that term. Of these, 12 responded.

We are fully aware of the limitations and failings of these procedures. Nonetheless, we strongly believe our findings to be of sufficient interest to merit reporting.

Findings. *Images of Nursing.* In Table 1 our findings are compared with those of Davis and Olesen. The attributes in the first column are ordered according to the frequency with which the incoming California students designated them as corresponding to their "image of nursing." Indicated within the parentheses is the nature of the characterization — lay, traditional, bureaucratic, advanced professional.[3] Students who entered the two schools held quite similar views of nursing. For example, four of the five attributes most frequently checked by the California students — hard work, order and routine, demonstrating care and concern, dedicated service — were included among the five attributes most frequently checked by the Oregon students. And three attributes — originality and creativity, religious inspiration, and ritual and ceremony — appeared among the five items least frequently checked by both groups of students. Despite this basic similarity of the two groups at entry, the Oregon students appeared somewhat less likely to attribute to nursing certain bureaucratic traits — clear-cut lines of authority, emotional control, close supervision, meticulousness, order and routine. They also appeared somewhat more likely to attribute to nursing certain advanced professional traits — originality, innovation, imagination, and solid intellectual content. Both groups to an equal degree considered nursing to be a highly respected occupation.

The data for both schools suggested considerable stability over the year in the conceptions of nursing held by students. Davis and Olesen reported that of the five items that received the highest percentages at entry, only one — dedicated service — was absent a year later; of the five lowest-ranking items at entry, only one — originality and creativity — had risen on the scale one year later. At Oregon, the views of the junior and sophomore students were similar.

Student views at both schools at the end of the year again showed considerable similarity, although this resemblance in outlook on the profession was slightly less pronounced than at entry. This small divergence might be attributed to the somewhat differing socialization experiences provided by the two institutions.

This brings us to a consideration of the selective nature of the changes in conceptions of nursing that occurred during the first year of the study. Davis and Olesen found that, for their subjects, lay images of nursing held steady, bureaucratic images weakened, and innovative and individualistic images strengthened markedly. At year's end, most students retained their belief that nursing implied dedicated service and hard work. The tendency to see nursing as a bureaucratic enterprise, though strong, was less than at entry. Percentage decreases were noted for all bureaucratic items except for order and routine. Many more students than at entry characterized nursing as individualistic and innovative. The trend to accept advanced professional images of nursing, however, did not extend to such items as solid intellectual content or high respect of the occupation. In fact, this latter belief lost credence with students to an extreme degree.

In contrast, no substantial positive increases occurred for the

[3] Some of these characteristics may be placed into more than one of the specified categories with equal logic. We believed that the items of high technical skill, emotional control, job security, and meticulousness might be classified as bureaucratic attributes in that technical expertise, impersonality and rationality, methodicalness, job seniority and a "career ladder" are all usually listed in the literature as characteristics of bureaucracy.

Table 1. Percentages of Students Who Designated Attributes as Corresponding to Their Picture of Nursing at Entry and upon Completion of First Year of Nursing Curriculum at California and at the Beginning of Sophomore and Junior Years at Oregon[1]

Attributes	Orientation[2]	California Students			Oregon Students		
		At Entry (N = 75) (%)	At End of 1st Year (N = 75) (%)	Change (%)	Sophomores (N = 53) (%)	Juniors (N = 21) (%)	Difference (%)
Hard work	L	96	89	− 7	91	10	−81
Order and routine	B	93	96	3	89	71	−18
Emotional control and restraint	T, B	92	83	− 9	57	52	− 5
Demonstrating care and concern		91	97	6	87	86	− 1
Dedicated service	L	80	73	− 7	87	48	−39
Clear-cut lines of authority	B	77	64	−13	59	62	3
Job security	L, B	77	87	10	74	48	−26
Occupation highly respected	AP	72	41	−31	74	33	−41
Meticulousness	T, B	71	63	− 8	45	29	−16
High technical skill	T, B	67	77	10	76	52	−24
Drama and excitement	L	60	63	3	59	29	−30
Imagination and insight	AP	55	69	14	57	52	− 5
Close supervision	B	50	44	− 6	25	24	− 1
Frequent innovation	AP	41	67	26	59	52	− 7
Clearly defined work tasks	B	40	32	− 8	66	48	−18
Solid intellectual content	AP	34	31	− 3	51	52	1
Religious inspiration	L	25	36	11	30	0	−30
Originality and creativity	AP	20	51	31	45	48	3
Ritual and ceremony	L	16	12	−4	6	0	− 6

