Lifeworld Perspective Transformations in Student Nurses
during the period of a three year nursing course

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by

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ABSTRACT

This thesis that concerns research undertaken in a school of nursing in reference to the students experience on a nursing course. Two major features are present in this thesis. Firstly, the accounts of student nurses of their experience on the nursing course. Secondly, the lifeworld sociology of Alfred Schutz that enabled structure and meaning to be derived from the student accounts.

During my talks with student nurses, I noticed a certain enthusiasm of some students towards the course and a nursing future. In contrast, another group of students interpreted their experience of the course in more pessimistic terms. This group of students appeared to struggle, not with the technical or other requirements of the nursing course but in terms of questioning their place on the course and the meaning of the course in their lives. The former group was later defined as vocational and the latter were called pragmatic in orientation. Another issue also arose and concerned the considerable changes that some students experienced as a result of being on the nursing course. These responses were defined as lifeworld perspective transformations (LPT's), a concept derived by later authors in relation to Schutz's concept of the lifeworld.

The thesis is split into three sections. An introduction, followed by part one which comprises a theoretical chapter that moves within sociological notions of the self to the topic of LPT's and integrates different work that defines the environment of nursing. Part two contains the data and analysis of the student accounts and experience of the nursing course. Part three comprises a review and consideration of the implications of the research.
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Diagram 8.2: Change in the Pragmatic Students' Lifeworld as a result late idea to be a student 229
PREFACE

This thesis concerns the experiences of student nurses during a three-year period shortly following the introduction of a new course in nursing, the Project 2000 diploma level course. Chapter one forms the introduction that describes the research context in terms of its spatial setting. This chapter describes the origins of the research and describes the pilot study as preparation for the main study. The thesis is split at this point into three parts of which chapters two and three from the first part.

The second chapter covers the theoretical context of the research and integrates pertinent studies of nursing that helps define the nursing environment in reference to the research. This chapter commences with Gennep's (1960 [1908]) concept of the rite of passage, develops ideas about the sociology of self and then discusses the lifeworld and how lifeworld perspective transformations (LPT'S) occur.

Chapter three focuses on the research methodology and researcher role. This chapter discusses different research paradigms that lead to a qualitative approach using a non-standardised interview technique enabled the production of "rich" or "thick" accounts by students. Main research themes are given in appendix three. Geertz's (1973) is found to inform many ideas that are used in relation to the biographical articulation of the self in the form of narrative accounts.

Chapter four commences part two that comprises the four data chapters that focus on student accounts. This chapter considers the evidence supporting my use of the words pragmatic and vocational to describe student experience.

Chapter five considers the outward movement of students to their clinical colleagues in terms of fitting-in, being an outsider, or feeling accepted by the nursing team. In chapter six student experience is considered from an inner perspective of the students in relation to how they experience the boundary events that patients undergo. Jaspers (1951) defines boundary events as experiences such as suffering and dying. This chapter starts however, with the
students' own encounter with boundaries to their experience in their interpretation of their
some nursing experiences as 'strange,' as lying outside their range of expectations.

Chapter seven is the final analytic chapter and concentrates on the title to this thesis, lifeworld
perspective transformations (LPT's) that are seen to be experienced by the pragmatic more
than the vocational students.

Chapter eight forms part three and summarises the thesis and returns to a consideration of
the research aims and how they have been met.
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CHAPTER ONE

INTRODUCTION TO THESIS

1.1 Introduction

This thesis concerns student nurses on a Project 2000 nursing course, focusing on the experience between students who pre-planned for a long period of time to become nurses, compared to students who took later, and comparatively rapid decisions to join the nursing course. The idea that a difference exists between the two student groups arose from informal conversations with students that matched my own experience of becoming a nurse. Therefore the key aim of the research is to determine whether two distinct groups of students do exist, and to explore any differences they have in terms of their experience of the nursing course.

This introduction will commence with a description of the research setting that will enable the research context to be understood. Following this description, the origins of the research are considered which include my personal experience and the informal conversations that led to the idea for the thesis. These informal ideas lead to a pilot study that confirms the basic research ideas, and the setting of the research questions. Ramifications of the research are outlined with a view to a more complete exploration in the final chapter. The aims of the research and an outline of the structure of the thesis are provided.

As the nursing course was new, changes were present for students, clinical staff and nurse teachers. This meant that the context of the research formed an important feature of student experience and is therefore described next.

1.2 The Research Context

As a preliminary to discussion about the origin and nature of the research, a description of the School of Nursing in which the research was conducted follows. This will enable the sociological context of the research to be identified.
1.3 The Location of the School of Nursing

The School of Nursing is located in Maintown, a rural city with a predominantly agricultural orientation and a population of 75,000 people and was part of a medical school located at an administrative centre some 50 miles distant. Four schools of nursing in different cities, one in the administrative centre, comprise the School of Nursing. Two years prior to the research, Maintown had its own independent School of Nursing that was amalgamated into the larger University Scheme as part of a rationalisation policy initiative. Some educational staff were ambivalent about the merger, especially as some redundancies in the form of early retirements of tutors occurred.

Being the centre of a rural area, clinical placements for students were spread over a large geographical site. Distances travelled by students could be up to 40 miles from the Maintown's School of Nursing. However, during the time of the research another centre amalgamated with Maintown and resulted in tutorial staff working at two sites 30 miles apart. Also, students recruited at one site were sometimes required to travel to the other site during the first 18 months of the course. Although mini-buses were used to provide this transportation, some students found this arrangement unpleasant as they had to rise early to meet the bus, and arrived home relatively late.

Students were concerned that the accommodation, which was available for students moving from other cities to Maintown, was only available for the first year of the course. After that, students had to make their own arrangements and finding alternatives was seen by some students as an extra burden on their already demanding lives.

1.4 Clinical Issues

The previous nursing course, like the Project 2000 course in which the research took place, was of three years duration and was structured around clinical placements of ten weeks. This was a long enough period for relationships to be established between students and clinical practitioners and enabled clinical skills to be practised and mastered more frequently. The
student was often considered a member of the clinical team. This contrasted with the current situation where clinical staff often made unfavourable comparisons between the Project 2000 students and traditional students. This is seen in chapter five of this thesis where Sandra, Naomi and Susan provide examples of feeling unable to fit into the nursing team.

On the Project 2000 nursing course, students visit clinical placements once every academic term for a period of three days during the common foundation programme. This later increased to five days per clinical placement but was far less than the previous nurse training scheme and led to criticisms from some clinical staff in relation to the lack of practical experience. This changed in the final six months of the common foundation programme (carried out in the first 18 months of the nursing course) when clinical placements increased to 15 days, but this remained far less than in the traditional nursing courses. It was only in the final 18 months of the Project 2000 course that clinical placement times became comparable to those of the traditional nursing courses. It was during this time that students often reported more acceptance by the clinical staff.

1.5 Previous and Present Nursing Courses

Nursing courses previously run at the Maintown School of Nursing included the Registered Mental Nurse Course, the Registered Mental Handicap Nursing Course and the Registered General Nursing Course (the Pilot Scheme). All of these courses were converted into the Project 2000 Nursing Course with the addition of a child-nursing course. The designations of the respective nursing courses became: Registered Nurse (RN) followed by the respective branch (Adult Mental Health Branch, Learning Disability Branch and Child Branch) speciality. The following table gives a comparison of the traditional and Project 2000 nursing courses:
Table 1.1: Comparison of Project 2000 and Traditional Nursing Courses at Maintown

An additional issue for the new Project 2000 nursing course was that it moved the qualification from a certificate level course (120 university credit accumulation transfer [CAT] points) to a diploma level course (240 university CAT points). CAT points enable universities to offer credit for different courses of study to count towards degree courses. The effect of this change to a diploma level of study was that students were required to reach A-level standard in the first 18 months of the course and then progress to diploma level during the final 18 months of the three-year period. This resulted in a considerable academic burden being placed on some students.

As well as these basic nursing courses, the School of Nursing carried out a wide range of post-basic courses, so tutorial time was shared with other students. Tutors were also placed under academic pressure to act according to the model of a university department, such as seeking to achieve higher degree qualifications and to seek publication. Therefore, pressures on the course were spread out to include tutorial staff who were then perceived by some students as being ‘unavailable’.

1.6 The Project 2000 Nursing Course

The nursing course was divided into two sections – a Common Foundation Programme (CFP) of 18 months duration, and a branch programme also of 18 months duration. The CFP was shared by all students who went to common clinical experiences spread across the entire set
of clinical placements, as well as additional areas such as teaching and other work placements. Some students were not aware that they would need to visit all of the clinical placements\(^1\). Two thirds of time on the CFP was devoted to theory and one-third to nursing practice. This pattern was reversed on the branch programme when one third of time was spent on theory and two thirds on nursing practice. Students started out as observers and moved towards being supervised participants by the time of their final clinical placement. Students on the final clinical placement of the branch programme were classified as de facto clinical staff and were considered a part of the clinical team. The following table summarises the Project 2000 structure:

<table>
<thead>
<tr>
<th>COMMON FOUNDATION PROGRAMME</th>
<th>BRANCH PROGRAMME</th>
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<tbody>
<tr>
<td>18 months long</td>
<td>18 months long</td>
</tr>
<tr>
<td>One third clinical practice</td>
<td>Two thirds clinical practice</td>
</tr>
<tr>
<td>Two thirds theory</td>
<td>One third theory</td>
</tr>
<tr>
<td>Visits all placement areas</td>
<td>Concentrates on branch areas only</td>
</tr>
<tr>
<td>CFP examination to progress to branch programme</td>
<td>Final examination to qualify</td>
</tr>
<tr>
<td>Begin as observers</td>
<td>End as supervised participants</td>
</tr>
</tbody>
</table>

Table 1.2: Characteristics of the Common Foundation and Branch Programmes

In the initial period of the nursing course, 42 students were admitted twice a year. 23 of these were adult branch students, 2 were child branch, 8 were mental health branch, and 9 were learning disability branch. The numbers of adult and child branch students remained static during the research, but figures for the mental health and learning disability branches more than doubled following an amalgamation with another site in the School of Nursing. The following table summarises these figures:

\(^1\) The range of placements included, mental health, adult nursing, child nursing, learning disability, social care and schools.
<table>
<thead>
<tr>
<th>Branch Speciality</th>
<th>Numbers of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>23</td>
</tr>
<tr>
<td>Mental Health</td>
<td>8</td>
</tr>
<tr>
<td>Child</td>
<td>2</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>9</td>
</tr>
</tbody>
</table>

Mid-way through the research Mental Health and Learning Disability figures rose to:

| Mental Health          | 20                  |
| Learning Disability    | 22                  |

Table 1.3: Numbers of Students on the Nursing Course

The aim of the CFP was based on health outcomes that focused on the individual's acquisition of health. This was in contrast to previous nursing courses that required more of a concentration on illness and pathology. This meant that students were often not aware of pathological terminology and its meanings in the clinical environment until they entered the branch course. Main headings in the curriculum document of the CFP included health, caring, nursing, the individual, the student, teaching/learning and society.

To assist in the implementation of the Project 2000 nursing course, clinical staff underwent preparation by the School of Nursing. In line with this preparation, students on clinical placements were allocated a practice supervisor/assessor who directed, assessed and supported the student in the clinical area. In practice, especially in the CFP when student time was limited in the clinical area, practice supervisors sometimes did not meet the students they were allocated, who, consequently, often commented that they did not know where to turn for support and guidance. Also, for the duration of the nursing course each student was allocated a course mentor, who was a nursing professional (tutorial or clinical) that the student felt they could relate to for the duration of the course.
The academic demands of the nursing course were extensive and included 22 written assignments spread over the three-year period. In addition, a CFP and end of branch examination was held. Progress from the CFP was not possible unless the CFP examination was passed and final qualification hinged on the end of branch examination. The School of Nursing phased out the final examination for branch students after the research had ended.

The frequency and quantity of academic assignments was a cause of concern for many students who experienced a pressure to complete and pass the assignments. Working on nursing course assignments at home was a major feature of student experience and often meant they were not available for other family or social interactions. This meant that the students' nursing world was taken into their personal life. This effect is referred to later on in the thesis.

As the discussion above shows, the nursing course was subject to a considerable amount of change. Clinical placements often took place in widely separated clinical areas, a feature of the rural setting of the research.

