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ABSTRACT
              A comparative analysis is presented on the
differences between student teachers and student nurses regarding the
way in which they perceive their roles. It is hypothesized that there
is a difference in the pace of occupational socialization which
ranges from "instant" (acting and feeling as a professional from the
beginning), "incremental" (seeing process as a series of skills to be
learned with enhanced professional status granted at each step), and
"deferred" (little sense of developing a professional "self,"
professional status conferred upon qualification). Interviews and
questionnaires were used to obtain information from first-year
student teachers and nurses on how they perceive their progress
toward attaining a sense of becoming professional in their fields.
The material is reviewed under three headings: (1) different
conceptions of self; (2) different conceptions of role; and (3)
different conceptions of the process by which self and role come
together. Some general conclusions are drawn on differences between
the two groups and the way in which they are trained. A transcript is
appended of a conversation with a student nurse. (JD)

"DIFFERENT CONCEPTIONS OF SELF AND ROLE AMONG FIRST YEAR STUDENTS TRAINING FOR 'CARING' PROFESSIONS."

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At the 1986 Conference on The First Year Experience, I presented a short paper entitled "Pacing Occupational Socialisation in Professional Training". On the basis of experience of teaching in three different applied areas (teaching, nursing and social work), I speculated that the process of occupational socialisation might be markedly different in each, and that quite different sets of expectations might be reflected in training courses. At that stage, I had only just begun to investigate these differences systematically, but I thought I could already identify some distinctive patterns of occupational socialisation. That such contrasts were so readily discernible and showed up so sharply even within the context of a single higher education institution strongly suggests that there are indeed powerful influences at work here. My initial aim was simply to throw into relief the way in which higher education institutions fulfilling a training function for a variety of occupational roles could be seriously misperceiving student experience. It might be, for instance, that such institutions tend to over-estimate the homogeneity of their student populations and are slow to recognise the extent to which the student experience is coloured by course-specific and professional considerations rather than institutional ones.

These general considerations gave rise to a specific hypothesis, that courses might be distinguished by the 'pace' of occupational socialisation. It was suggested that this might range from an 'instant' type (e.g. students might be encouraged to act as, and feel themselves to be, fellow-professionals virtually on entry to the course); through an 'incremental' type (e.g. students might experience their course as a series of skills to be learned, or a series of tests to be passed, with enhanced status granted at each stage); to a 'deferred' type (e.g. students might at first pursue an academic foundational course involving few, if any, elements of professional training, and with little sense of developing a professional 'self', professional status being conferred upon qualification and not before). Examples of all three types could readily be found and seemed to be characteristic of the particular training courses with which I had been familiar. At the 1986 Conference this three-fold model was offered as a starting-point for thinking about this question. Colleagues from other institutions in the U.K. and elsewhere, and involved with courses as different as journalism and surveying, found this a useful way of conceptualising the issue.

In a subsequent investigation of first-year students at Sheffield City Polytechnic I attempted to explore the idea further. Students training for teaching, nursing and social work were asked about "The Process of Becoming A Nurse/Teacher/Social Worker". Questions put to the students ranged from the relatively straightforward "Where are you in this process?" ... with answers along a scale: *"Hardly started/Still a beginner/Halfway there/Well on the way/Almost there"* ... to the more searching, "What sort of process do you conceive it to be?" ... with possible answers given as e.g. *"Developing competence/Learning to play a role/Being initiated..."* etc. Some further questions were added to which students were invited to respond freely, such as "What sort of pattern can you see in your professional development so far?" ... This

was followed by an invitation to draw the trajectory of their own professional development as they perceived it; a number of standard trajectories were offered as possible models, such as straight line, rising curve., falling curve, or a series of 'steps'. Another question invited them to explain why they had drawn it as they had.

The answers to these questions largely supported the original hypothesis. Student-nurses felt themselves to be plunged into their vocational role relatively quickly, whereas student-teachers felt the process to be steadier and more gradual. Evidence gained from students preparing to enter social work was not sufficient to establish any clear pattern, but in view of the nature of their course (two years of theoretical studies followed by explicitly professional training), it would be perfectly understandable if, as first-year students, they had scarcely begun to formulate any conception of themselves becoming social workers. Thus far, one could say that the evidence was in general terms consistent with the ideas that lay behind the study.

Some interesting issues however, were thrown up by further questions, and I have since had a number of conversations with students in which these issues have been explored further. A transcript of one particularly interesting conversation is included as an appendix to this paper. In what follows, I shall be drawing on questionnaire data supplemented by some verbatim comments where relevant. As indicated above, there were some difficulties in obtaining an adequate sample of students training for social work. For this reason, the paper concentrates on a comparison between student-teachers and student-nurses. In each case, the evidence is drawn from a complete year group (B.Ed (Hons), n=112; and B.A.(Hons) Nursing, n=26) as they came to the end of their first year. Some evidence from a complete year-group of Physiotherapy students (n=29) who were used for the pilot study will be mentioned merely to illustrate particular points; nearly always, where differences are apparent between the 'nurses' and the 'teachers', the responses of the 'physiotherapists' are closer to those of the nurses. It will be convenient to refer to the groups throughout as nurses and teachers, even though in both cases they were not going to be qualified in their respective professions for a further three years. I propose to review the material under three headings:

    1. Different Conceptions of Self
    2. Different Conceptions of Role
    3. Different Conceptions of the Process by which Self and Role come together.

1. DIFFERENT CONCEPTIONS OF SELF

The final question on the questionnaire was designed to elicit information about the students' own perceptions of the various changes they were going through. They were invited to plot, along a time-line,

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the periods of their own lives covered by "Becoming a Student", "Becoming an Adult", and "Becoming a Nurse/Teacher". Thus, each student indicated three different spans of time.