[1] Table adapted in part from Table 1, Davis and Olesen, 1964, p. 11

[2] L = lay image; B = bureaucratic image; T = traditional image; AP = advanced professional image

Oregon sample in the percentages of students who viewed nursing as characterized by one or the other trait. Rather, a general erosion of preconceptions was noted. The extent of this erosion was greater, however, for traditional, lay, and bureaucratic images than for the advanced professional views. The major exception to this general statement was the decided drop in the number of Oregon students who believed that nursing was a highly respected occupation. Such a striking reversal of opinion on the part of both California and Oregon students in regard to this belief needs explanation. Davis and Olesen attributed the change to student observations of the general lack of respect accorded nurses by doctors, patients, and auxiliary personnel in clinical areas. We suggest another possible cause was faculty ambivalence demonstrated by the fact that only 67 percent of the Oregon faculty and 58 percent of the California faculty reported they stressed that nursing is a highly respected occupation.

Davis and Olesen claimed partial support for the hypothesis that nursing students with increased exposure to their field discard lay and traditional images and assume advanced professional images of nursing in that their subjects adopted individualistic and innovative conceptions to a significant extent, although they retained traditional views. Evidence for their hypothesis was provided by our finding that our subjects discarded lay and bureaucratic images; counterevidence was provided, however, by our finding that advanced professional images were not further reinforced through the educational experience. The situation with respect to the hypothesis, then remains ambiguous.

These comments relate only to changes in the relative standing of various attributes with respect to the frequency with which the particular attribute was designated as representative of nursing. It was not our intention to imply that students at year's end viewed nursing primarily in advanced professional terms or that they denied the existence of bureaucratic and traditional aspects of nursing. Rather, at both schools, students first and foremost thought of their profession as the demonstration of care and concern, and as order and routine. In the rank-ordering of the 19 attributes, bureaucratic items, such as close-cut lines of authority and emotional control, placed high on the list. None of the advanced professional images was subscribed to by as large a majority as 75 percent of the students at either school.

We wish to add here our own observation that at *no* time (at entry, one year later, or at graduation) was *any* advanced professional trait designated as characteristic of nursing by a large majority of California students (75 percent or more), whereas several traditional and bureaucratic items (e.g., order and routine, hard work, demonstrating care) were so designated. With the Oregon sample, the fact that fewer and not more students viewed nursing in advanced professional terms at the conclusion of the year ran counter to expectation. The only support that might be claimed for the proposition was the lesser tendency of Oregon students to discard innovative and individualistic conceptions than to discard lay and bureaucratic images.

Importance of Characterizations for Self. Data concerning the personal importance that students attached to specific characterizations of nursing are summarized in Table 2.

Values endorsed by the two student groups were basically similar. A majority of the incoming students at both schools cherished dedicated service, imagination and insight, the demonstration of care and concern, and solid intellectual content. Conversely, few members of either group cared for ritual or for such bureaucratic aspects of work as close supervision, clear-cut lines of authority, meticulousness, or clearly defined tasks. Moreover, these values remained relatively constant over the first year. At the end of the first year, students at the two schools espoused common

Table 2. Percentages of Students Who Designated Attributes as Very Important to the Self at Entry and upon Completion of First Year of Nursing Curriculum at California and at the Beginning of Sophomore and Junior Years at Oregon[1]