1.7 The Origins of the Research

The origins of this thesis arose from informal talks with student nurses but also included my own experiences, as I too have been a student nurse and found my experience mirrored in the accounts of students. My thoughts, as I spoke to students, often took the form; "So little has changed". Therefore, the talks with students matched my memories of what it was like to be a student nurse. I will therefore start this introduction by giving a brief account of my thoughts as a student nurse and then discuss how, following talks with students, the actual research began.
1.8 Personal Experience

Aged 16 years, I was attending an engineering course when I decided that I had to earn some money. By chance, one of my peers on the engineering course spoke about his father who was a psychiatric nurse in a local hospital. I explained that I needed to leave the engineering course and he asked his father if he could advise me. His advice was that I could become a cadet nurse. I did so and then, although with no real sense of commitment or vocation, became a student nurse when 18 years of age. My decisions to become both a cadet nurse and a student nurse were based upon mainly pragmatic concerns – I needed to do something in terms of work, and to earn some money. My family did not persuade me to become a nurse and no one in my immediate or extended family was either in nursing or connected to health care in any way. However, although the precipitating events concerned my financial survival and I had no cultural connection to a health care ethos, I did like the idea of helping people and nursing seemed a good way to do so. I considered at the time that I would not stay in nursing but would use it as a stepping-stone to a different career when I qualified. All of these reasons for becoming a nurse can be seen in the accounts of pragmatic students in chapter four.

Becoming a cadet nurse I worked in a pathology laboratory and there witnessed post-mortem examinations. This introduced me to the experience of death. It was curiosity that I took into the post-mortem room, but a realisation and fear of my own death that I took out. I came to the conclusion that as each person ends up dying, it was better to concentrate upon the act of living. This conclusion worked to some extent, then my curiosity drove me to witness more

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2 This was a purely contingent event, it could have been otherwise and similar contingencies are seen in John’s account, (chapter four) in which he happened to see an advertisement for nursing in a college prospectus.

3 The need to be employed is seen in Isabel’s account (chapter four).

4 This is in distinction to the vocational students who usually experienced considerable family influence.

5 Using nursing as a gateway qualification is seen in Hazel’s account (chapter four)

6 A philosophy explained, amongst others by Sarah (chapter six).
post-mortem examinations and doubts and fears began to consolidate about the meaning of life that only ended in death.

At 18 years of age I became a student nurse and experienced how patients died.⁷ Again the old fears and doubts arose. My experience of caring for dying patients reminded me of my attendance at post-mortems and confirmed the realisation of my own finitude and mortality. Although I expected that such events would happen, they still produced significant effects upon my own model of the world. I realised I had approached, in my witness of patient deaths, a limit or boundary⁸ to human experience, an event that was also not usually witnessed by non-health carers. I gradually learned to regard patient deaths as routine events, but this was not without a certain cost to my own sense of safety, in that the world was confirmed as a precarious place.⁹ To cope with the experience of death I began a process of reflexivity — of examining my conscious thoughts. Overall my conclusions from this process was that I could neither explain my own existence, nor that of others, nor that suffering and death were part of human life. I decided that as there were no answers to my existential questions my best course of action was simply to try and accept life as it was, this was a difficult conclusion to adjust to.

As the experience of death and dying caused me to question my own existence, so too did my contact with human suffering. When confronted by serious pathological phenomena I would often ask the question: "What has this person done that they get this"? My questions

⁷ Accounts of students experiencing patients' deaths with similar questions to my own are seen in chapter six.

⁸ Jaspers (1951) defined limit situations as comprised of struggle, suffering, guilt and death. He considered these are inevitable experiences for all humans. The situation I describe concerns the early experience of death and dying, and its frequency in experience that constituted the issue I had to deal with.

⁹ This is a frequent observation in this thesis, see chapter six.

¹⁰ Esther, in chapter seven asks this same question.
then were not philosophically, nor logically, well thought out but were more a sign of my own response to dealing with the unanswerable aspects of human existence.

During psychiatric nurse training, I discovered an additional paradox, in that as a young and relatively inexperienced adult I was offering help and counsel to adults who were usually older and more experienced than myself. The knowledge from the School of Nursing on “how to be a mental nurse” was deemed to give me the ability to help people. Yet from my perspective, whilst the training school possessed apparent confidence in the helping skills we were given, I had my own doubts. I did not feel I had the answers to help many of the people I talked to, yet I often found myself doing this very thing – trying to help when I did not feel able to do so. The issue of the gap between theory and practice is a common topic in student accounts and has been explicated by several nurse authors, such as, Melia (1987), Mackay (1989), and Jones (1994).

My own experience therefore introduced me to the boundary experiences of human living; experiences that I could not explain. Suffering and death were fixed elements in human experience and human actions often appeared cruel and harsh. I often felt alone in my struggle with the existential issues I grappled with, as some of my fellow students seemed to simply accept the same circumstances that I questioned. Most of the students on my nursing course had been planning to become nurses for some time, but I did not then make a link between my experiences and theirs as potentially arising from our starting conditions. It took many years and my own talks with students as a nurse teacher, to reiterate my own questions of what the essential difference was between students who accepted the existential experiences and contradictions with equanimity, and those who did not. My talks with students as a nurse teacher were therefore in some respects a return to my own experiences.

11 I did both mental nurse and general nurse training.

12 Doubts by the students to carry out the clinical work of nursing is a common experience in this thesis, Naomi (chapter seven) provides one example of the emergence of doubt to carry out the nursing task. Sandra (chapter five) provides an additional example of difficulty in carrying out practical nursing tasks.
1.9 Informal Talks with Students

Working as a nurse teacher I was involved in talking to student nurses;\(^{13}\) one topic frequently discussed concerned how they felt about the nursing course in reference to their clinical experiences. In these conversations students often spoke about dramatic clinical events that they had become involved in or witnessed. Sometimes they had been present at a life or death struggle, or been present when patients had been given life-threatening news. Some students experienced problems with clients who were experiencing mental illness or learning disability problems. Others felt inner turmoil when confronted by patients whose lives were chaotic, threatening or suicidal. The problems that I had dealt with many years ago as a student were still experienced, mainly because the job of nursing concerns the same existential problems of death and suffering. This observation is in contrast to the theoretical model of nursing used by the School of Nursing that is founded on a Health Based Curriculum\(^ {14}\) that does not employ in the first 18 months of nurse training any exploration of human illness. Defining suffering and dying within a health discourse does not, however change the practical reality of these experiences for the students as being at times very unpleasant. The evolution in the discourse about nursing does not alter the fact that when suffering occurs it can be unpleasant to both the individual sufferer and those around them, including health care professionals.

Students often talked, during patient care crises, about the meaning of life as they saw it and about why they had joined the nursing course. As students talked about their clinical life, they often made a link to the reasons that had prompted them to become student nurses. Like me, some students appeared to have drifted onto the course, almost by accident. Others, however, had decided many years before, often as children, that they would become nurses. These students tended to interpret suffering as part of what nursing is about, in contrast to students who joined the nursing course later on and questioned more deeply the

\(^{13}\) This is past tense because I am no longer a nurse teacher.

\(^{14}\) Although factors that adversely affect health are recognised, the major emphasis on the course curriculum is on "health and normality" (1990:11).
meaning of the suffering they experienced. The distance between these two orientations, one fixed in the "I've always wanted to be a nurse" dimension and the other motivated by more immediate circumstances, indicated a major difference in the reasons students gave for joining the nursing course. A situation of difference existed that was not explored that, if confirmed, would mean a revision of the ideas relating to nursing.

Contrasting these two approaches, I became aware of a possible relationship between why students joined the nursing course and their interpretation of nursing course experience. If a link was present between why the students decided to become nurses and their experience of the nursing course, this would represent an important sociological insight in terms of the individual, and the professionalisation process. There would follow important ramifications for the nursing profession, especially in terms of its educational project including training, the nature of the professional qualification, as well as for recruitment policies. Therefore a decision was taken to conduct a pilot study using a small sample of students to explore this hypothesis and to confirm the validity and feasibility of conducting the main research.

1.10 Pilot Study

Having arrived at the above conclusions a pilot study was carried out with a group of eight students. This pilot study enabled issues to be clarified and represented a conversion of the informal talks into a formal research method. A brief description of the pilot study follows.

In the pilot study students were asked if they would agree to talk about their experiences of the nursing course and why they had become students. With the students' permission, interviews were taped onto an audiocassette and then transcribed. The purpose of the pilot study was to identify if different orientations to joining the nursing course were present in the study sample and to test some of the questions that would be used in the main research. The first question asked was "How is it you came to join the nursing course?" Later questions explored with students their experience of the nursing course.
Three students described themselves as "always wanting to be a nurse," and the remainder explained that they joined the nursing course for "other" reasons. Two of the students who described, "always wanting to be a nurse" took their decision in reference to other family members who were nurses; they had become accustomed to the idea of being a nurse. The 'other' reasons for joining the nursing course included a need to change their work, to start a new career and wanting a change in direction. These reasons can be summarised as decisions taken as an appropriate life choice in relation to current life circumstances, usually some months before joining the nursing course. Analysis of the pilot group indicated the presence of two groups of students, one group who "always wanted to be a nurse" and a second group who decided to become nurses on the basis of life circumstances relatively close to joining the course. This same difference also arose in the main study; the distinctions 'vocational' were given to students who described an "I always wanted to be a nurse" motive and 'pragmatic' to the group who took the decision to become nurses on the basis of later life experiences.

In the pilot study the questions that were to be asked in the main study were tested out which also enabled me to practice the interview process. One major concern, prior to the pilot study, was how students would relate to me as a researcher and nurse teacher. In the event, within about two minutes from the start of the interview, students rapidly became absorbed in their accounts and forgot my identity as a nurse teacher. The pilot study enabled the preliminary procedure of explaining about my role as researcher and research confidentiality. In addition, the audio-taping procedure was tested to obtain maximum clarity.

A major finding for me as a researcher was that students could be allowed to provide their own accounts, with little input from me. This had the consequence that the list of questions shrank to the use of general headings that students were able to expand upon, rather than a long list of specific questions. Having been given the topic of the research (This research is about your experience of the nursing course and why you joined the nursing course) students responded to the research topics with little intervention.
1.11 Research Questions

Given the findings of the pilot study several questions arose in reference to the main research. If two orientations to nursing are present then will student experience of the nursing course be different for the two groups? And, assuming such confirmation, how will this difference be manifested? Therefore, one research question concerns the identification of what constitutes the pragmatic and vocational orientations. When this has been accomplished it will be necessary to understand how vocational and pragmatic orientations influence the students' experience of the nursing course. A model or structure will be required in which to situate and describe any effects that occur. The issue of what theoretical model to use is dealt with in chapter two that employs the lifeworld sociology of Alfred Schutz (1970, 1974) with developments from the work of Habermas (1981), Mezirow (1978, 1981, 1985) and Wildemeersch and Leirman (1988).

Some observations in the use of the word 'vocation' are necessary in relation to the vocational students who used the phrase that they "always wanted to be nurses." Although the word vocational was chosen to describe this "always" motivation towards being a nurse, the research shows that the vocational group of students did not espouse the popular notions of what constitutes a vocational attitude to nursing. The word vocation derives from the Latin, "to call," and entails the elements of a "strong feeling of fitness for an occupation," and as requiring "dedication" (Concise Oxford English Dictionary, [COED] 1995). These features are reflected in the popular image of nursing as a vocation from the late Victorian times when young females were seen as entering nursing as a "calling" (Jones, 1994). In refutation of these popular vocational concepts, Mackay (1989), believes that vocation is an ascribed attribute given to student nurses who can cope effectively with the demands of nursing and writes:

'Dedication' is linked to a notion of vocation which is ever-present in discussions about nursing. Thus it is believed that nurses are born and not made. However, only two learners mentioned this aspect. This suggests that the notion of vocation is weak amongst recruits and that it is instilled during training. As the learners come into contact with the demanding and trying situations their ability to 'take it' may be linked to the depth of their vocation for nursing. In other words, if you can't take it, you do
Vocation as dedication was not discernible in the pilot group of students, their desire was to become nurses but their career aspiration was their major goal. The pilot study neither confirmed nor disproved Mackay’s statement that if learners can “take it” nurse teachers define them as possessing a vocational motivation. The research purpose was to explore what happens to students in their experience of nursing given their starting orientations. The word vocation in this research is therefore about the reasons students gave when they joined the course more than later definitions given them by others. Mackay found in her sample of 19 nurse learners, that just under half wanted to be nurses from childhood; this finding is supported in my pilot study and the main research where just under half of students wanted to be nurses from early life.