Perhaps the most striking finding was that a substantial proportion (27%) of the teachers responding to this question located the process of becoming an adult in the past, whereas none of the nurses indicated this. On the contrary, the nurses all indicated that they felt they had some more growing up to do. It is of course possible that, paradoxically, those who most readily claim maturity are relatively immature. Something rather similar showed up in the teachers responses to the question "Where are you in this process?"; it was the younger students, aged only 18-19 years, (who constituted 35% of the group), who tended to make the more confident claims to be *"Well on the way"*, whereas the older students appeared to be more aware of how much they had to learn. It was noticeable too that among the teachers it was the older students (male over 20, female over 23) who were more likely to draw extended time-spans for all the processes referred to. It was as if they were much more aware of "Becoming A Student", "Becoming a Teacher" and indeed "Becoming an Adult", as long drawn-out processes. The same phenomenon was apparent among the nurses; generally speaking, the older the student, the longer the time-spans indicated.

The phrase "Becoming A Student" was possibly open to different interpretations, which would explain why some students (9%) saw it as virtually a life-long process, while others (20%) considered it to have already been achieved. A number of students apparently took it to mean the time it had taken them to settle down to student life. As they were answering the question at the end of their first year it would have been natural for them to indicate a short period of time in the recent past. Both groups, teachers and nurses, typically saw the process of becoming a student as having its end-point at graduation or sooner.

The process of becoming a teacher is widely recognised to be a process that extends beyond the end of the training course. 59% of the teachers extended the scale to indicate this . However, only 43% of the nurses (and 14% of the physiotherapists) felt it necessary to indicate that "Becoming a Nurse/Physiotherapist" was a process that continued beyond graduation. It is worth adding that only 6% of teachers extended the scale for becoming an adult beyond that for becoming a teacher, whereas 19% of the nurses extended the scale for becoming an adult beyond that of becoming a nurse.

The way in which, for these students, the transition into student life overlaps partly or completely with the transition into professional life was one of the reasons for my getting interested in this in the first place. The fact that some of them were still teenagers seemed to add a further complication: could one discern three processes going on concurrently? One possible criticism of the format of the final question is that it might have seemed to imply that this was necessarily so. In view of this, it is remarkable that only half (51%) of the teachers saw them as all going on concurrently, while the remainder saw these processes as at least to some extent consecutive. This might suggest a certain naivety on the part of the teachers, relatively

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speaking . The comparable figure for nurses was 76% and for physio-
therapists 83%.

My experience would suggest, and this evidence appears to con-
firm, that there are differences between student-teachers and student-
nurses in self-understanding. The placements undertaken by both groups,
whether in school classroom or hospital ward, seem to constitute
formative experiences for them which, coupled with course ethos and
society's expectations, give shape and meaning to their lives as stu-
dents. It is likely that the same set of influences colour their per-
ceptions of themselves as persons, as students, and as entrants to a
particular profession.

2. DIFFERENT CONCEPTIONS OF ROLE

One question invited students to place in rank order various
descriptions of the process of becoming a teacher /nurse. There were
differences in the way the groups responded to this. Among the teach-
ers, the preferred description clearly predominating over all others
was "Learning to Play A Role". Their second choice was "Growing As A
Person", and their third choice "Developing confidence". Their fourth
choice, a long way behind, was "Acquiring Professional Standards". The
nurses on the other hand, put "Developing Competence" first, and "Ac-
quiring Professional Standards" second. Similar conceptions had shown
up in the pilot study with physiotherapists, viz. "Developing
Competence" as first preference, and "Acquiring Professional Standards"
second. In third place for both nurses and physiotherapists was
"Building a Professional Identity", which perhaps suggests that language
of that kind may be more familiar in health contexts than in teacher
training. The other alternatives offered, which included the idea of
"Initiation" and "Being Granted Official Authorisation" were almost
completely ignored. Few students in any of the groups took the
opportunity that was offered to suggest a description of their own.

It would appear, then, that while the job of teacher tends to be
seen first and foremost as "Playing a Role", so that the key element in
becoming one is to learn how to do this, the idea of learning to play a
role does not figure largely in the health professions.

3. DIFFERENT CONCEPTIONS OF THE PROCESS BY WHICH SELF AND ROLE COME
TOGETHER

Another question on the questionnaire asked "What sort of
pattern can you see in your professional development so far?" The
students were invited to draw a trajectory indicating, say, smooth or
uneven progress. Some drew complicated life-lines that were hard to
interpret and impossible to classify. But it was striking that most of
the teachers were drawing smooth and fairly straight lines, including at

most a small 'hiccough' at some point, and only a minority (28%) offered representations that included major disjunctions or 'stages' of development; this despite the fact that one of the illustrations they were given was of a series of steps, which might have suggested this pattern to them. The student-nurses, however, were more inclined to portray their professional progress as proceeding through a series of plateaux; 38% chose to draw diagrams in the shape of a staircase. The student-teachers tended to see the placement experience (i.e. teaching practice) as being the crucial one that shaped their experience of "Becoming a Teacher". It is this, rather than the structure of the course, which determines the developmental hiccough or the sudden upward curve. Teaching practice is seen as a crucial test, and the rhythm of 'becoming a teacher' is set by the pattern of placement experiences - each one a potential threat to be overcome - and not by, for instance, the rhythm of terms and vacations.

When these students were asked to explain the trajectory they had drawn, they spoke of the 'shock' of their teaching practice, or the 'impact' that it had on them. Even some who had drawn relatively smooth curves to portray their own development nonetheless used language of this sort. *"It was the greatest step I've taken in becoming a teacher"; "..teaching practice provided a stumbling-block.."; "It was not until I first went into school as a teacher that I realised my responsibilities. Since teaching practice I've been more aware..."; "..there was a sudden need to be a teacher rather than a pupil.."; "The point at which my development increased dramatically represents teaching practice, where I first began to think as a teacher"; "..the process most threatening is teaching practice, but probably most useful.."; "nothing happened until teaching practice: then - Wham!"*

Those who didn't experience teaching practice as a 'shock' tended to explain why not. Examples of this would be: *"I've always had a lot of contact with children"; "Brought up with one parent being a teacher, I was very aware of how it would develop"; "I'm a professional swimming instructor, therefore I have always been interested in teaching".*

The perceived function of placements for nurses seems to be rather different. While it is a shock at first, it quickly becomes routine. One wrote, *"Never having nursed before, being on the ward was frightening, the skills complex: now it's normal."* Rather than being thought of as a crucial test, a make-or-break situation, it is seen more as a context in which professional development takes place, so that periods in college are felt to be interruptions to the process. This perhaps explains why they tended to draw their development as a steady upward progress punctuated by a series of plateaux. *"In the Poly I feel like a student and quite unlike a nurse in many ways, while on placement there is a gradual transition."* Again, the evidence from the student physiotherapists is in line with this; placements are not viewed with the kind of trepidation familiar to student teachers; rather, with a mixture of anxiety and excitement. This is the real business; what they have come for. Hardly, surprisingly, it is often expressed as impatience with theory!