Attributes	Orientation[2]	California Students: At Entry (N = 75) (%)	California Students: At End of 1st Year (N = 75) (%)	California Students: Change (%)	Oregon Students: Sophomores (N = 53) (%)	Oregon Students: Juniors (N = 21) (%)	Oregon Students: Difference (%)
Demonstrating care and concern		87	97	10	91	81	−10
Dedicated service	L	75	64	−11	66	38	−28
Emotional control and restraint	T, B	65	52	−13	32	24	− 8
Imagination and insight	AP	59	85	26	77	67	−10
Order and routine	B	56	48	− 8	32	38	6
Solid intellectual content	AP	56	71	15	60	43	−17
Originality and creativity	AP	48	79	31	76	62	−14
Job security	L, B	48	59	11	57	33	−24
Occupation highly respected	AP	47	71	24	55	24	−31
Hard work	L	44	37	− 7	47	24	−23
Drama and excitement	L	41	40	− 1	57	24	−33
Frequent innovation	AP	40	75	35	72	81	9
High technical skill	T, B	37	57	20	55	43	−12
Religious inspiration	L	36	39	3	38	14	−24
Meticulousness	T, B	35	39	4	28	24	− 4
Clear-cut lines of authority	B	16	23	7	8	14	6
Clearly defined work tasks	B	11	7	− 4	26	24	− 2
Close supervision	B	9	3	− 6	19	0	−19
Ritual and ceremony	L	3	9	6	6	0	− 6

[1] Table adapted in part from Table 2, Davis and Olesen, 1964, p. 11

[2] L = lay image; B = bureaucratic image; T = traditional image; AP = advanced professional image

values to an even greater extent than they had at entry. At entry, Oregon students regarded advanced professional aspects of the nursing role somewhat more highly than did their California counterparts; a year later, advanced professional values had gained importance for the California group but had lost importance for the Oregon group. As a result, the values of the two groups further converged, with both groups favoring advanced professional characteristics of nursing over lay and bureaucratic characteristics. The slight convergence in values may be contrasted to the slight divergence noted in conceptions of the two groups as to the nature of nursing. Perhaps, in the process of socialization to a profession, ideals may be the first to crystallize among recruits; and perhaps it is more essential for beginners to develop a consensus about what the profession *should* be than about what the profession currently is.

Regarding the nature of the changes in values that occurred during the first year at nursing school, at California Davis and Olesen found no change in the degree of commitment of students to various traditional values. Both at entry and one year later, dedicated service was important to a majority of students, whereas hard work, ritual, religious inspiration, and drama were not. With regard to the importance accorded various bureaucratic elements, no clear trend was apparent. Only one — emotional control—enlisted strong support at entry, and its importance declined during the year. With reference to advanced professional values, every one — originality, imagination, innovation, intellectual content, and high respect for the occupation — acquired much greater importance for students following a year's schooling.

At Oregon, however, junior students were less enamored of all traditional attributes than were sophomores. Even dedicated service carried emotional significance for only a minority of the juniors. Bureaucratic characteristics were not overpopular with sophomores (only high technical skill was checked as important by over 50 percent of the sophomores) and even less popular with juniors. With respect to advanced professional images, although all were valued by a majority of Oregon sophomores, only innovation won the favor of a majority of Oregon juniors. Only 43 percent of the juniors held solid intellectual content to be personally important, and only 24 percent believed that the respect accorded the profession was a matter of personal concern. In short, at Oregon, the older, more experienced students felt *less* attachment to advanced professional norms and values than beginning nursing students. This finding may reflect a growing cynicism of students (Psathas, 1968) and runs in the face of Davis and Olesen's first proposition. However, our other findings and all those of Davis and Olesen concerning changes in values supported their proposition that students with increasing exposure to their field discard lay and traditional values and take on advanced professional values. Our data also indicated, on the part of Oregon juniors, an aversion to the bureaucratic aspects of nursing and a general affinity for the more *expressive* elements of the advanced professional component of nursing (i.e., innovation, creativity, imagination).