Having discussed the use of the word vocational, comment can also be made in reference to the use of the word pragmatic. The word pragmatic derives from the Greek “pragmatikos” meaning deed [COCD]. And it is in the context of being a deed, or an action, that pragmatic is defined. Pragmatic students take actions upon the basis of the situation they are in and this is the meaning of pragmatic in this thesis. “What action is needed by me now to deal with the world,” summarises the pragmatic orientation found in this work.

1.12 Ramifications of the Vocational and Pragmatic Dimensions

Three major ramifications of the research are apparent; and include the sociological understanding of career selection and experience, the nursing professional context, and meanings for career experience in more general terms. These issues are briefly explained but will be explored more fully in chapter eight.

At a sociological level, the ways in which career decisions are made needs to be understood if modern social structure is to be explained. The effect of early career decisions arising from the “I’ve always wanted to do this” motivation may act to close individuals to later career
changes. And alternatively, lack of commitment to one career may create problems for the individual, such as, an unstable work record, lack of promotion, and failure to develop occupational skills. Both early and late career choice processes therefore need to be explored.

At a professional level, implications exist for nursing in that recruitment and career planning needs to be adjusted to the reality of the world of potential nursing students. A failure to do this will result in ineffective recruitment policies and an inability to adjust nursing courses to the range of experiences that occur in learners. Also, the actual structure of nursing as a career experience needs to be understood if future changes are to be made in terms of retaining students.

The transferability of insights gained in this thesis to other careers is possible, in that some of the sociological mechanisms that occur are not unique to nursing. The nature of sociological exploration is to construct a common set of meanings that can be applied in different situations and the thesis will assist in this process in terms of career experience.

1.13. The Aims of the Research

Accepting the informal evidence and the pilot study the aims of the research can now be stated. These are:

1. To explore why students join the nursing course in terms of a pragmatic or vocational orientation.

2. To investigate the experiences of students on the nursing course in terms of their pragmatic – vocational orientation.

3. To arrive at a sociological understanding of the experience of the students on the nursing course.
1.14 Structure of the Thesis

In order to achieve the research aims the thesis is split into three parts.

Part one includes two chapters. The first chapter considers the theoretical nature of the research starting from general approaches in its sociology of the self, to arrive by way of phenomenology to a lifeworld approach. The next chapter discusses the methodological principles of the research including a discussion of narrative approaches to human experience.

Part two contains an exploration and analysis of the interview data. Chapter four focuses on the evidence for the pragmatic-vocational orientations. Chapter five views the world of students in terms of their relationships with the clinical team, it concentrates on how the students deals with others. Chapter six moves the focus onto the students' experience of boundary situations that are defined as including suffering and possible death. Chapter seven deals with the essence of the thesis, the actual changes, or lifeworld perspective transformations that occur or can occur.

Part three completes the thesis by discussing the findings and ramifications contained herein.

1.15 Thesis Name Title: Contractions and Definitions

In order to avoid repetition I have used the following contractions:

1. The title 'student nurse' is, dependent upon context, abbreviated to 'student.'
2. The word 'course' is often used to replace the full title, nursing course.
3. The personal world of students is referred to as the 'home-world,' this title is explored more fully in chapter two.
4. The world of nursing that includes all aspects of nursing experience is designated by the term 'nursing-world.' This term is also explained in chapter two.
5. North American spellings in direct quotations have not been amended to the United Kingdom spelling. The usual United Kingdom spellings are otherwise used.
6. Patients are defined as those in need of care for physical illness problems. The word client is used for those receiving psychological or similar interventions.
1.16 Conclusion

The idea for this thesis arose in the midst of my work as a nurse tutor when informal conversations resonated with my own experience of becoming a nurse. There followed a pilot study that confirmed the research idea. The research context was explained as one of rapid change in which the ideologies of one nursing course (the traditional course) was replaced with the new course in which the course structure was objected to by some clinical practitioners. The topic of academic pressure was mentioned, and the colonisation of the students home-world by the nursing course. Research questions concerning the ramifications of the research have been given.
PART ONE

The theoretical, contextual and methodological principles of the research
CHAPTER TWO
THEORETICAL CONTEXT AND NURSING EXPERIENCE

2.1 Introduction

This chapter is an exploration of the sociological framework within which the research can be located and the student accounts understood. The literature to be considered will need to address the central issues of the research concerning the experience of students. This includes the nature of biography, to enable structure to be placed on the articulation of the life-course that is seen in student accounts. Given the questions raised in chapter one, the following areas need to be explored:

1. The students' experience of the world.
2. How the students' experience of the world changes.

In order to do this the lifeworld sociology of Schutz (1970, 1974) that is developed from the phenomenology of Husserl (1997[1950], 1970[1954],1970) is used. My reasons for choosing this theoretical structure lies in its applicability to the topic of study. Schutz adapted the phenomenological approach of Husserl into a sociology that is capable of explaining the nature of experience.

This chapter needs therefore to consider the sociology of the self in terms that lay the theoretical foundations for the research and will include an exploration of the sociology of the self and how the self can be seen from a phenomenological perspective. This perspective is then developed in terms of a consideration of the lifeworld and lifeworld perspective transformations. Habermas (1981) proposed a critique of the social system, typified by large social and political structures, that he saw as shaping individual experience. Large social structures exerted an effect upon students, such as producing the social and political changes that led to the creation of the Project 2000 nursing course, but the focus in this thesis lies more in how students experienced the nursing course on a day to day basis. This experience of the student is explored within a lifeworld perspective in which both structures and dynamic features of the lifeworld are identified. The final part of the thesis deals with transformations of the lifeworld perspective.
As elements that deal with the self are explored that entail the concepts of identity, consciousness and subjectivity, so a transition to a psychological analysis could be made, however, Schutz's (1970, 1974) model is sociologically orientated and refers to the structure of social influences constituting individual experience. Therefore, whilst issues of subjectivity and consciousness are explored, their investigation takes place according to their sociological and not psychological context or formation. In terms of exploring the sociological context of the research, the issue needs to be considered as to the relationship between theory and practice. For theory needs to stem from practice and not vice versa, but practice needs theory to be understood.

Relevant nursing literature is linked in most parts to the theoretical parts of the chapter. This enables a more integrated approach to be adopted that ties in the environment of nursing to the theoretical work.

2.2 The Relationship between Theory and Practice

In this research, there is not a strict division between theory and practice, as though social acts are separate entities that can be explained by way of a separate theory. Theory is in Bourdieu's (1992) terms, not separate from practice but distant:

... theory ... is a spectacle, which can only be understood from a viewpoint away from the stage on which the action is played out, the distance lies perhaps not so much where it is usually looked for, in the gap between cultural traditions, as in the gulf between two relations to the world, one theoretical, the other practical. It is consequently associated in reality with a social distance, which has to be recognised as such and whose true principle, a difference in distance from necessity, has to be understood, failing which one is liable to attribute to a gap between 'cultures' or 'mentalities' what is in fact an effect of the gap between social conditions. Familiarity, which books cannot give, with the practical mode of existence of those who do not have the freedom to distance the world can thus be the basis both of a more acute awareness of distance and of a real proximity, a kind of solidarity beyond cultural differences (Bourdieu, 1992: 14-15).

Here Bourdieu recognises the distance between theory and practice, in which theory is a function of distance; it is a position from which to view the realm of social practice. The optical metaphor used by Bourdieu makes this point explicit, in that seeing the world through glasses does not alter visual reality but brings this same reality into focus. As I shall show, the students' experience of the nursing course is not replaced by the social theory of the lifeworld but is explored and explained within it in terms of obtaining more clarity and greater
understanding. In order to demonstrate this approach, sometimes lengthy student accounts are provided that enable the research subjects to tell their own stories. Then arising from the account, theory is used to understand, but not to supplant what has been said. Bourdieu continues his account:

Rites are practices that are ends in themselves, that are justified by their very performance; things that one does because they are 'the done thing,' 'the right thing to do,' but also because one cannot do otherwise, without needing to know why or for whom one does them, or what they mean, such as acts of funeral piety. This is what the work of interpretation, which seeks to restore their meaning, to grasp their logic, makes one forget: they may have, strictly speaking, neither meaning nor function, other than the function implied in their very existence, and the meaning objectively inscribed in the logic of actions or words that are done or said in order to 'do or say something' (where there is 'nothing else to be done'), or more precisely in the generative structures of which these words or actions are the product – even in the oriented space within which they are performed (Bourdieu, 1992: 18).

Social acts take place because they are situated in the lives of individuals. Therefore theory, the theoretical lens through which they are seen needs to take into account its own analytical construction, a theory that becomes divorced from practice is no more than a hypothetical system. As Bourdieu shows, a narrative, an account given by a social actor is not meant by its author to have no other reason than to be subjected to sociological analysis, it is primarily an account of their experience. Therefore, the research deals with student experience, not about the use of a theory and the interviews were about enabling students to say what their experience was. The theoretical model of the research therefore arose from what students said; thus the primary thrust of the research was to allow students to speak about their experience. The theory then arose from talks to students, and has been seen in this relationship, as a lens to focus on what was being articulated.

Prior to exploring the lifeworld concept, some preliminary concerns are explored that lay the foundations on which the theoretical concerns are built. These concepts include a consideration of research that has been carried out in the nursing domain. I will refer to three studies of nursing that describe some of the typical concerns that have been raised in terms of the situation of the student nurses.
2.3 The Environment of Nursing

Melia (1987) used a grounded theory approach and interviewed students who were eight, eighteen and thirty months into a nursing course over a period of eighteen months. A total of 40 hours of interview time were made. Melia found that students learned more how to join the nursing profession than to become nurses, becoming a member of the professional group was for her students their most important goal. She also found that a gap existed between the theory received by students in the college of nursing and the implementation in clinical practice. This same phenomenon is also found in the present study (see chapter five).

Melia's research group managed this theory-practice divide by adopting the perspective of the clinical practitioners, a strategy that is the concern of many students in the present thesis. Melia's group of students defined themselves as "just passing through" and "fitting in." The fitting in concept is present in this thesis (chapter 5) but is explored as a process with two outcomes, either being accepted or being an outsider. The current thesis also detects differences in the fitting in process between pragmatic and vocational students. Melia defines 'fitting in':

Throughout the interviews, the students referred to the need to meet the expectations of those with whom they worked ... 'Fitting in' constitutes a major part of the students' behaviour. First they concentrate their efforts on getting on with the ward staff, and second on the actual business of patient care. In this way, the students spend three years learning to 'pass' in both the service and education segments of nursing (Melia, 1987: 127).

This definition explains some of the fundamental issues relating to the experience of students but stops at the point of maximum interest where the actual processes of 'fitting in' are explored. As I will show "fitting in" is the starting point of a complex process. The other major difference with the present research lies in the context of Melia's research in that it takes place in a pre Project 2000 nursing course. Also, the current research context is different due to the fact that the issues focused on in Melia's research have changed. For example, whilst Melia's students debated the priority of clinical nursing practice over education, the argument at the time of my research had settled the theory-practice debate in measures that favoured an increase in theory over practice. Nevertheless, Melia's research does cover similar research territory. Melia's use of a grounded theory approach marks another major difference to the lifeworld approach that uses the assumptive world of the student as the major focus of
enquiry. In summary, Melia defined much of what happens, but not the reasons for what happened in the context of lifeworld perspective transformations.

In her study, Mackay (1989), like Melia, also used a grounded theory approach to investigate why nursing staff either left or stayed in nursing. Of the one hundred nurses interviewed only 19 were learner nurses. Mackay (1989) finds that just under half of this group described a vocational perspective\(^1\) that compares in numerical terms to the current research in which just under half of students were vocational in orientation. The major difference between Mackay’s and the present study lies in three areas. Her grounded theory approach in which no organising theory was used differs markedly from my research that uses the lifeworld as a theoretical perspective. Her research questions concerned a different topic as she asked why nurses leave the nursing profession. Her study sample was smaller and composed of a different group to my own which contained some learners on a state enrolled training programme.\(^2\) Therefore there is little comparability between Mackay’s study and my own. However, both Melia’s and Mackay’s research is useful in that they define the area of study, noting in Melia’s case some common concerns, such as fitting in.