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The questionnaire invited students to suggest particular 'events' which either had already or might in the future contribute significantly to the process of becoming a teacher/nurse: "What events help the process forward?" Many of their responses were not, however, about specific events as such, but rather emphasised the importance of relevant practical experience - 'actually doing it'. The teachers responses tended not to be so much about successful coping, but just the sheer business of getting started on the job. 19% recognised their first solo lesson as a significant event in their professional development: *"Being totally in charge".."being totally in control".."being fully responsible.."* 37% gave *'actually teaching'* in answer to this question, meaning aparently both *"when a lesson goes well"* and *"my first bad lesson, and what I learned from it"*. One simply gave *"writing on the blackboard"* as a key event which gave the feeling of occupying what was perceived to be unquestionably a teacher's role. Another mentioned *"taking the register"*. They seem to have understood that they were not being asked for sources of satisfaction, but for marks of 'teacherliness', and their comments reflect this. Recognition as a colleague by qualified teachers was mentioned by 8%. The experience of suddenly being treated with a lot of respect is clearly influential and formative; they mentioned *'staffroom relationships'* and *'being accepted by a teacher by other teachers'*. Equally, the status granted them by pupils was appreciated; 10% mentioned this in one way or another. Realising the children needed them, being bombarded with questions, being treated as an authority, being called 'Miss', being thanked by a pupil for help given - all of these experiences had made them feel more like a teacher. One student wrote, *"I overheard some J4's whispering, 'Sh! There's a teacher round the corner!', which made me feel very important and increased my confidence."* Apparently, simply being called a teacher by pupils other than those in your class, i.e. taken for a (qualified) teacher and granted status that is not yet, strictly speaking, appropriate, is enough to raise a student teacher's confidence by several points. Another mentions the role of arbitrator in disputes; *"When you are called to act as 'referee', the children obviously feel you have some sort of authority."* A few students had had the opportunity to take part in consultations with parents, and for them this had introduced another dimension of client-granted status.

It might have been expected that the student nurses would fasten chiefly on the wearing of nurse's uniform as the key factor in enabling them to move confidently into the role and quickly to feel at home in it. It was indeed mentioned several times, as was being called 'Nurse'. *"The first time you went on duty, and a patient referred to you as 'Nurse', you begin to feel you accept the role better, as part of your roles as opposed to being a foreign idea."* Interestingly, being granted status by peers outside the actual work context may be felt to be an even stronger confirmation of self in role; this comes out clearly in one particular conversation with a nursing student (see appendix to this paper for full transcript): *"If I am in general conversation, when I say I'm doing Nursing and someone says to me, 'Will you look at the bruise on my arm and tell me what is wrong with it?' - that is almost a stronger influence..."*

But recognition as a nurse is only one aspect; several other factors were mentioned repeatedly in the responses, such as feelings of competence, being given responsibility, and participation in ward report (i.e. taking personal responsibility for a particular patient and giving a formal account of their progress). There is also the feeling, as with the teachers, of being valued by fellow-professionals, and by the client group; "*someone asking your opinion*" and "*a patient asking for me in person to perform a particular task*" are seen as milestones of professional development, felt to be of greater significance than the carrying-out of specific nursing tasks, such as giving one's first injection, which was only mentioned once.

Although one of the physiotherapists in the pilot study mentioned "*the first patient you get to walk again*", there was no mention at all from the nursing students of the classic "first experience of a patient dying". It came out in one conversation (see appendix), that dealing with emergencies was seen as some sort of mark of being a 'real nurse'; yet the student was talking there about what was expected of a qualified nurse, not a student, who wouldn't have to be ultimately responsible. It would seem that among the health care professionals, what develops one's sense of 'fit' between self and role consists of quite mundane incidents, principally reflecting shifts in relationships when expertise is recognised or status granted, rather than the challenging test of a critical - and even melodramatic - event. Unless of course it is precisely the awesome nature of the student's encounter with death that renders it unmentionable, even in an anonymous questionnaire.

It is hard to know how to interpret this remarkable silence. It would surely be part of the lay person's 'common-sense' understanding of the nurse's job that dealing with death and bereavement is deeply shocking to inexperienced nurses; coping successfully with the associated stress might reasonably be expected to function as a kind of 'blooding' - an ordeal of initiation through which all novices have to pass. Yet if this is so, it is clearly deeply repressed among these student nurses. Nearly all had experienced it, yet to none of them did it seem significant enough to mention in answer to the question, "What events helped the process (i.e. becoming a nurse) forward?" One student, asked specifically about this, suggested that it might be the very familiarity of death and dying that made it no longer remarkable: "*Unless they'd encountered it so much so that it'd then become almost ... lost...*" (see appendix). Possibly many student nurses have a healthy scepticism about anything that smacks of hospital melodrama, rather as policemen are quick to tell you that their job is mostly routine checking and not high-speed chases. Possibly also they prefer to see their professional development in terms of growing relationships of trust rather than as surmounting a series of tests or challenges. By contrast, the teachers were quite forthcoming about the sharp challenges they encountered in the classroom, and quite openly worried as to whether they would (continue to) come through them.

As well as being asked about events that help the process forward, students were asked about the other side of the coin - events which call the process into question, or which make professional development somehow problematic. The student-teachers' answers to this question were predominantly not about their problems of discipline and control, as might have been expected, but more about roles and relationships. Many comments expressed uneasiness with the authoritarian role that seemed to be expected of them, and disliked having to uphold standards and values that were different from their own This led to a feeling of being out of step with the system. This was expressed in various ways: *"Having to reprimand... because of the system... for something I did not want to"*; *"Having to upset children because of the class teacher when really I did not think what they had done was particularly bad"*; *"Being angry with a child because you're 'supposed' to be."* One mature student, herself a parent, was uncomfortable in *"disciplining pupils in a way different from my own child"*.