Relation of Changing Student Imagery and Values to Faculty Emphasis. Within the theoretic framework adopted by Davis and Olesen, changes in the opinions and values of students were explained in terms of the socialization process. They assumed that faculty transmitted professional views and that students internalized them. This implied a convergence of student and faculty opinions and values over time.

To determine if such convergence did, in fact, take place, faculty emphases were examined. The percentage of faculty members who responded "Strongly" or "Moderately" with reference to specific items on the faculty questionanire is shown in Table 3. Faculties in both schools of nursing placed greater stress on advanced professional aspects of nursing than on lay, traditional, or bureaucratic aspects. In both schools, 75 percent or more of the instructors agreed that originality, imagination, innovation, high technical skill, and demonstrating care and concern were vital and, conversely, that ritual was unimportant. In addition, the California faculty expressed total consensus on the importance of the intellectual component of nursing. In contrast, Oregon instructors did not endorse solid intellectual content to the same extent, and placed more emphasis on order and routine. Overall, the similarity in emphases between the two faculties was strong. This finding lends some support to the Davis and Olesen assumption that American collegiate nursing programs subscribe to approximately the same value-systems.

If it is true that educators exert

Table 3. Percentage of Faculty at California and at Oregon Who Stated that They "Strongly" or "Moderately" Emphasized an Attribute in Their Teaching and in Other Contacts with Students[1]

Attributes	Orientation[2]	Emphasis of Attribute: California (N = 17) (%)	Emphasis of Attribute: Oregon (N = 12) (%)
Demonstrating care and concern		100	83
Originality and creativity	AP	100	83
Imagination and insight	AP	100	75
Solid intellectual	AP	100	67
High technical skill	T, B	94	83
Frequent innovation	AP	94	33
Emotional control and restraint	T, B	64	42
Occupation highly respected	AP	58	67
Drama and excitement	L	53	42
Order and routine	B	47	75
Clear-cut lines of authority	B	47	42
Dedicated service	L	42	42
Hard work	L	40	58
Meticulousness	T, B	36	50
Close supervision	B	29	42
Job security	L, B	12	33
Clearly defined work tasks	B	6	58
Ritual and ceremony	L	6	17
Religious inspiration	L		42

[1] Table adapted in part from Table 3, Davis and Olesen, 1964, p. 12

[2] L = lay image; B = bureaucratic image; T = traditional image; AP = advanced professional image

an influence on students' professional opinions and values, it should follow that both student bodies should manifest change in the direction of the particular emphases of their faculties. Davis and Olesen reported that more than 75 percent of the California faculty strongly or moderately emphasized originality, imagination, innovation, and technical skill. These were precisely the characteristics which increasing proportions of students came to attribute to nursing, and to value personally, from time of entry to completion of the first year. Faculty unanimity in stressing solid intellectual content apparently influenced only its value for students, but failed to alter their belief that such content did not characterize nursing. Thus, the discrepancy between this opinion and value widened over time, and suggests a potential source of frustration and regret.[4]

In the case of the Oregon students, the effect of faculty was more difficult to assess because change appeared to take the form of a shedding of prior conceptions and values rather than a conversion to faculty values. Perhaps this was a consequence of the lesser consensus *of the Oregon staff in comparison with the California staff*: or perhaps it was a consequence of the closer correspondence of values of entering Oregon students and faculty members. At any rate, it would appear that those preconceptions and values least like the faculty's were most readily relinquished. Convergence was indicated by two facts: Sophomore images and values were found to relate less strongly with faculty emphases than junior students' images and values. Specifically, the innovative and individualistic values championed by the faculty were eroded least over time, and hence were judged by the junior students to be of greater importance than lay and bureaucratic elements. Thus, the demonstration of care, frequent innovation, imagination and insight, and originality and creativity ranked highest on the list of junior values. However, juniors did not incorporate into their own value-systems the faculty emphases on order and routine — or even technical skill. They recognized that nursing did in fact involve order and routine, but did not particularly like that aspect of nursing. Two other advanced professional attributes — solid intellectual content and occupation highly respected — were emphasized by only two-thirds of the Oregon faculty, a fact which may account for their endorsement by only a minority of the junior students. Finally, a majority of students at Oregon *(and, it may be added, at California also)* thought clear-cut lines of authority characterized nursing although neither faculty reportedly stressed this aspect.