A mapping of the terrain is made by Jowett, Walton, and Payne (1994), who conducted a comprehensive study into the reception of a Project 2000 course, from nurse education, curriculum issues, higher education and student nurses. Their research was spread across six health districts and involved three full-time researchers who interviewed a wide range of service and educational staff. Questionnaires were sent out prior to student interviews and only two chapters of Jowett et al’s study are devoted to the student nurse experience. Seventy-seven students were interviewed up to four times. The theoretical model underpinning Jowett et al’s research is not provided, except that it is qualitative in orientation. Actual student accounts are brief, but generalisations from the data are important, confirming some of my work that includes references by students to, a lack of practical skills, increases in self-awareness and confidence and difficulties with academic pressure. There is no

\(^{1}\) Mackay’s views on vocation are discussed in Chapter one.

\(^{2}\) The state enrolled nurse programme is of less academic pressure and only two years long.
mention of the reasons given for students joining the nursing course, except the statement that some students' vocational aspirations were maintained throughout the course. Like the studies of Melia and Mackay the major difference to this thesis lies in my use of the theoretical model of the lifeworld.

Nursing therefore takes place in a complex environment in which theoretical issues have been raised that confirm and identify some of my findings but fail to explore them in the direction and depth that is present in my research. A different method is required; but before a focus is made upon the actual theoretical model some preliminary concepts need to be explored in order to identify the links that exist between lifeworld sociology and related theoretical domains. These concepts comprise the rite of passage model, marginality, the relationship between society and the individual, belief, meaning, and intersubjectivity.

2.4 General Theoretical Considerations

This section lays the foundations for the discussion of the lifeworld. The topics comprise, the rite of passage model of Van Gennep (1960[1908]), the experience of marginality, the stranger role, the sociology of the self, belief as action, the sociology of meaning and boundary experiences. These concepts were expressed by students and form the foundation of the later theoretical discussion that proposes the way in which student experience is understood in terms of the sociological nature of the self.

2.5 Rite of Passage

In his rite of passage model, Van Gennep (1960[1908]) sees the adoption of a new role and status that involves a re-negotiation of important elements of the personality in a dialectal framework (Lewis, 1991[1976]) as essential elements in various life contexts. It is therefore in the dialectical space in which old identities are laid aside, and new identities gained, that a distinct contrast between old and new might be observed. Three elements are present in Van Gennep's account of rites of passage and include the phases of separation, marginality and reaggregation, also called, preliminal, liminal and postliminal. In application to this thesis the phase of separation for students occurred when they joined the nursing course, often leaving
family and home. The phase of liminality occurred when students felt neither nurses nor part of the world they had left behind. The phase of reaggregation occurred when students were able to re-join society with their new identity as qualified nurses. The issue of marginality was a constant theme with students and so is explored in more detail as seen in chapters, five, six and seven.

Nurse authors employ a rite of passage model in order to understand the experience of nursing. For example, Bradby (1990a, 1990b) analysed the concept of status passage in nursing and concluded that a range of different status passages was present. These included gaining information from professionals in the clinical area, independent working in clinical areas and losing self-identity by conforming to an organisational perspective. There was a collective status passage when groups of students entered and left important zones together (Bradby, 1990a). Bradby's (1990b) later paper involved a study of how first year student nurses made the transition from lay person to nurse. She used a mainly qualitative method of investigation employing a series of interviews. In this study students met a range of coping situations (from physical to psychological ill health) and had to "... chart their own status passage" (Bradby, 1990b: 1368). The theoretical elements of Van Gennep are not employed as analytical elements in this study. McNeese-Smith (2000) studied 412 registered nurses (RN's), a North American study in terms of their self-definitions of being at the entry or mastery stage of nursing. 24% of her subjects were in some form of disengagement from the work, a negative finding related to the length of time as a nurse, the greater the length of time the greater the likelihood of disengagement. 13% of her subjects were at the entry stage and the remainder were at the mastery stage. This study provides information about the concept of a serial progression from one work status to another. Like Bradby's (1990b) study, no real application to a rite of passage model is provided, although the idea of progression through the occupational course is made.

2.6 The Experience of Marginality

As I will show, one aspect of Van Gennep's rite of passage model is pertinent to student experience and comprises the issue of marginality. The issue of marginality arose in talks
with students for whom past merges with present to produce a new experience. Student
descriptions of marginality were understandable within the criteria of Plummer's (1983)
definition of a marginal person. The student's pre-nursing culture is put into question as the
student experiences the new culture of nursing, and the student belongs fully to neither
culture. Plummer (1983) writes:

Classically, the marginal person is one "who fate has condemned to live in two
societies, and in two, not merely different but antagonistic cultures" (Stonequist,
1961), while sociologically, it is Simmel and Schutz's "Strangers" and Garfinkel's
"Practical Methodologist". In each case the subject lives at a cultural crossroads.
Experiencing contrasting expectations as to how he or she should live, the subject
becomes aware of the essentially artificial and socially constructed nature of social
life - how potentially fragile are the realities that people make for themselves. In this
awareness the subject throws a much broader light on the cultural order, the "OK
world" that is routinely taken for granted by most (Plummer, 1983: 88).

As shown in chapter five, students who agreed to take part in the research explained how
they experienced the opposition of the two cultures, and how this same opposition meant that
they belonged to neither their pre-nursing world, nor to the world of professional nursing.

Beck (1993) and Jennette (1995) confirm the problems that learner nurses' experience in their
clinical placements, problems that may be defined within a marginality perspective. Beck
identified the initial clinical experience as the most anxiety provoking for students, a situation
when they are new to nursing. Feeling abandoned was a common theme of the 18 students
interviewed, with reality shock and doubt of career choice also prominent. The age range of
Beck's group ranged from 20 to 42 years but she does not mention any difference in
experience between the older and younger students. Jennette (1995) conducted a postal
survey of 160 first and second year student nurses. She found similar themes to those of
Beck, with descriptions of conflict over nursing decisions, stress experience and feelings of
guilt over nursing actions. Students in this study also reported some levels of personal
growth although this is difficult to assess as they were only interviewed in their second year,
perhaps indicating some greater level of personal adjustment out of any previous feelings of
marginality.

The rite of passage and marginality perspectives are key ideas for understanding the
students' experience, for students enter nursing with a personal stock of knowledge that is
often not adapted to the nursing situation. Neither can students use a nursing framework to
place structure on their experience if they are not versed in the model of how a nurse is expected to act in the nursing environment. Students are therefore neither a nurse nor settled in their personal world, because they are nurses only to the extent that they have access to the professional and restricted zone of nursing. Students are, in Van Gennep's terminology, in the process of laying down old identities and taking up new ones, but this process is incomplete.

2.7 The Stranger Role

An additional force producing feelings of marginality is the students' experience of pathology, their confrontation with human suffering and problems. Students' experience of suffering is proof of their entrance into the restricted zone of professional nursing, but the students' are not yet members of this profession. In Schutz's (1970) account they are in the stranger role that he defines as:

The stranger becomes essentially the man who has to place in question nearly everything that seems to be unquestionable to the members of the approached group ... To him the cultural pattern of the approached group does not have the authority of a tested system of recipes, and this, if for no other reason, because he does not partake in the vivid historical tradition by which it has been formed ... it has never become an integral part of his biography, as did the history of his home group (Schutz, 1970: 87).

Students are actively encouraged to ask questions by the School of Nursing, a situation that is necessary for them to learn their role, but also an indication that they are not members of their area of clinical practice. As seen in chapter five, issues of being a stranger were common themes throughout this research, especially when students were unable to carry out actions that clinical practitioners viewed as routine. This meant that they did not possess the needed recipes of technical nursing action such as the ability to carry out routine physical observations.

2.8 The Sociology of the Self

Burkitt (1991) confirms that a relationship exists between experience and interpretation of the world:

What, it is often asked, is the relationship between society and the individual? The question assumes from the very outset that these concepts represent two opposing entities which are fundamentally divided. The problem then becomes one of creating theories which can conceptualise the "links" between the social and
individual worlds, an enterprise doomed to failure because of the dichotomous way
that the problem is conceptualised in the first place (Burkitt, 1991: 1).

Burkitt's solution is to question the concept of the solitary individual who is self-contained with
partitions between the individual and the world. He argues that the disciplines of psychology
and sociology argue their positions in relation to these questions (Winch 1990[1958], Hollis
1980[1977]) and presuppose success in different ways. The argument of this thesis is that
the common spaces of clinical and educational experience in nursing occupied by students,
and the contents of their conversations represent the synchronic dimension in which the
biographical self is articulated. The research is therefore about understanding the self
sociologically. Habermas (1981) argues that the lifeworld is the sum of intersubjectively
shared beliefs in which communication is created; the students' accounts are therefore a
composite of what is shared and what is the result of their historical experiences (their
diachronic dimension).

The research is not about the private world of student experience; nor the common world of
publicly shared social experiences but the synthesis between the two. For example, the
students discussed in chapter six, who experience boundary events, share what is a common
situation, such as a patient dying, but their interpretations are different. The result is therefore
neither individual nor common but a composite of the two. The research therefore combines
the public experience of students who share the common spaces of nursing, and the
articulation of this experience in their account of what happens to them as individuals.

The students' articulation of their experience of the nursing course was related to their pre-
nursing biography and infers that they joined the nursing course because they believed that
this course of action was the correct response to make. This structure of the beliefs held by
students as to why they joined the nursing course forms the central theme of chapter four and
therefore warrants some further exploration in terms of its theoretical construction.
2.9 Belief as Action

De Certeau (1984) defines belief as:

...not ... the object of believing (a dogma, a program, etc.) but ... the subject's investment in a proposition, the act of saying it and considering it true - in other words, a 'modality' of the assertion and not its content (de Certeau 1984: 178).

According to this definition belief is an act, and the content or what is believed is irrelevant to the act of believing. Belief is therefore an action, and as I shall explore in chapter four, this action is reflected in the students' entry to the nursing course. However, de Certeau adds that the concept of belief is an energy that can be moved about and controlled, like a commodity. Students who express the vocational orientation to "be a nurse" become able to implement their beliefs in terms of carrying out the social action of being a student nurse, an action directed towards a career.

Geertz (1993[1973]) refers to religious belief as able to encompass the individual in totality, where belief is expressed in ritual, but notes that this same belief later becomes relegated to the background when the individual "returns" to their "natural world" (119-20). Beliefs therefore can be seen as possessing different levels of importance that vary according to the situation in which they are held. The more important the situation for the belief, the more globalising the effects of the belief upon the individual. Confirming de Certeau's account of belief can therefore be seen as a form of "social energy" that Rapport (1997) considers is essential to the social world:

It is the individual who draws up courses of action for himself by building models of information and hypothesising in terms of them. Thus individual behaviour is always mediated by perception, and it is to individual cognition that one must look for a definition of the classes and structures of events, and for their evaluative and affective mapping in a meaningful universe. It is the individuals' personal cognitive constructs which mould their worlds, and it is the individual who acts on intentions and takes initiatives for the gaining of value and significance inside them, and for the fulfilling of expectations of order and form, objects and people, old and new (Rapport, 1997: 142).

Beliefs therefore, form the foundation upon which individual worlds and actions are constructed. However, even this broad set of constructs belies the complexity of beliefs in action. Rapport (1997) argues that the expression of belief that takes place in conversations includes the context in which symbolic meaning is shared. If a "collective grammar" of shared meanings is not available then the hearer's meanings will not equal those of the speaker.
Students in the nursing context need therefore to be able to share the symbolic meanings of the professionals who talk to them. Much of the nursing course was about defining meaning and symbolic categories and transferring them to students in either the educational or clinical practice contexts. Rapport found the individual the centre of meaning creation, for not only do meanings vary, but they also change over time. Rapport explains:

...so contemporaneous usage may be characterised by idiosyncrasy: fluidity, spontaneity, pragmatism and improvisation (Rapport, 1997:151).

If therefore beliefs entail action, then the conversion of belief into action is not simply the output of a static inner mental state but is a dynamic, evolving and creative action.

Negotiation in the form of shared meanings occurs; but such negotiations always take place against the background of individual interpretation. A definition of what is meant by belief must therefore be understood to include not only content but also how individuals express this content. Belief is therefore a way of being-in-the-world that is articulated within the social space of the individual. Differential levels of individual involvement occur: from beliefs as background, to beliefs as all encompassing of individual experience. As demonstrated, for example in chapter seven, the tendency of pragmatic students to experience life-changing perspectives of the world may be seen as indicating their espousal of a different set of beliefs to those of vocational students.