In some cases it was clearly felt that the standards of behaviour demanded of children were unrealistic and compelled teachers into a hypocritical position of holding double standards: *"Events such as when children lie and it is expected that you should reprimand the child whereas you might very well have lied in same position"*; or *"Telling a child off e.g. for swearing, when I too am sometimes guilty"*. One student summed it up cynically: *"Don't do as I do, do as I say"*. But the student-teachers were not always critical of the demands of the role. In many of their comments, there was a recognition that the expectations were high, and properly so, coupled with a wry acknowledgement of their own inability to measure up to them. One had difficulty *"stopping myself laughing (at child pulling faces in the classroom)"*; another was embarrassed at *"being expected to cope with all eventualities - like removing a spider from a child's drawer when I'm terrified of them"*. Clearly there is a good deal of role-strain behind these comments. and a few students were explicit about this: *"Initially I felt like an imposter..."*; *"I felt I was, and still am to some extent, being manipulated into a role"*; *"Some aspects of the role-play are definitely not me."*

Just as good relationships with experienced teachers help students to feel they are making progress towards joining the profession, so the slightest threat, or perceived threat, from that quarter is experienced as a massive set-back. *"Entering classroom and being virtually ignored by the teacher"* was felt not simply as a personal snub, but as a professional put-down as well. Another complained of *"the attitude of qualified teachers - making you feel inferior"*. One particularly vivid comment expressed an objection to *"being put 'on the spot' by the head-teacher asking a question in front of the class to which you haven't got the answer"*.

Relationships with children, too, can be experienced as threats to status. Predictably, there were reports of *"Pupils knowing you're only a student"* and *"Children playing up in front of you..."*, and even *"Personal abuse by younger children"*. There were others who felt their

position undermined by the fact that, in the last resort, the class teacher's authority was what counted. A student didn't like it "*when a child went to ask teacher after asking me, 'because she 's in charge'*"; another reported overhearing a child say, "'*It's okay. Mrs X. (class teacher) isn't here', implying I didn't matter much as a teacher*".

What is on the face of it astonishing is that only one response out of 112 expressed any uneasiness about the knowledge demands of the teacher's role. It was seen almost entirely as a task of classroom management, demanding social, rather than intellectual, skill. The nurses felt much more vulnerable on this point, and almost all of them (80%) identified their own lack of knowledge as the main stumbling-block to professional credibility. They mentioned "*being asked to do a task which you feel unsure about*"; "*the patient expecting you to know more than you do*"; "*being unable to help but trying desperately to do so...*".

These were first-year students and clearly their first hospital placement makes them acutely aware of how little they know, how initially incompetent they are. "*Feeling inadequate*", "*not being able to do a task to a sufficient standard*", "*unknown knowledge*", are all characteristic responses. Even when they identified other matters such as "*communication with patients*" or "*staff attitudes*" as factors that impeded their professional development, a close examination of their comments reveals the same sort of concern; the problem is not so much how to talk to patients as what to say "*if someone asks me about their illness*", not how to get along with nursing staff but how to establish credibility when placements are so short and "*there is not time to settle down and learn enough*".

These two sets of responses, in which students made suggestions about what helped and hindered the process of becoming a teacher or a nurse, are obviously closely related. Some of the same events, such as placement experiences where the role expectations are very specific, are viewed both positively and negatively, sometimes by the same respondent. The fact seems to be that many of the experiences students undergo are felt to be constraining and often threatening to their developing sense of themselves as professional practitioners; yet the very same experiences may be seen more positively as growth points, providing opportunities for precisely the kind of self-fulfilment they seek.

These students are changing, and are in some cases conscious of changing, very rapidly. Through their respective first-year experiences, they have gained new understandings of what is expected of them both as students and as would-be professionals. More important, they are coming to see themselves differently. Perhaps most interestingly of all, they are beginning to be more aware of the very process they themselves are going through - their own education and training, and their own responses to the academic and professional demands - and to conceive it in new ways. Several commented, on completion of the questionnaire, that they had found it interesting and that it had made them think. As so often, one has to acknowledge that one's intervention has contributed to the very processes one wished to investigate.

What I have reported here represents a small-scale piece of research within one institution. I was fortunate in having access to whole year-groups, but it needs to be remembered that the data presented here relate to only one cohort, which might or might not be a representative group even of Sheffield City Polytechnic students following these two courses; and of course, the two courses undoubtedly differ in some ways from comparable degrees elsewhere. Furthermore, the methods I used to elicit information were messy and impressionistic, designed to give the students maximum opportunity to speak for themselves. Inevitably, such material is difficult to analyse with any degree of precision. In view of all this, it would be foolish to draw anything other than the most tentative conclusions.

Nevertheless, certain contrasts have shown up here, and they can be summarised quite briefly. The teachers and the nurses do not appear to have the same understanding of themselves. There are some signs of relative immaturity among the teachers as compared to the nurses, in terms of their estimates of their own adulthood; and there are some signs that the teachers were inclined to think more straightforwardly and less subtly about life-transitions.

There are some quite sharp differences in their conceptions of their respective roles. The teachers seem to think they are learning to perform according to set patterns of behaviour; teaching tends to be seen as a game with rules, and it is understood that the winning of recognition from others is what establishes one in that position. The nurses present themselves as much more conscious of the need to demonstrate technical competence and meet the required standards. Yet, as their responses to the questions about 'critical events' make clear, the things that - they say - help them forward, or hold them back, on their way to becoming nurses are not so much developments in their technical competence as fresh patterns of social interaction. Certainly the nurses seem to be very aware of the cognitive demands of the nursing role, an aspect almost totally missing from the teachers' conception of teaching. One does not get the feeling that they see the job as one that will keep them mentally 'on their toes', or that they are worried about whether they are intellectually up to it. By contrast, 'not knowing enough' was a real anxiety for the nurses, and - to judge from these responses - far more worrying to them, even, than their ability to cope with patients dying.