We echo the conclusions of Davis and Olesen (1964) regarding faculty influence:

> . . . whereas nursing faculty does exert a significant influence on the images and self-values that students come to hold in relation to nursing, such influence is far from uniform. As with all forms of social influence, the assimilation of faculty viewpoints and standards is in large part a function of the students' own values, cognitions, and prior experiences. . . . Where these somehow mesh, as in the case of such expressive values as "originality and creativity" . . . significant changes are induced. Where, however, the present cognitions of students conflict somehow with expectations and norms engendered by prior experience . . . the mere propagation of an image by faculty will not prove sufficient to insure its incorporation by students (p. 13).

Consensus among Students. Let us now consider the evidence for the second proposition that students achieve a consensus of outlook on their profession through the educational experience.

Consensus scores for both California and Oregon students and faculties are presented in Table 4.[5] The Oregon students, both at entry and a year later, were *less* completely in agreement upon what nursing entailed (the accuracy of these judgments is not at issue here) than were the California students. However, at both periods the Oregonians manifested *more* uniformity with respect to the attributes they thought to be important.

These figures also suggest that exposure to the educational process did not increase consensus for either group of students with regard to their perceptions of the field; if anything, the erosion of prior conceptions may have led to less agreement. Consensus with regard to values, however, did indeed increase for both groups. This consensus, at least in the case of the Oregon students, took the form of

[4] We wish to comment on one other change among the California students. Generally these students at admission believed nursing to be a highly respected occupation, although this "fact" was not personally important to them. At year's end, they no longer believed nursing to be a respected occupation, but they now yearned for such respect. The change in their "image" of nursing has been previously explained on two grounds—students' observations of a lack of respect accorded practicing nurses and faculty ambivalence. The change in their valuations of this attribute cannot be similarly explained and remains enigmatic.

[5] A group mean consensus score was developed by Davis and Olesen (1964) as follows: "Following the logic that 50 percent student agreement on an item in Tables 1 or 2 represents the point of minimum consensus (i.e., as many students attribute the item to nursing, or the self, as do not), a Consensus Score was derived for each of the 19 items by calculating the arithmetic difference of the actual percentage score from 50 percent; the greater the difference, the greater the presumed student consensus on an item. The 19 differences were then averaged to give a group mean Consensus Score, the final figure being multiplied by two so as to locate it within a .00 to 1.00 range" (p. 13).

Table 4. Mean Consensus Scores[1] of Faculty and Students with Respect to 19 Attributes of Nursing at Entry and upon Completion of First Year at California and at Beginning of Sophomore and Junior Years at Oregon[2]

	Students					Faculty	
	California			Oregon		California	Oregon
Category of Attribute	At Entry (N = 75)	End of 1st Year (N = 75)	Graduation (N = 55)	Sophomores (N = 53)	Juniors (N = 21)	(N = 17)	(N = 12)
Characteristic of nursing	.48	.46	.43	.41	.33	. . .	. . .
Important to self	.35	.42	.50	.39	.50		
Emphasized in teaching	. . .	. . .	. . .	. . .	. . .	.55	.35

[1] Maximum possible score, 1.00; minimum, .00

[2] Table adapted in part from Table 4, Davis and Olesen, 1964, p. 11; and from Table 3, Olesen and Davis, 1966, p. 155

a discarding of surplus values and an agreement on what was *not* important. All these data suggest the possibility that consensus may develop among beginning students first with relation to the ideals of the profession, and only later, if at all, with relation to perceptions concerning trends and current status of the profession. The modification, "if at all," was inserted for the reason that neither faculty exhibited a particularly high degree of consensus. Whether this phenomenon is specific to the nursing profession, or characteristic of all professions, is open to speculation.