2.10 The Sociology of Meaning

Beliefs as action are related to the concept of meaning and for Weber (1984[1947]) a sociology of "meaning" entails fixing the reasons for an actor's actions within their meaning framework. Meaning is a feature of nursing studies, such as Fagermoen's (1997) research that focused mainly on survey data and six in depth interviews. She found that, the meanings nurses attach to their work in terms of other-orientated and self-orientated values is an important feature of nursing experience. Meaning elucidation is a feature of nursing intervention according to Parse (1987) who writes:

Man-living-health is freely choosing personal meaning in situations in the intersubjective process of relating value priorities (Parse, (1987: 161).

In order for nurses to enable patients to attain personal meaning, they are presumed to be aware of their own meaning structures for, without knowing what meaning is, nurses cannot
facilitate the choice of meaning for patients. Meaning, in Weber (1984[1947]) and Schutz's sociology refers to the subjectively held values and beliefs about life and the world held by the individual and Schutz (1967) in discussing the Weberian concept of meaning says:

Meaning does not lie in the experience. Rather, those experiences are meaningful which are grasped reflectively. The meaning is the way in which the Ego regards its experience. The meaning lies in the attitude of the Ego toward that part of its stream of consciousness which has already flowed by, towards its "elapsed duration (Schutz, 1967: 69).

Meaning in this sense only occurs when an individual interprets what has happened, and applies some form of evaluation to it. The act of meaning bestowal is therefore historical in that it occurs after the event to which it pertains - for reflection can only occur with what is past. As this research will show, the interviews formed a domain in which students applied reflective processes to understand their experience. This same understanding applies when students predicted their future experience, for future prediction was also based upon the application of current meaning to the possible future. If human actors use meaning to deal with life then they are interpreting and acting in their life according to their meaning structures.

Giddens (1984) theory of structuration refers to human actors as creating their own lives by bringing about the social conditions in which they act:

Human social activities, like some self-reproducing items in nature, are recursive. That is to say, they are not brought into being by social actors but continually repeated by them via the very means whereby they express themselves as actors. In and through their activities agents reproduce the conditions that make these activities possible (Giddens, 1984: 2).

Human actors therefore take part in reproducing the social structures in which their own actions are possible. Schutz (1967) writes:

"...meaning is precisely that which the individuals involved attach to their own acts. The action of the individual and its intended meaning alone are subject to interpretive understanding." (Schutz, 1967: 6)

Therefore, for this study, meaning becomes what the students believe to be the case in terms of what they do, a view that finds similarity to the concept of beliefs as expressed in action discussed earlier. The situation in which nursing takes place therefore, is the centre of the intended meaningful action in which the boundaries of human living are encountered. This makes the decision to become a nurse rather different from occupations where such encounters do not occur.
2.11 Boundary Experiences

As I show in chapter six, a central issue for student nurses is that they encounter on a daily basis some of the boundary conditions of human living, such as death, dying and suffering. Jaspers (1986[1932]) explains boundary, or limit situations, as unavoidable structures of human experience:

... I am always in situations, that I cannot live either without struggle and without suffering, that I ineluctably take guilt upon my self, that I must die — these I call limit situations. They do not change except as their appearance; as applied to our existence they possess finality. We cannot gain an overview of them; confined within our existence we see nothing else behind them. They are like a wall against which we butt, against which we founder. They cannot be changed by us but merely clarified, yet they cannot be explained or derived from an Other. They go together with existence itself (1986[1932]: 96-97).

These situations are related in this extract by Jaspers to the self, they are the unavoidable conditions of human existence, but students had to confront others experiencing these events. Medicine and its allied institutional authorities are charged with intervening in the individuals' experience of boundary events. This is the world into which students are placed hence the importance of this concept. It is not that students need to face their own boundary experiences, but that they routinely confront others who do so. The nursing literature aptly demonstrates research into boundary experiences. For example, Hurtig and Stewin (1990) studied how 106 nursing students confronted death, finding that pre-preparation did not produce significant gains for how their subjects experienced death in patients. Students given pre-death education still wanted to avoid confrontation with the idea of dying. Kiger (1994) studied 24 student nurses, confirming Hurtig and Stewin's finding that death is a feared experience. Benner & Wrubel, (1989), from a nursing perspective write:

Death and dying are difficult to write about not only because we are a death-denying society but also because our meanings are predominantly associated with future goals, progress and becoming. Our language and means have less to say about being, arriving, and dying. Death has no technological fix; death is not a "problem" to be solved (Benner & Wrubel, 1989: 287).

Death therefore represents the end of nursing care, but is a part of what nurses experience. The issue for nurses is that when death occurs nothing else can be done. As I shall show in chapter six, vocational students dealt with death in terms of "everything was done" which differed to the pragmatic students' encounter that often took on more personal meaning. Other health carers also experience these issues, but not as often as student nurses who are in patient contact for long periods of time during in-patient care episodes.
Being in the environment of patient care means that nurses spend time with patients and this makes the issue of intersubjectivity an important phenomenon to consider. The students' encounter not only the patient or client, but also a range of others who are also in this same environment. Therefore, how the student meets this group of others, their experience of intersubjectivity, becomes an important feature of nursing experience. The intersubjective experience of patients' consciousness as they suffer pathological phenomena may place extra burdens of understanding and empathy upon student nurses, an understanding which would not be needed by people unrelated to health occupations.

Ontological questions may be likely to emerge if the student nurse's previous meaning structures are called into question through their experience of caring for patients who are undergoing pathological or extreme experiences. For example, it may be one thing to hold a religious conviction in an afterlife in the relative safety of a church, but quite another to hold that same conviction in the experience of another's act of dying. This observation of the intersubjective conditions of student experience leads back to the earlier comments on marginality and rites of passage. Students are seeking to attain a different identity, but their change of self is dependent on their meeting certain performance criteria—a judgement by others that they are able to meet the characteristics of a professional nurse. Additionally, attaining this new identity relates to the students' experience of marginality, in that the more marginal the student feels the less they may be able to meet the objective of attaining the professional identity of a nurse. Conversely, the more they fit into the intersubjective nature of the clinical nursing team so the less marginal they feel and more likely to attain a nurse identity.

Having made some initial observations of how student nurses may be conceptualised in the research situation a more in-depth consideration of what constitutes the self will now be made.
2.12 Summary: General Theoretical Considerations

Several issues pertinent to and identified in the research have been discussed and reference to the nursing literature has been made. Concepts arose from the research but are not yet located within an explanatory framework. Such concepts do nevertheless provide keys to understanding some of the elements that are present in the research and in the following theoretical models.

2.13 Theoretical Views of the Self

The word 'self' in this thesis refers to the individual as possessing and relating conscious awareness of the world. The accounts produced in this thesis arose from the set of 'selves' that were interviewed. However, as will be shown in the work of one author discussed, many complex issues are raised in any exploration of the idea of the self. The word 'self' is subject to multiple theoretical perspectives ranging from the psychoanalytic theories of Freud (Freud, 1984 [1923]) to social theories in which the self becomes defined more as a product of social mechanisms (Marx, 1844[1959]). A complicating feature in discussions of the self include the various words that are used to refer to the self. For example, person, individual and ego are all used to refer to either the self in its totality or to major aspects of the person. To maintain continuity the words person, self, and individual will be used as synonyms to refer to the self as defined above – that is a consciously relating individual. The term 'ego' presents greater difficulty. This term was used by Freud (1984[1923]) to refer to the self as a global entity or to a particular part of the mind within his theory of psychical structure. However, Husserl used the term 'ego' as equivalent to the 'I', the centre of "... intentional relationships involved in a given stream of consciousness ..." (Smith, 1995: 342). The word 'I' can therefore also be used to refer to the self although Mead differentiated between an 'I' and a 'Me'.

Mead developed his theories of the self from Cooley (1964[1902]) who notes the equivalence between the individual and society in his perspective of the self. Stryker (1990)
summarizes Cooley's (1964[1902]) ideas:

Cooley insisted upon the importance of the mental and the subjective in social life, going so far as to define society as a "relation among personal ideas," and "the imaginations which people have of one another (as) the solid facts of society" ... for Cooley, the individual and society are simply two sides of the same coin: no individual exists apart from society, and there can be no "self" apart from "others" (Stryker, 1990: 6).

This statement clarifies the arguments in which self precedes or is produced by society. In Cooley's perspective, self is both individual and social at the same time. Mead (1934), building on Cooley's ideas, saw the 'Me' as the past self of the individual, whilst the 'I' is the part of the individual that reflects upon what is happening and so makes future plans. It is the 'I' that takes action and decisions according to the social situation. The 'I' is the reflective part of the person that can stand back and think what to do in the situation and is according to Cohen (1992) the analytical part of the self. The differentiation of these aspects of experience was often seen in student accounts. Glenda, provides an example of this in chapter six when she describes her first experiences on a ward as she reflected upon her self as an experiencing subject, yet was at the same time tied to her own history, her 'Me'. Therefore, the 'I' and 'Me' are different aspects or orientations to the self. One refers more to the past of the individual, the other to individual's response to their present. This is a binary view of the self, which is reflected in the work of the authors below, but not in terms of an 'I' and a 'Me' but in terms of an inner and outer core to the self.

According to Fernandez (1995) there is an inner core to the individual, an "intimate interiority of self-consciousness" (Fernandez, 1995: 25). Plummer (1983) quotes Borenstein (1978) who defines this interiority as a solitary experiencing self:

In inner life, each of us is solitary ... Wherever one begins, the task is always the same: to follow the labyrinthine corridors between inner and outer reality, without losing one's integrity, one's selfhood, in either (Borenstein, 1978: 7).

Independently of the origin of consciousness, the experience of thoughts takes place for each individual in a way that is personal and discrete from others. The self appears in Borenstein's perspective as a mediator between external and internal experience, as a phenomenon that is personal and to some extent incommunicable. Students demonstrated in chapter six this mediation between their inner worlds of interiority and the external world of nursing.
experience. Plummer (1983) supports Borenstein’s perspective in focusing on the experiencing self of modern life:

It is probably at this moment [with the advent of industrialisation] that people start to develop fully a sense of themselves as objects of introspection, of interest, of value; when the individual begins to brood and reflect over his or her inner nature; a time when the individual starts to retreat from the public life into the realms of privacy — the inner thought, the private home, the real self (Plummer, 1983: 8).

Plummer therefore defines this inner thought as part of the subject that reflects on experience and establishes a sense of self that is owned as being the reflecting subject. Denzin (1989a) confirms the individual’s ownership of their own consciousness, which is differentiated from their public or social self:

A person has a life or a set of life-experiences which are his or hers and no one else’s. A life is lived on two levels, which this author has elsewhere termed the surface and the deep. At the surface level, the person is what he or she does in everyday doings, routines, and daily tasks. At the deep level, the person is a feeling, moral, sacred, inner self. This deep, inner self may only infrequently be shown to others (Denzin, 1989a: 28-29).

The research aims to identify both levels of the person, the level at which the surface is lived, in which the students operate as nurses in their clinical environment, but also where students express their deeper levels of experience — their ‘real’ self in Plummer’s (1983) terms. The studies by Melia, Mackay, and Jowett et al, appear to focus more on the surface phenomena of student experience. In this thesis, some students allowed what may be defined in Denzin (1989a) and Plummer’s (1983) terms as a ‘real’ self to break through the outer core to the surface. Students often said, “This is how I really feel” in relation to their account, a movement from what is being said to another depth of experience. Cohen (1994) describes a process whereby the self breaks through into expression, and if this process does not occur then a condition of insanity results:

... the self breaks through, not because of its mystical resilience but because the self can be suppressed only in a loss of identity tantamount to the unconsciousness of self which we usually regard as a condition of insanity (Cohen, 1994: 146).