Lastly, there are some interesting differences in the way the two groups appear to be thinking of the whole process of change they are going through. The nurses are more aware of their development occuring in regular stages, which mirror the 'to and fro' between hospital and college, and are inclined to think of college-based work as a plateau in their professional development; but the teachers are less likely to feel such disjunctions and are more inclined to see themselves as making continuous, if not entirely steady, progress. Whereas the teachers tend to think of their placement in school as a test, a hurdle to be surmounted, or an ordeal to undergo (and hopefully to survive unscathed), the nurses are conscious of growing through their placement experiences. The nurses seem to be thinking of a process by which self

and role are gradually (step by step) brought into some sort of alignment; the teachers, on the other hand, seem to be thinking more in terms of performing a prescribed role, from which they may in some respects wish to distance themselves. It may be that implicit here is a greater tolerance, on the part of the teachers, of lack of 'fit' between self and role. Alternatively, it is possible that self-role integration is actually less important for teachers than for nurses.

APPENDIX: Transcript of Conversation.

JOHN   Let's start by talking about the occupational socialisation bit of it. How do you feel about what I have been saying about that sort of model, that we say that nurses are pretty well thrown in at the deep end?

ALAN   You said that you thought perhaps it happened within the first week. I think there is an element in the first week, but I think the biggest step takes place on the first placement, which was just after Christmas.

JOHN   Which in your case happens quite soon? Unlike some of the other people I am concerned with who actually have to wait quite a long time sometimes before they are first sort of put into the water. And your first placement is - ' ys a geriatric placement, isn't it?

ALAN   That's right. Also as a person I felt that you step out into nursing in the first placement and then you take a small step back again when you come back into college because the two are quite different.

JOHN   I have heard other people say that, which is really saying I suppose that it is a kind of yo-yo effect. That is another sort of useful phrase I've found in talking about the way in which people react to being in college and then being on placement. It's an adjustment each time, but, underneath that sort of adjustment backwards and forwards, hopefully there is a kind of feeling each time you go back on the wards that you are a little bit further along the road. But are you in a position to say that is so?

ALAN   Yes I think I agree with that, though the downstroke of the Yo-Yo isn't as far as the upstroke.

JOHN   So if you had to draw a picture, it would be a zigzag. Yes I see. A series of waves or jerks. Quite sudden jerks really, aren't they?

ALAN   Yes. Certainly the first week on new wards there is a big jerk because the wards can be quite individual. It is impossible to relate all of the last experience to the next one. The practical skills can be related, but the actual atmosphere on the wards can be different, so each time you have to be willing to be socialised into the ward atmosphere.

JOHN   Are they all different? Each situation?

ALAN   Yes, very different. Certainly so far they have been different. Partly that is because of the different areas that we have been to, which obviously put different demands of work, and interactions between nurses and patients which are quite different. But the Ward Leader,

ALAN   the Sister or the Charge Nurse has tended to dominate the aspect and their ethos permeates through the rest of the staff. If they are easy-going, everybody else is easy-going. If they are not then everybody else isn't.

JOHN   I wonder if that would be true of a student teacher going to school, under a different regime run by a different head teacher or class teachers. It would be very similar, wouldn't it?

ALAN   You certainly could parallel a teacher with a ward sister, but not having done teaching I don't really know how much influence a head mistress or master would have in an individual class.

JOHN   A lot, I think, in terms of the ethos of the place. Something I haven't mentioned before but it is worth trying out on you - What are the things that in your opinion jerk you forward into a new understanding - not a new understanding, a new feeling that you are 'getting on top of the job'? Are there certain landmarks that you could identify in your experience so far? Can you say "Well, now I have done that, that is a step forward, a hurdle"?

ALAN   Yes, certainly with the old style of nurse training there were some actual assessments that you had to complete of aseptic technique and ward   and a few things like that which were quite definite landmarks or hurdles which you could feel you had crossed. But from my point of view, they have taken that out of this course a bit, and that has been somewhat detrimental because it is not easy to see that you have progressed a bit further. There are still some individual practical skills which you might pick up which obviously you feel as if you are filling your toolbox and the next time you go onto the ward you are that much better able to cope. But there were I think six individual landmarks that we could reach before.

JOHN   And they were quite objectively defined. Who laid those down? The English National Board?

ALAN   Mm...

JOHN   It was almost like a driving test with six parts to it, was it? You had to jump over these quite low hurdles. There was nothing about excellence in it? It was just a minimum requirement?

ALAN   Yes, that's right.

JOHN   Yes, I was thinking more of things like you know the first time you give an injection - lots of things you probably do - you know,certain tasks that probably beforehand you are a bit apprehensive about and

JOHN then when you have done one you think "Right, I have done that,
I can do another one".

ALAN Yes, that is true, but again because of the nature of the course,
where you are away from the wards for quite long periods between
each placement, again I think the next time you go out you give an
injection again for the first time

JOHN You've forgotten

ALAN Not that you have forgotten, but perhaps you are not sure you have
remembered it. Your confidence does build, it is not a smooth ...

JOHN That is really because of the to and fro between college and ward.
What sort of other events in your own sort of psychological feeling
about it all are there? Are there events, maybe they haven't happened
yet, when you think "When that has happened, when I have surmounted
that obstacle or I have come through that experience, then I am really
a nurse". Are there certain things like that?

ALAN I think perhaps dealing with a true emergency situation....

JOHN Have you done that?

ALAN ....which I haven't had to do as yet. Perhaps myself that would
be a sort of a big hurdle. Some of the things which make me feel more
like a nurse are actually out of the ward. If I am in general conversation
when I say I am doing nursing and someone says to me "Will you look at
the bruise on my arm and tell me what is wrong with it?". That is almost
a stronger influence than ....

JOHN Is it? The feeling that other people treat you as a nurse?

ALAN As a nurse, Yes.

JOHN Even though they're quite trivial things, you are assumed to....

ALAN Have some sort of superior knowledge.

JOHN Yes. So you are affirmed in the role by your peers.

ALAN But more so by peers outside of the course.

JOHN Right, because those on the course wouldn't ask the same questions.
When you are on the ward.... Are there things like.... I am trying
to think of things I have already picked up - things like a patient
calling you nurse, the first time that happens maybe, but the _fact_
that it happens. Does that sort of act as a boost - "Oh yes, Oh yes,
that is who I am?"