A certain uneasiness about the measure of consensus employed here must be acknowledged. It is difficult to relate student consensus, as measured, to faculty consensus in any meaningful way. Perhaps "important" and "not important" do not lie on the same continuum: perhaps it may be theoretically more useful to operationalize consensus solely in terms of agreement on important aspects of nursing, while ignoring agreement on which aspects are *not* important.

Dissonance and Consonance between Student Perceptions of Nursing and Student Values. Davis and Olesen computed consonance scores for all their subjects at entry, one year later, and again at graduation. On analysis, they concluded that the students as a whole evidenced no significant increase in the extent to which they reconciled their perceptions of nursing with personal values.

For reasons beyond our control, no consonance scores were computed for Oregon students. Hence, a direct comparison in this respect is impossible. However, it is our impression that dissonance was greater at California than at Oregon. This impression may be supported in specific instances, as, for example, the wide divergence between values and images expressed for the items, "solid intellectual content" and "occupation highly respected." We presume that the perceived lack of solid intellectual content and respect created problems of frustration and discontent for the California students, since they claimed to value these highly; but these values did not create similar problems for the Oregon students who denied their importance. We are led to speculate that the greater consonance of the Oregon students might have been achieved, in part, through the whittling down of great expectations to conform to harsh realities. In the literature such a phenomenon has been designated as cynicism and has frequently been reported to develop among students in professional schools. (For a discussion of cynicism in nursing schools, see Psathas, 1968).

Discussion. The findings — that students at entry to the two schools were basically similar both in their perceptions of the field and in their personal occupational values; that faculties at the two schools were alike in their emphases; and that following the first year of study, students were still basically similar — lend support to the Davis and Olesen assumptions that collegiate nursing students everywhere are recruited from a common pool of applicants, similar in social background, aspirations, and beliefs; that collegiate nursing programs everywhere subscribe to similar philosophies and value-systems; and that the impress of collegiate nursing programs on students is everywhere much the same.

Implications for Nursing. The process of professional socialization in nursing is clearly not an easy one, proceeding automatically and painlessly to produce a uniform product. Rather, it is fraught with inner conflict, ambivalence, compromise, and differing expectations. Moreover, it is clear that role conflicts and ambivalence remain to plague even those nurses who have completed their formal training and have gone on to become leaders and educators in their profession. It remains an empirical question to determine whether such conflicts and ambivalence are greater for members of the nursing profession than for members of, for example, the medical profession. In these matters we agree with Davis and Olesen. We do not, however, believe that the current theoretical model of professional socialization is as simplistic as those authors implied, and that for us their attack on this model possessed a "tilting-at-windmills" quality.

Our findings and conclusions closely paralleled those of the earlier study. Some of the small differences may be attributable to the vagaries of time, place, and procedures. Other differences such as the tendency for the 1972 students to hold more modern views of the profession may reflect changes during the past decade in the public's conceptions of nursing.

We would like to suggest new directions for research in the area of the professional socialization of nursing students. Further replications of the Davis and Olesen study would be relatively unfruitful. Rather, the basic instrument needs fresh examination. Thus, the distinctness of the various image clusters (lay, traditional, bureaucratic, advanced professional) should be determined, perhaps by means of a factor analytic technique. Second, the assumption that those items designated as personally important are also those that are positively valued requires empirical validation. And, third, it might prove useful to determine the relative degree of importance of each item for the individual respondent rather than simply to dichotomize between items personally important and items not important. In addition to revising the basic instrument, we also suggest that alternate operational measures of consensus be devised, which might relate more meaningfully to other factors such as faculty emphases. These methodological refinements may aid in resolving such basic issues as the articulation of student views and values with those of faculty. In this way future research may lead to a fuller understanding of the whole phenomenon of professional socialization.

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