The self therefore cannot be suppressed and will find expression or pay a considerable cost. Cohen continues to explain how the self cannot be submerged into an organisational matrix but will find the means of ‘self-expression’:

My self-consciousness may change with the accumulation of these new experiences, but it is not discarded to be replaced with a selfless consciousness of ‘I’ as an organisational member. However compelling its structural and theoretical logic may be, the organisation does not produce me: “it” is I reproduced through me (Cohen, 1994: 146).
Part of the intention of any training programme is the conversion of the recruit into a professional that entails the individual's adoption of the professional identity. However, this cannot, according to Cohen, mean a loss of self into the anonymity of organisational membership, rather, the self is a part and therefore a constructing member of the organisation. In the current research context this means that the act of being a student nurse constitutes in some measure the organisation's definition of what being a student nurse is about. This is a return to Cooley's earlier assertion in which society and self are two sides of the same coin, a coin that is not in reality divisible.

Fernandez (1995) explicates this situation such that, from the individual's perspective, the influence of culture and social assignment is experienced as a structure of difference:

For the consciousness of the self in important part arises, as we have argued, from a comfortable or uncomfortable awareness of the difference between the category or categories to which one has been socially assigned and one's own individual and often lonely sense of self (Fernandez, 1995: 37).

It is the individual's recognition of difference that gives rise to a sense of self in which the individual identifies themselves as different because they can say, "This is not me." Students in chapter five were constantly describing this process when they asserted that clinical or other experiences were at odds or different to their own. James (1995) discusses:

Consciousness therefore, is not simply the process of representing external reality to the self; rather it is an evaluative process through which 'our understandings reflect what seem to us to be the truth about what we feel' (1995: 262). In brief, becoming conscious and/or aware is the process of engaging privately and reflexively with a publicly constituted discourse (James (1995: 62)).

The self therefore arises through the process in which what is public is reflexively worked upon in the private sphere of consciousness. Importantly, James linked consciousness about understanding to "what we feel" as earlier noted, a common statement of student experience.

These authors confirm therefore, that consciousness is the act of mediation between inner and outer reality, and this mediating process is the self. Yet this mediating process takes place in time, it is embodied and held in a human body. Kapferer (1995) links the embodiment of consciousness to a lifeworld reference:

Consciousness takes form in an intentional body, a body directed and oriented towards the horizons of its life-world. Furthermore, the dimensionality of this life-
world and its horizon continually shift in the movement of the body towards its world (Kapferer, 1995: 135).

For Kapferer consciousness is embodied, meaning that it takes form only in an animate being. Furthermore, consciousness is orientated towards outer reality or to an object and is in this sense intentional. Consciousness has, in this account, no option but to relate to the world in some way; it cannot stay in a human body without an orientation outward to an object. Kapferer continues:

The intentionality of consciousness, its leap towards the world and its further development within a field of consciousness, the space of intersection of the intentionalities of other human beings, can create the suggestion within embodied experience that consciousness is something separate from the body (Kapferer, 1995: 149).

Kapferer's use of the word "leap" to describe consciousness is reminiscent of Heidegger's (1988[1962]) concept of thrownness. In Heidegger's understanding human beings are thrust into the world and as a result are then forced into establishing a relation to the world that both creates and is created by them. Human life for Heidegger is defined as being-in-the-world, the connecting hyphens in his phrase indicating that the human being cannot be disconnected from their relationship to the world. This account of Heidegger's marks a return to the position mentioned earlier that the self couldn't be seen apart from the world in which this same self exists.

Embodiment means that the self exists only in the context of the world of which it is a part and this location in the world is demonstrated in the concept of intentionality, or the movement of the self towards an object. Due to the physical location of the body, horizons are present that define the lifeworld of the individual. The next section will develop these themes in relation to a phenomenological account of the self.

2.14 The Phenomenological Account of the Self

The previous section has provided an account of the self that identifies a range of perspectives. The self can be identified as possessing an 'I' and a 'Me' or as possessing an inner and outer core. Also, the self is embodied which means that consciousness is intentional in that it goes outwards from itself towards the world.
Intentionality is the starting point for the phenomenological account of the self. This section considers a phenomenological account of the self that builds on the concepts so far discussed. The point of departure will be Hegel who provided the initial statement of phenomenology in his treatise, on the Phenomenology of Spirit. Hegel (1977[1952]) defined the self as a dialectical movement in which consciousness posits an object and then becomes aware of this object as a part of its consciousness:

Consciousness knows something; this object is the essence, or the in-itself; but it is also for-consciousness the in-itself; and it is here that the ambiguity of this [objective] “truth” comes to the fore. We see that consciousness now has two objects – the first being the initial in-itself, the second being the existence-for-consciousness of this in-itself. This second object seems off hand to be merely the reflection of consciousness on itself – that is, a representation not of an object but merely of its knowledge of that initial object (Hegel, 1977[1952]: 19-20).

Hegel is here discussing a defining characteristic of self that he terms consciousness that has similar features to the ‘I’ and ‘Me’ of Mead. Consciousness (the in-itself) for Hegel becomes aware of it’s own consciousness, like the ‘I’ reflecting on the ‘Me’. As stated earlier by Kapferer, human consciousness is defined by its intentionality – it goes towards an object and in this process becomes aware of both the object and itself as aware of the object.

Kierkegaard (1989 [1849]) objected to Hegel’s system of philosophy providing his own account in which he use the metaphor ‘spirit’ to describe the self:

The human being is spirit. But what is spirit? Spirit is the self. But what is the self? The self is a relation which relates to itself, or that in the relation which is its relating to itself. The self is not the relation but the relation’s relating to itself. A human being is a synthesis of the infinite and the finite, of the temporal and the eternal, of freedom and necessity. In short a synthesis. A synthesis is a relation between two terms. Looked at in this way a human being is not yet a self ... In a relation between two things the relation is the third term in the form of a negative unity and the two relate to the relation (Kierkegaard, 1989 [1849]: 43).

This definition takes Hegel’s account further in that Kierkegaard identifies the third term of the relation, the synthesis, as the self, a self that is located in time, that is free, and that is subject to the necessity of existence. It is this third term, the synthesis in which the self is defined, not located at a specific point or position but as the act of relating, itself. This self is similar to the conjunction of the ‘I’ and ‘Me’ of Mead, in which it is the act by which they relate. This is the point made by Jenkins (1996) in relation to Mead’s description of the ‘I’ and the ‘Me’:

Mead’s ‘I’ cannot be apprehended in the here and now, either; ‘I cannot turn around quick enough to catch myself’ (Mead, 1934: 174). As soon as someone remembers her ‘I’ of a minute ago, it has become a “Me,” something with which ‘I’ can only enter into dialogue. The ‘I’ is not directly available in experience ... the ‘Me’ is the
individual as an object of consciousness, while the 'I' is the individual as having consciousness (Jenkins, 1996: 42).

This extract indicates, not a disembodied 'I', existing within a body separated from the world, but a self that relates to itself, a dynamic process. This third term, or the conscious self, is explored in detail by Husserl who understood the self to be:

The bare identity of the "I am" ... a concrete Ego existing with an individual content made up of subjective processes, abilities, and dispositions — horizontally predelineated as an experienceable object, accessible to a possible self-experience that can be perfected, and perhaps enriched, without limit (Husserl, 1997 [1950]: 28-29).

The word Ego in Husserl's phenomenology represents the self, the 'I am'. There is therefore a self, a structure upon which consciousness rests that can become aware of itself, as a 'Me' having the experience, that is also the 'I', the self in which the continuous stream of consciousness is located. This self, in Husserl's terminology, establishes the temporal form of the stream of consciousness and also constitutes the substrate upon which subjective processes and other psychological states are established. Consciousness does not however remain static in relation to the world, like a Cartesian subject separated from the world, but is directed towards the world. Consciousness for Sartre "bursts outwards" in an intentional drive and in this way is interwoven with the world (Lyotard, 1991[1986]: 34), akin to the comments of Kapferer about a leaping towards the world of consciousness.

In this thesis, these theoretical concerns can be related to the research in this quotation from Merleau-Ponty, (1986 [1962]):

The phenomenological world is not pure being, but the sense which is revealed where the pathos of my various experiences intersect, and also where my own and other people's intersect and engage each other like gears. It is thus inseparable from subjectivity and intersubjectivity, which find their unity when I either take up my past experiences in those of the present, or other people's in my own (Merleau-Ponty (1986 [1962]: xx).

Students enter, not a rarefied realm of pure experience, but a domain of pathos — of emotional experience, a zone shared with others and in which experiences are merged in intersubjective sharing that constitutes its own realm of experience. Student experience is also a realm in which the past of the student is brought into the present and represents a continuation of the student's narrative, of their life account. Individual accounts merge in
interactions with others that bring to bear their own histories and self-narratives. The presence of the other is important, in that according to Lyotard (1991[1986]):

The other exists not only for me but through me ... others are a synthesis of egological experiences (Lyotard (1991[1986]: 58-59).

Students do not therefore experience the nursing course as isolated individuals but as members of social groups, in either the clinical or educational areas. Experiences between students are shared, and bring about orientations towards the nursing course culture.

These authors have allowed a broad phenomenological perspective to be sketched in which both intersubjectivity and subjectivity are seen as constituting aspects of the individual. Time is also an issue in that individual history intersects current life experience for both the individual and for those with whom contact occurs. Individuals are seen as a synthesis that relates the inner world to the outer world, this outer world being identified by Lyotard (1991[1986]) as not exterior but surrounding. The designations, person, individual, and self refer to the act of individual human experience. The words 'I', and 'Me' refer to different perspectives taken by the individual towards their relationship to themselves. The phenomenological movement, as in Husserl, uses the word 'Ego' to refer to a perspective of the self as a form of experience. Kierkegaard's identification of the self as a relation between two aspects of the self, as the act of relating, encompasses the different perspectives of the self. So the self is not an 'I' or 'Me' but the act of relating these elements together.

2.15 The Lifeworld

Schutz (1974) defined the lifeworld as the zone of reality that is experienced by the individual and is taken-for-granted as simply being the case:

... that province of reality which the wide-awake and normal adult simply takes for granted in the attitude of common-sense. By this taken-for-grantedness, we designate everything which we experience as unquestionable, every state of affairs is for us unproblematic until further notice (Schutz and Luckmann, 1974: 3).

The lifeworld therefore comprises the world as seen by the individual as unproblematic. It is unquestioned reality, simply being what it is. The lifeworld contains what is taken-for-granted according to the common sense notions of the individual and identified as unproblematic. For the lifeworld to be taken-for-granted, it has to be intersubjective, or shared by others who also
hold the same beliefs about the world. Schutz provides a list of taken-for-granted assumptions that includes the sharing of objective reality, and that other people are essentially similar to the self. Schutz continues the description of the individual's experience of the lifeworld:

My experience of the lifeworld is also temporally arranged: inner duration is a flow of lived experience arising from present, retentive, and protentive phases, as also, from memories and expectations. It is intersected by world time, biological time, and social time, and is sedimented in the unique sequence of an articulated biography. And finally, my experience is socially arranged (Schutz and Luckmann, 1974:103).

The lifeworld possesses present, past and future elements that are combined with both memory and expectations. All lifeworld elements are related to different time systems in that ageing occurs in the body and social time exerts a structuring effect on experience. For example, an appointment to meet someone cannot be carried out unless all participants are in agreement as to all this appointment involves including commonly shared understandings of time measurement. World time is situated with the overall chronological time in which social and biological time exist. Temporal elements of the lifeworld are thus all integral elements of the individual's experience. Time pressure was a common feature of clinical and educational experience (see chapter five). Central to the concept of the lifeworld is the natural attitude, which Schutz (1974) defines as:

... the unexamined ground of everything given in my experience, as it were, the taken-for-granted frame in which all the problems which I must overcome are placed ... in the natural attitude I assume that the objects of the outer world are in the main the same for my fellow-men as they are for me ... I take taken-for-granted that the significance of this "natural world" (which was already experienced, mastered, and named by our predecessors) is fundamentally the same for my fellow-men as for me, since it is brought into a common frame of interpretation (Schutz and Luckmann, 1974: 4).

This is the assumptive framework of the lifeworld, how it is understood to be what it is, a system of commonly shared but individually experienced expectations. The natural attitude is not questioned, in part, because others do not question it. The relation of the natural attitude to the lifeworld is that the natural attitude is the working orientation of the individual to the lifeworld structure (1970):

Having defined the lifeworld, nursing references that approach this concept are explored then will follow an explication of different lifeworld structures.

The lifeworld is experienced as reality as seen by the individual, and this concept is common to many studies in nursing that seek to define the reality of nursing experience, but do not make
explicit reference to lifeworld sociology. Burnard (1992) provides one such example, and inspection of his work indicates the option of a lifeworld interpretation.