ALAN The first time it happens, I think it is met with quite a lot of
apprehension because you don't know what they are then going to go
on to say.

JOHN Yes,

ALAN Certainly after the initial shock of being recognised by nurses and
realising yourself that you are a nurse, it is quite encouraging ...

JOHN Do you feel that it is a bit bogus at first? That someone has made a
mistake?

ALAN "No - I'm not a nurse, I'm very much a student nurse!".

JOHN Do you ever feel it is necessary to correct that? to say "Hang on
a minute, I am not really a nurse yet".

ALAN It depends what the demand is. Certainly if the demands are outside
my capabilities then yes. But generally for my own peace of mind, I
am quite happy to accept that role if I am able to deal with it.

JOHN Is that something we do with the hierarchical nature of the job?
The occupation, I mean, with doctors, sisters and so on and you are
at the bottom of that particular pile and it is very clear that you
are at the bottom of that pile as a student nurse, isn't it? And that
is almost sort of rubbed in really in lots of different ways - the
uniform and so on. And then the patients don't always distinguish
and so you get affirmation from the patients who take you to be better
than you really are as it were - higher up the hierarchy ...

ALAN And the fact that the majority of people working in the wards will be
students and so they see that as the norm rather than as being different.

JOHN That is quite a point, actually, isn't it? I am just trying to think how
that will compare with other professions, where in Social Work for instance,
most social work is done by social workers and then you have the odd person
around who is not yet one, who's a nuisance and asks questions and, you
know, generally is a kind of an apprentice to the whole thing. Whereas
as you say wards are so heavily staffed by students that almost from
the start you are one of them.

ALAN Yes, I think in fact when you finally qualify into the profession, your
profession almost changes, which is because you've entered a life that
has moved away from the caring side of it into administration, so
almost the profession that you have chosen is the profession of a
student. That is a point I didn't know until I had started.

JOHN Can you say a bit more about that? You are really saying that the people at the sharp end tend to be the students and the better qualified you are, the further away from the actual job you are... the nursing, caring side of it. Do you think that is true of the other professions? "You get promoted out of the classroom", they say, don't they, about teachers ...?

ALAN No, because you can become a head of department, or head of year, and still be actually teaching children, whereas it's only..... After you have qualified to staff nurse it is only really one step up to sister or deputy, and then you're firmly in an administrative role.

JOHN There are student nurses and there are you lot - degree nurses - who in a way count as student nurses, do you?

ALAN Yes

JOHN I mean, is there a clear distinction in people's minds between those two - ordinary student nurses and you?

ALAN No, I don't think so

JOHN And then there's staff nurses -

ALAN Who do some of the work but more to do with organising ...

JOHN And on a typical ward, in so far as you have experienced it, what is the staffing like, per number of beds, say?

ALAN Well, five to six per shift of which one, perhaps two, are staff nurses, but maybe only one, and a 3rd. year student, to 20 or 30 beds. So probably the beds would be divided in half and the staff nurse would organise a couple of students to work with 15 patients. The 3rd Yr. nurse would organise another two students.

JOHN Yes, so that is the sort of pattern that takes account of the fact that there is an enormous drop-out in the profession. Because a lot of those students actually aren't going to make it, are they? Is that why it works out like that? Why when you've got so many students, do you have so few staff nurses in relation to them? What actually happens to all those people? Do they drop out?

ALAN I don't know. I think, perhaps, until quite recently it has been a very much female-dominated profession, and ..

JOHN And they leave to have babies?

ALAN they leave to get married and have babies.

JOHN Yes

ALAN Because often it's .... You don't often see young women in the sort of 25-35 age group - or I have seldom seen them. Mostly they're one or other side of that.... They come back into it after having families.

JOHN Yes, that must be very difficult. If you put yourself into their position. Coming back after a number of years into nursing - even if you have completed your training - I mean like you were saying after a period in college and going back onto the wards and your first injection?

ALAN That is not only because you are away from the ward though, but that's also because this course as taught differently to the one that you act on the ward, if you understand what I mean? The philosophy of this course is much more theoretical, I suppose, and yet when you are on the ward, although you can try and use the theory, from moment to moment it's... you are having to be practical rather then theoretical; it is more that change rather than.... There is an element in the period of time but it is more to do with the type of behaviour you're expected to exhibit when you are in the two separate boxes.

JOHN Though in a sense you are saying you are in a particular position on this course in that you are doing something very theoretical , which presumably, implied in that, is that you think for yourself quite a lot, which militates against that very clear instruction as to 'this is how you do it' - 'there is a right way of doing this'. The emphasis would be on understanding the principle of the thing rather than learning routines.

ALAN Yes, understanding the principles and then working out for yourself what is the best action to take; whereas on the ward, it's the principle 'Do as I do'.

JOHN Yes, so you are really drawing attention to the fact that the course is meant to introduce innovations into the profession rather than just simply to slot you into hospitals as they are. Yes. So that may be a very good thing to do, but I suppose you are the people who in a sense pay the penalty of that.

ALAN We are going to have to cope with it when we actually get out on the ward.

JOHN So there will be a disjunction. I suppose every time you go out on the ward, but particularly when you finish, there will be a big disjunction between the sort of training that you have had - you have been trained for ideal hospitals sort of, but they don't happen to exist in many cases and you have to work in real ones.

ALAN   That's right. I think that disparity is greatest on the first placement
        because certainly the first term of the course is very much ...
        with no practical skills really and all ideas, and then going onto the
        geriatric ward which is .... very physical wards in some ways, there
        is a big difference there. Well, there's quite a lot drop out at that
        point, and I am sure that is mostly or entirely due to the disparity
        between the two.

JOHN   I am not trying to pick up criticisms of the course but would it have
        helped if you had had some more practical operation for the first
        placement?

ALAN   Now I don't think I have suffered because I didn't have any, but
        certainly at the time it would have helped.

JOHN   Do you have any day visits or anything to sort of just let you in a
        little bit lighter, so that you know where you are going and you can
        begin to imagine it and begin to think how you are going to cope with
        it? Or is it very much being thrown in at the deepend?

ALAN   No, the first thing you do before you actually start the placement is
        we do one morning or afternoon on the ward that you are going to work,
        just to observe, which is good because it makes you familiar with the
        ward.

JOHN   And once you are there, on your first placement, are you given tasks to
        do straightaway from day one, or do you observe for a little while?

ALAN   I think on day one, placement one, I think that most people are just
        allowed to follow other members of staff around. But certainly the next
        day or by the end of the first week, you are expected to be doing the
        same work as everybody else.

JOHN   And can you give me some examples of what that work would be?

ALAN   Dressing patients, washing, just basic care, nothing...
        I don't know - perhaps injections ...
        I mean that would all be ....

JOHN   But you would be shown how to do all that well in advance of all that
        having to be done, would you?

ALAN   Sorry, which do you mean?

JOHN   Things like dressings, injections?

ALAN   Sorry, I didn't mean dressings as in bandages, just getting dressed.
        Yes, I think that is the idea of what following people around for the
        day would.....Just pick it up, just ..... From my point of view, I
        wasn't taught anything in a structured way, but then I think that is
        true of all the placements so far. Individual things like injections,
        these might be a structured teaching session, but most things like
        dressings, the correct way to bandage, is picked up, as...sort of...
        passively.

JOHN   Do you do any in-college preparation of that sort?

ALAN   Only from a theoretical side, talking about what the idea of dressing
        is all about - a cleaned wound ..... not actually applying dressings.
        You could do but it is certainly not taught as part of the course.

JOHN   So it is assumed that all that will be done on the ward. Now other
        student nurses presumably get that in the same sort of way on the ward?

ALAN   Yes, they are expected to be taught on the ward but certainly I have
        got the feeling from talking to them that they also sort of have dry
        runs in school. They put dressings on each other.

JOHN   So really this is because of shortage of time on your course, that corners
        are being cut and it is assumed that you can do without that?

ALAN   I don't think it is shortage of time, I think it comes back to the
        theoretical side again. They don't want us to do, I think, rota
        learning. They want us to be able to assess a wound and therefore decide
        what sort of dressing it needs - sort of thing - rather than being taught
        'this is how you do a dressing', and then going onto a ward and doing
        twenty dressings identically only to find that half of them should have
        been done in some other way. I think it is a good side of the course,
        but it does cause some conflict. Towards the end, when I qualify -
        you said earlier you thought perhaps that moving into a qualified
        position would be relatively smooth, I think that for myself and a lot
        of other people, that - that is quite a big step, because you are suddenly
        very much responsible for your actions. Instead of being expected to
        get on with things, but if you couldn't do a particular task or were
        unable to cope in a situation, you can always go and ask, then you
        suddenly become the person that everybody else is going to come and ask.

JOHN   Your first job is going to put you in the position where you're a lot
        of the time the most senior person around

ALAN   On the ward...

JOHN And there may not be time to get any help, so what you said about emergencies then becomes real - that is where that looms large isn't it?

ALAN Very much so

JOHN What sort of emergencies are you thinking about?

ALAN Well it could be a cardiac arrest, or excessive haemorrhage, or someone collapses and has an epileptic fit or something - that wasn't recognised as epileptic...

JOHN And you are second year now. How would you feel about coping with that? Any of those now? Have some people on the second year had to deal with those sort of things?

ALAN Yes, I worked on a cardiac ward last term and I was quite expecting to meet at least one cardiac arrest, and nobody did arrest which was good for them but was actually bad for me, because the chances are that if I now meet it, it will be in a situation which isn't geared up to cope with it, which makes it more of an emergency. I think others have had to meet it.... I feel relatively competent and I like to think that in a situation I would be able to cope - there's always the doubt, that I will just forget to do something which I should do.

JOHN I was going to ask about the business of talking to patients. There is quite a lot on your course about the importance of good communication, and the ways in which patients should be talked to. Presumably you get into habits quite early on, of finding ways that work, things that you say particularly but presumably things that you do as well. Having fairly short placements presumably gives you a chance, before you get locked in a particular way of doing things for too long, to come back and reflect on that. Is that how it works? Does that work?

ALAN Yes, that is how it works, but I think a lot of the finding of suitable ways to act is not so much by trial and error but more seeing that individual patients are seen by how other members of staff behave towards them. As regards reflecting, yes I think you do come back. Certainly this course does encourage you to think about how you have been communicating.

JOHN I was thinking particularly of things like giving a patient due dignity rather than you know calling old ladies by nicknames or you know that sort of thing.

ALAN I think it is something that not only when you come back after placement, but something you are very aware of when you go there. That is perhaps

ALAN the bit of the course that you carry with you most , even through the placement.

JOHN Really?

ALAN For me, the dignity aspects are the aspects that are most frequently brought up in day to day care, because I can see that there are situations where other nurses aren't considering this...

JOHN So, it makes you critical of existing practice?

ALAN Yes

JOHN I suppose that would be true of teachers, social workers and all sorts of other people. But you have a lot of confidence if you say that and I think that is fairly typical of this course that you know you don't say "Well, I disagree", you know you actually say "It's wrong" and you are not interested in personal opinions but on this course you are encouraged to take a quite different view and know that this has got quite a lot of theoretical support. I am just trying to think of people I have talked to who are going in for teaching who find that they are placed in a classroom with a teacher who bullies the children and the sort of things I have found them saying are you know "Well, I wouldn't do that" or "I disagree with that". Very personal, private sort of dissent, not "We have been taught that that is not how you do it"

ALAN It implies there are a range of teaching styles that are all acceptable, whereas perhaps my course says that there is only one nursing style which is acceptable.

JOHN Yes

ALAN They're not telling us what that is, but no doubt they hope that we will pick it up just by going through the course.

JOHN I would like to take you back, if I can find something that I have got here, to these sort of critical incidents. I did get some good examples of people's critical incidents which they thought actually moved them forward in terms of professional .... the feeling of being a professional expert. The sort of things people say when they are going to be teachers. They say that the first day of actually teaching is important. They say that actually coping successfully with a classroom, by which they mean keeping order, is the thing that makes them feel 'Well, yes I am doing this all right". Being accepted by the other teachers in the staff room... That is really quite a crucial thing that lots of them mentioned, as being ...