In dealing with issues bearing on the training of mental nurses, Burnard (1992) explored how twelve student mental nurses responded to experiential learning in their clinical experience in comparison with the educational setting. He concludes that his group of student mental nurses identified experiential learning as taking place mainly in their clinical, rather than their educational environment. In Burnard's terms the research group believed that they learned most from "going through the situation" (Burnard 1992:171). One student reported:

"You'd be involved more as an individual person. Nobody else would have your knowledge, your skills, because it's your view on a particular subject: it's your idea on say, psychology. If you are looking at a particular subject and you read that, then you develop your own views and your own particular perspective (Burnard, 1992:172)."

This statement may be understood from a lifeworld perspective. It is an account of individual experience in which the self is identified as different to others, as a unique centre of experience. The statement also makes a reference to the individual's lifeworld perspective in terms of asserting a 'view,' a way of seeing the world. An element of emancipatory (see section below in reference to 'developments of the lifeworld perspective') interest is also present as the student makes the assertion that his or her "own" views are being developed. However, Burnard's purposes were educationally orientated and so he did not pursue the sociological elements of this study. Nevertheless, the concept of "going through" the nursing experience is a theme seen in the present research in chapter seven, where students enter nursing situations and then emerge with changed lifeworld perspectives as a result of their experiences.

Burnard's work possesses similarities to an ethnographic study carried out by Mackenzie on the perspective of students who were studying district nursing and were interviewed about their clinical placements. Mackenzie wanted to:

"...gain an understanding of the learning experiences of district nursing from the perspective of the students (Mackenzie 1992:683)."

In the interviews Mackenzie finds "from the perspective of the students" that they experienced a lack of power and felt, "on the margins" (1992:686). Some of these terms are similar to my
own findings (see Chapter five) in which students described feelings of marginality. Also, Mackenzie sought to gain a view of the students' perspective, a major element of this thesis. In order to ameliorate their feelings Mackenzie's students adopted strategies to enable them to fit in with both colleagues' and patients' expectations. Again this educational research, which, although it did not explore the sociological nature of the students accounts has affinity with aspects of the current research in which, as I shall show, marginality is a common (and has been an ongoing) experience of students.

Examples of phenomenological approaches in nursing are common. The following accounts provide typical examples, confirming the use of phenomenological approaches to understanding the provision of nursing care.

Benner and Wrubel (1989) adopt a phenomenological approach to their work explaining nursing care from the perspective of those carrying out the nursing act. Patterson and Zderad (1988) suggest a humanistic model of nursing based on a phenomenological approach. Benner (1994) provides an edited series of papers on "Interpretive Phenomenology" applied to nursing care. Field (1981) considered the giving of injections by nurses from a phenomenological perspective, identifying what it is like to give an injection. Taylor (1993b) argues that phenomenology is a method by which to understand nursing practice. Gunby (1996) carried out a phenomenological study into the lived experience of nursing students caring for suffering individuals. Bertero (1999) used a phenomenological approach to research the experience of registered nurses working with patients who have cancer. Sorrell and Redmond (1997) investigated, from a phenomenological perspective themes related to offering caring responses.

None of these approaches cite the lifeworld as a research model, but all use a phenomenological orientation. This finding is of importance in that this research seeks to offer a unique perspective in utilising a lifeworld approach. The account of the lifeworld outlined above suggests a perspective in which to locate sociological phenomena.
The following lifeworld structures are taken from Schutz’s (1974) final account of his work. This was incomplete and finished by Luckmann (1974) but is referred to as Schutz (1974)\(^3\). It does, offer a working model in terms of providing a theoretical framework for the research. Following the account of Schutz’s work, some later developments of the lifeworld concept will be explored.

### 2.16 Structures of the Lifeworld

The following lifeworld structures are described that are seen as having application to the thesis: the stock of knowledge, the and-so-forth, as-it-was-before, and taken-for-granted assumption, finite provinces of meaning, the spatial and temporal structures of the lifeworld, the world-within-future-reach (this is a modification for this thesis), zones of relevance, lifeworld horizons and interpersonal relationships.

#### 2.17 The Stock of Knowledge

The individual produces, as a result of their biographical experience and interactions with others, a stock of knowledge, which is composed of:

\[... \text{my own immediate experiences as well as such experiences as are transmitted to me from my fellow-men and above all from my parents, teachers, and so on. All of these communicated and immediate experiences are included in a certain unity having the form of my stock of knowledge, which serves me as the reference schema from the actual step of my explication of the world. All of my experiences in the lifeworld are brought into relation to this schema, so that the objects and events in the lifeworld confront me from the outset in their typical character (Schutz and Luckmann, 1974: 7)}\]

The stock of knowledge therefore contains the sum total of experiences that are formed into a reference system that can be used to deal with the world and experiences that occur. Schutz explains that the stock of knowledge is however related to the situation of the subject:

The lifeworld stock of knowledge is related in many ways to the situation of the experiencing subject. It is built on sedimentations of formerly actually present experiences that were bound to situations. Inversely, every actually present experience is inserted into the flow of lived experience and into a biography, according to the set of types and relevance found in the stock of knowledge. And finally, each situation is defined and mastered with the help of the stock of knowledge. The stock of knowledge is thus related to the situation (viz.; experience as bound to the situation) as much genetically as it is structurally and functionally (Schutz and Luckmann, 1974: 100).

The stock of knowledge is not just this sedimented experience, but is actively modified and adjusted to the biographical situation of the subject. The stock of knowledge is therefore a

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\(^3\) Schutz (1974) is used except at the end of quotations when Luckmann’s name is provided
dynamic concept in that it is adjusted in line with what is relevant for the individual within their life situation.

2.18 The "And so forth" idealisation, the "as it was before assumption" and the taken-for-granted world

If no problems, or questions arise, individuals make the assumption that life will carry on much as before. This is what provides the possibility to act, according to what Schutz calls the, "and so forth" idealisation:

Every explication within the lifeworld goes on within the milieu of affairs which have already been explicated, within a reality that is fundamentally and typically familiar. I trust that the world as it has been known by me up until now will continue further and that consequently the stock of knowledge obtained from my fellow-men and formed from my own experiences will continue to preserve its fundamental validity. We would like to designate this (in accord with Husserl) the "and so forth" idealisation ... the "I can always do it again" is developed correlative to the ideality of the "and so forth." (Schutz and Luckmann, 1974: 5).

In terms of the present research, nursing students entered the course with the "and so forth" idealisation, that life would possess characteristics of their previous experience. They assumed that they would be able to use their past experiences to deal with the nursing course. The nursing course was placed by students within their natural attitude as part of their lifeworld in that others, parents, partners, educational advisors etc., viewed the student’s decision to become a nurse as a continuation of the "and so forth" idealisation. The student and their significant others considered that basically, life for the student, apart from the rigors of the nursing course would carry on as-it-was-before. However, as Schutz suggests, when problems occur, the as-it-was-before assumption fails, as the student’s stock of knowledge does not provide solutions:

In the natural attitude, I only become aware of the deficient tone of my stock of knowledge if a novel experience does not fit into what has up until now been taken as the taken-for-granted valid reference schema (Schutz and Luckmann, 1974: 8).

As this thesis explores, the nursing course did bring to light deficiencies in the student’s stock of knowledge by introducing them to novel experiences. The experience of novelty was frequent and Schutz (1970, 1974) provides an explanation of how previous experiences may influence the origin of problem formation:

If the appresented aspects of an object (that is, anticipated phases of my consciousness), when they come to self-presentedness, are incongruent with the previous experience, we can say that the taken-for-granted nature of my experience "explodes." What has until then been taken-for-granted is in consequence brought into question (Schutz and Luckmann, 1974: 11).
Students throughout this thesis (for example, in chapters five and six when students first enter the nursing course and when they encounter problematic experiences) often described the explosion of the taken-for-granted world. What is expected is experienced and a gap is apparent between what was expected, and what actually happens. Students entered the nursing course with the assumption that life would carry on the same, "until further notice" but certain problematic encounters brought about the experience of indeterminacy in that life was not predicted.

2.19 Finite Provinces of Meaning

Schutz identifies issues of indeterminacy within his concept of lifeworld horizons:

What is taken-for-granted does not form a closed, unequivocally articulated, and clearly arranged province. What is taken-for-granted within the prevailing lifeworldly situation is surrounded by uncertainty. One experiences that which is taken-for-granted as a kernel of determinate and straightforward content to which is cogiven a horizon which is indeterminate and consequently not given with the same straightforwardness. This horizon, however, is experienced at the same time as determinable, as capable of explication. ... what is taken-for-granted has its explicatory horizons – horizons therefore of indeterminable indeterminacy (Schutz and Luckmann, 1974: 9).

The lifeworld contains for each individual, horizons, stocks of knowledge, and problems according to the individual’s biographical experience, their life-plans and projects. However, in relation to this thesis, these elements need to be seen within the fact that nursing is not a specific feature of everyday experience (excluding non-professional nursing experiences, such as caring for an ill relative). In the research context, nursing is a circumscribed zone of experience; referred to by Schutz as a “finite province of meaning” that he defines as:

... a province of meaning (of the everyday lifeworld, of the world of dreams, of the world of science, of the world of religious experience) rests upon the character of the unity of its own peculiar lived experience — viz its cognitive style. Harmony and compatibility, with regard to this style, are consequently restricted to a given province of meaning ... The transition from one province of meaning to another can only be accomplished by means of a “leap” (in Kierkegaard’s sense). This “leap” is nothing other than the exchange of one style of lived experience for another (Schutz and Luckmann, 1974: 24).

Students, new to the concept of nursing, as I shall show (chapter five) often experienced what can be described as a leap, or transition experience as they entered the nursing course. The cognitive style, the form and type of words, the assumptive world of nursing were all different compared to the non-nursing world, and the nursing world approximates most closely to Schutz’s finite province of meaning as in the scientific attitude:
In the scientific attitude one subjectively experiences oneself as a scientist; one thinks within a problem situation predetermined by the scientific viewpoint, thus, so to speak, anonymously (Schutz and Luckmann, 1974: 27).

Therefore, in the natural attitude students subjectively experience themselves as a nurse, thinking about problems according to a nursing viewpoint.

The purpose of the nursing course is to produce professional nurses who think in a particular way about life, nurses who take a particular attitude to the world. As nursing situations involve at one level, the common experiences of human living, death, illness, and so forth, nursing experiences are common to all; but at another level nurses operate upon these experiences within the professional role of being a nurse. In this attitude they are given the skills and knowledge to approach these experiences in a different way to the non-professional. Schutz (1974) makes use of Scheler's notion of the relatively natural conception of the world of the 'in-group.' This is the socially approved and unquestioned way of life of a particular group that is formed by the hierarchy of domains of relevance. Therefore nursing experiences are both common but are not, in professional nursing, dealt with and thought about in the same way as non-professionals would do. In this respect nursing can be seen as a science of caring in which to be accepted as one of the group, a particular way of thinking is required.

2.20 The Spatial and Temporal Structure of the Lifeworld

Schutz provides a spatial description of the lifeworld, which is divided into three zones, the world-within-actual-reach, and the world-within-potential-reach that has two different zones. The world-within-potential-reach has a world-within-restorable reach, and a world-within-attainable reach.

Schutz describes the world-within-actual-reach:

The world-within-actual-reach - the zero-point of the system of coordinates within which the dimensions of orientation, the distances and perspectives of objects, become determined in the field that surrounds me (Schutz and Luckmann, 1974: 37).

This zone has the temporal characteristic of the present. Students entered the nursing course and operated within it as a world-within-actual-reach, a world that is in the present. This zone was once only within future reach, but has been actualised by the students. This is the lived reality in which students' biographical experience is articulated in the here-and-now of current life.
on the nursing course. Yet each student also possesses a past that can be revisited, and this past becomes the world within restorable reach:

... near strata (of the world-within-actual-reach) sink away into the distance, while distant strata come closer ... in order to bring this sector into my actual reach again. I can carry out such movements, such steps, (are) taken for granted by me on the basis of the ... lifewordly idealization: "I can always do it again" (Schutz and Luckmann, 1974: 38 – 38).