ALAN   Yes, I think acceptance by other nurses is crucial as well, perhaps
       more so than there, because at least there, when you're on the job,
       you're not surrounded by workmat.., whereas in nursing certainly
       you are. Not only are you under the scrutiny of the patients but
       also under the scrutiny of most of the other staff as well.

JOHN   Yes, do you get this feeling of being part of a team?

ALAN   Yes, certainly not initially because as I say you have to sort of
       socialise yourself into a team. If you don't manage to do that then
       I think it is quite an uncomfortable experience to be on the outside.

JOHN   Now, here's a good one. I call it being granted status by pupils.
       Somebody put this "Being called a teacher by other pupils in a school,
       other pupils besides the ones in your class". I overheard some J4s
       whispering "Shush there is a teacher round the corner". This made me
       feel very important and increase my confidence.

ALAN   Yes, I suppose that is similar to walking down the corridor perhaps
       on some errand and being greeted as 'nurse' by a patient from another
       ward. That has the same effect.

JOHN   One or two things that I wouldn't have thought of like the occasional
       talking to parents and the parents treating you seriously.

ALAN   A teacher's course is three years, isn't it?

JOHN   It is four now

ALAN   So that is quite young to be sort of....some of them are quite young
       to suddenly be treated with quite a lot of respect.

JOHN   Especially when you have just left school, to go back into school and
       be invited into the staff room and be given coffee; someone mentioned
       that with great amazement! The one place that they were excluded from
       before is suddenly open to them! You don't have anything like that, really
       do you? You don't have that staff room kind of atmosphere, which you
       never get in a canteen...?

ALAN   Having been a patient myself a couple of times, then on most wards there
       is an office which is where ward reports are given and depending on the
       atmosphere of the ward that can be a sort of social meeting place for the
       staff.

JOHN   With a fair amount of privacy from patients?

ALAN   Yes, I suppose that would be like the staff room.

JOHN   Yes, it would really, but quite small, small-scale...

ALAN   Or the kitchen sometimes ....

JOHN   Yes, and then the other side of the coin. In answer to the question –
       what calls this process into question (the process of becoming a
       teacher)? Being uncomfortable with the expectation people have of you?
       Is it how you have to dress, not feeling me; feeling that to some
       extent I'm being manipulated into a role. Initially feeling like an
       impostor. I don't know whether that...... When you put that uniform
       on, did you feel like an impostor?

ALAN   Yes again, certainly initially on any ward you turn up with the
       uniform everybody else is wearing and you are expected, certainly
       by the patients, to behave in the same way that everybody else is who
       is also wearing the uniform. Not so much by the staff, as they recognise
       the fact that you are new to the situation, but the fear of expectations,
       was it, you said?

JOHN   Yes, feeling uncomfortable with other people's expectations

ALAN   I think that is the other way round almost, it's more a... you are
       not afraid of the expectations that the patients have of you, because
       that is quite clearly defined, you know that they expect everything –
       which is more easy to handle than finding out what the other members
       of staff are expecting of you, which is obviously quite different, so
       the uniform has one effect and the expectations have the reverse effect.

JOHN   Yes, I see that. You are unusual in the way that you have uniform,
       unlike teachers, who are expected to dress in a conventional way, that
       means not punk hair styles. I mean it is a very different thing from
       your uniform, which seems to engender the expectation that your responses
       are uniform.

ALAN   Yes, certainly the patients, once you are inside that uniform, the patients
       expect you to be like it, like all others wearing it.

JOHN   Now another thing that's just been sparked off by looking at this –
       'disciplining someone not much younger than myself' (this is in a
       secondary school) made me think I wonder what the situations are that
       you have to deal with that are quite awkward inter-personally. And I
       imagine that nursing old ladies, for a young man – washing them, at
       first are there inter-personal awkwardnesses, embarrassments? Is this
       true of everybody or is that some sort of hurdle to be crossed?

ALAN   I didn't see it as a hurdle myself. I think that my experience of
       old ladies is that most of them quite enjoy having young men attend
       to them, more so than young female nurses, and they sort of respond
       and you are welcome, so it removes that problem, – they're pleased to
       meet you ...alternatively they're so obvious that they don't want you

ALAN   to attend to them that the problem doesn't arise again, because if
       you come to them and say "I am going to give you a wash", they just
       say "no, you are not". You never get into a situation where that
       embarrassment happens....

JOHN   So what happens, somebody else does it?

ALAN   Yes, if it is on grounds of your sex, you have to go off and get a
       female nurse to do it.

JOHN   I was just thinking about other ..... there's an awful lot of intimacy
       in nursing, isn't there? You are getting close to people, touching them
       a lot, that sort of thing, and I suppose that at first that is the
       equivalent of what all these people are talking about when they talk
       about discipline?

ALAN   I think the young women my own age would be more embarrassed at having
       to deal with that bit. I imagine that would be more embarrassing, or
       the most embarrassing group to deal with ...

JOHN   Yes, and presumably there is a big difference between young women
       nursing old men and you nursing old women... Let's just see if there are
       one or two more things here in the nursing... This is in answer to the
       question of what events help the process forward - and I thought people
       would say the first death, but probably because in most cases that hadn't
       happened yet, it wasn't mentioned, but I would have thought that that was
       a big thing to cope with and was almost like a sort of rite of passage, so
       that when you have been through that you think well now I can cope with
       some of the worst things that can happen, like you were saying about
       an emergency....

ALAN   I would be surprised if most people hadn't encountered death in some
       of their first weeks.

JOHN   Yes - and yet they are not mentioning it at all,...

ALAN   Unless they'd encountered it so much, so that it'd then become almost lost...

JOHN   Yes, that's right. The equivalent thing for social workers is appearing
       in court on behalf of somebody, feeling responsible - a child care order or
       something. Things like that, they may not have done then yet but are looking
       forward to them with some sort of apprehension and that is a kind of
       turning point; "if I can do that, I really have arrived".

ALAN   I think perhaps the things around death, the way the relatives are going
       to be, that is for me more troubling than the actual death itself.

JOHN   Yes, and of course there are lots of differences like children's deaths,
       the death of somebody you have nursed and you feel you know over a period
       quite well, rather than the death of a stranger or who is virtually a
       stranger.... Good, thank you very much.

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