The world within restorable reach can be entered again and so has the temporal character of the past. The structure of student placements in which clinical placements are re-visited after different time periods represented for students a world-within-restorable-reach. Students possessed in their repeatable clinical experiences the idealisation "I can always do it again." However, the longer the gap that is left in re-entering this zone increases the likelihood of it becoming inaccessible in terms of a physical re-entrance. Students often remarked, as in chapter five, that by the time they re-entered a clinical placement it was different. The patients and staff had often changed, so in effect the temporal gap meant that the clinical placement appeared, apart from the physical layout of the department, like a new placement. When the possibility of re-visiting a zone of restorable reach exceeds a certain time then it may slip into memory and become stored in the stock of knowledge, out of range of their world-within-restorable-reach.

Future projects and plans imply the existence of a world that has not been experienced, but is potentially present. Schutz (1974) calls this the world-within-attainable-reach:

The world-within-attainable reach – (has the) Temporal character of the future. A world which was never in my reach, but which can be brought within it (Schutz and Luckmann, 1974: 39).

This zone is in the future and for students was often typified as the time when they would qualify as nurses. Or their more immediate concerns could be represented by their attainment of certain milestones, such as success in an examination, or to be selected for a particular placement. Attaining the characteristics and professional attributes of a nurse was for many students a world-within-potential-reach. The following quotation from Schutz describes how the attainability of all these worlds changes in relation to the spatial, temporal, and social distances that apply:
As students progress on the nursing course their previous world of work, of leisure, of family decreased, and their aspirations to the world-within-actual-reach, the world of nursing increased. Also, as I shall show, the world-within-potential-reach, the world of qualifying as a registered nurse became an important aspect of reality throughout the interviews.

2.21 The World-Within-Future Reach

In this thesis the topic of the world-within-attainable reach was a constantly recurrent theme of student accounts. Schutz (1974) does not explain how far into the future his concept of attainable reach was meant to indicate, therefore as students joined the nursing course to attain a world defined as their future, the term, world-within-future-reach was used to define this category. The world-within-future-reach is therefore used to refer to the attainable world of becoming a qualified nurse. As the research demonstrates, the strength of attraction towards this future world varied greatly. For some students it had been present (as shown in chapter four) ever since the student could remember, for other students it was a new addition to their aspirations. The students’ attachment to the world-within-future-reach was sometimes not strong enough to enable them to withstand setbacks and they left the course (or changed branches).

2.22 Zones of Relevance

Heeren (1974) adapts Schutz’s concept of worlds within reach, in his account of ‘zones of relevance’ identifying primary, secondary and tertiary zones. His work is built on Schutz’s concepts described as a zone of ‘primary relevance,’ a zone that is ‘relatively relevant,’ and a zone that is ‘absolutely irrelevant.’ The zone of primary relevance is the zone within actual reach, and in which present topics of interest and projects are being pursued. In the zone of relative relevance, issues are not important for present projects but could become so in the future. The zone of absolute irrelevance has no discernible importance for the individual but at a later date could become of relevance. I will use both naming systems in this thesis. Students changed the arrangement of their zones of relevance. For example, to a new student, the final qualifying examination possessed little relevance, being held at a tertiary level. With time however, this
examination moved towards the zone of primary relevance. Likewise, before qualification the world-within-potential-reach following qualification was held to be of only secondary relevance, but with increasing nearness of qualification it moved to occupy the zone of primary relevance. The world of being at home also decreased in importance for many students who left old relationships and past zones to take on new relationships and interests, these zones then slipped into their stock of knowledge becoming memorable but not restorable.

Schutz also distinguished between imposed and voluntary relevances. For example, it is a voluntary relevance to become a student nurse, but imposed relevances, such as the requirement to visit specific clinical areas, was resented by some students. Students in these circumstances often questioned the rationale of the nursing course, having unhappy experiences. It was at these times that the world-within-future-reach of becoming a nurse needed to be of sufficient strength to counteract their unhappiness and possible desire to leave the nursing course (to escape the imposed relevance).

2.23 Lifeworld Horizons

The structure of the lifeworld implies the ability of students to locate items in their world. This means that elements of the lifeworld have to come into view. This appearance of the lifeworld takes place within what Schutz (1974) describes as a lifeworld horizon:

Every object of experience necessarily has a horizon of experience. It contains imposed, determined elements to which I can unhesitatingly turn in the next phase of the flow of experience. The horizon is open; it contains elements which are still undetermined ... Every object of experience has an inner horizon; its details are either not at all, imprecisely, or precisely determined ... The object of experience also has an outer horizon which contains already determined and undetermined, but determinable, elements. The possibilities for determination are related on the one hand to things essentially connected with the theme of experience, on the other hand to "accidental" situational features of the experienced object (Schutz and Luckmann, 1974: 148).

The students' experience of their lifeworld horizons was an element of their changes throughout the nursing course. Decisions made, changes and transformations in lifeworld perspective were often related to changing horizons mediated by students viewing the world in different ways. What was seen, was seen no longer, and new areas were explored.
2.24 Interpersonal Relationships

Schutz's account of interpersonal relationships also has direct relevance to this thesis. This is because, as students joined the nursing course their relationships dramatically changed.

According to Schutz (1970, 1974), interpersonal relationships start with a 'Thou' orientation in which there is a turning by the individual to another person or persons. This orientation may develop into a We-relation when the other is experienced as a unique individual in the context of a face-to-face encounter. This does not presuppose that a reciprocal relationship occurs but is the foundation for this development. This comment has importance in terms of the philosophy of the nursing course, which is to treat patients/clients as individuals who are unique, or in Schutz's terminology in the We-relation. This means that students are expected to develop relationships characterised by certain levels of knowledge of the patient or client. However, even the act of talking to patients was often a concern of students when they perceived clinical staff as being critical of this activity (as in chapter five).

Schutz (1970, 1974) refers to the set of people who share the same community of time as their contemporaries, and for students this realm of contemporaries changed dramatically in that occupational worlds were left and the world of nursing joined. Schutz (1970, 1974) defines people who share the same space as consociates that may or may not be experienced in the We-relation; they are people with whom a social relationship of some sort occurs. Some students typified groups of patients, clients, nurse-teachers or medical staff with common characteristics, as being like a particular type of person (as in chapter five). Schutz (1970, 1974) explains this orientation to people as possessing typical characteristics as constituting the 'They' orientation in which the functions of people are seen over their individuality. For example, a clinical placement nurse could refer to, "Those Project 2000 students, they are hopeless" and in this interpretation ignore the skills and attributes of the actual students.

Schutz (1970, 1974) also, defined predecessors, who are those who lived in the past, and successors, which are those who will live following the death of the subject. An important change is made in this research in that Schutz's definitions of predecessors and successors are
abandoned. Due mainly to the situation of the nursing course in which continuous mention was made of previous nursing courses, of nurses who ‘trained before,’ the word predecessor is reserved for this class of living contemporaries. Likewise, successors in the context of the research, were not those who followed the death of the student but their departure onto a succeeding phase of the course. As students progressed on the nursing course another cohort of students arrived to take their place. Being a ‘new’ student was therefore a temporary phenomenon.

**2.25 Summary: Lifeworld Concepts**

Structures of the lifeworld have been discussed and found to be applicable to the research. These structures have been seen to possess an explanatory value. The issue of change however, has not been fully explored. The next section will concentrate on the mechanism by which lifeworld structures change by considering later developments of the lifeworld concept.

The central feature of Schutz’s (1974) account of the lifeworld is that it is concerned with structure. As such Schutz (1974) fails to provide ideas of the dynamic processes that occur in the lifeworld. The accounts below consider authors who have used the lifeworld concept in a dynamic way that will allow transfer to the research context.

**2.26 The Dynamic Aspects of the Lifeworld Concept**

Schutz’s concept of the lifeworld has been used in different contexts. The following table lists the major authors that are used in this research and who have, following Schutz developed the concept into one of dynamic movement:
<table>
<thead>
<tr>
<th>Author</th>
<th>Year of Publication</th>
<th>Major Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husserl</td>
<td>1937</td>
<td>First elucidation of the lifeworld concept, mainly in Crisis of the European Sciences.</td>
</tr>
<tr>
<td>Schutz</td>
<td>1970/74</td>
<td>Development of the lifeworld concept in terms of a sociological approach.</td>
</tr>
<tr>
<td>Habermas</td>
<td>1981</td>
<td>Development of Schutz's concepts of the lifeworld to include a theory of emancipatory action and the lifeworld as a communicative medium.</td>
</tr>
<tr>
<td>Mezirow</td>
<td>1978, 81, 85</td>
<td>Application of the lifeworld concept to adult education – explained as perspective transformation.</td>
</tr>
<tr>
<td>Berger and Luckmann</td>
<td>1966</td>
<td>The concept of symbolic universes that have affinity with sectors of the overall lifeworld.</td>
</tr>
<tr>
<td>Berger (Benita)</td>
<td>1970</td>
<td>The concept of small lifeworlds defined.</td>
</tr>
</tbody>
</table>

Table 2.1: Main Authors Used in Explaining the Lifeworld Concept

2.27 Lifeworld Perspective Transformations

The theoretical concept of the lifeworld has been developed by several authors including Mezirow (1978, 1981, 1985) who explored the topic of adult education in terms of "perspective transformation" that is based upon the idea of the lifeworld concept and therefore provides a comparable example to the present study.

Mezirow (1978) outlines how the experience of life crises often leads to a reassessment of familiar life assumptions and how also new directions and commitments may occur. He refers to Paulo Freire's work in Brazil and Chile in which Freire (1970) provided adult education to women villagers, notes that for these women a "re-ordering and redefinition"

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4 Wildemeersch and Leirman (1988) list two other synonyms for the lifeworld concept in addition to the meaning perspective of Mezirow, as Berger and Luckmann's (1966) symbolic universe, and Freire's (1970) thematic universe.
(Mezirow, 1978:103) of their role occurred. These women were emancipated in that they became aware of the conditions that led to their previous self-conceptions and assumptions, and moved towards taking more power and control over their lives. For Mezirow change occurred in these women because:

... when a meaning perspective can no longer deal ... with anomalies in a new situation, a transformation occurs (Mezirow, 1978: 104).

The mechanism that operates concerns a loss of meaning, in Schutz's scheme this would be equivalent to a deficiency in the individual's stock of knowledge that does not provide guidance for social action. Mezirow (1981) outlined two routes to perspective transformation: one occurs by the individual's sudden experience of limiting or distorting cultural and psychological assumptions, the other by an incremental series of more minor transitions. Mezirow (1985) calls beliefs in relation to the lifeworld, a meaning perspective, that is:

... a form of consciousness involving a particular constellation of beliefs, attitudes, dispositions, etc.

A meaning perspective therefore concerns the assumptions the individual holds about the world. Within this set of assumptions lie their dispositions to interpret and act in the world in particular ways. This involves, according to Mezirow (1978) cognitive, affective, and volitional components and therefore affects all areas of experience. In meaning perspective transformation three phases are described. First is a stage of re-framing in which the ideas about reality are restructured. This is followed by a phase in which problems are redefined with a new set of values and action options. Finally, a phase of contractual solidarity occurs when it is possible for the individual to participate and reconstruct their social situation. Wildemeersch and Leirman (1988) who identify a self-evident lifeworld perspective similarly discuss these phases of lifeworld perspective change in which little motivation to change is present. Then follows a threatened lifeworld perspective in which deficiencies and contradictions are identified, and finally a transformation of lifeworld perspective occurs. In this thesis, similar forms of transformation occurred that included, in chapter seven, a questioning and distancing from the student's previous cultural experience. This is a similar process to the description by Green-Hernandez (1991) who identifies changes parallel to lifeworld perspective transformations as a result of nursing experience:
... whether the nurse's caring exists as a direct and intentional professional process, or as a spontaneous human response, or perhaps as a combination or integration of both of these (Green-Hermandez 1991:111).

Green-Hermandez finds that professional caring integrates certain aspects of the personality that is involved in the natural caring process\(^5\). An important observation of this work is the finding that:

Professional caring's reciprocity supports the notion that such caring leads to co-actualisation for the nurse as well as the patient. Because its practice appears to be intrinsically satisfying, professional caring may substantively validate the meaning of professional caring. This meaning does not derive merely from isolated caring actions, rather, it emerges from the entire process itself...self-meaning is bestowed not by caring actions but by the caring process itself (Green-Hermandez 1991:127).

Caring in this study is identified as possessing the power to enable actualisation of the nurse and patient. The term self-actualisation is coined by Maslow (1970), to indicate a motivation to achieve one's potentialities. Whether such actualisation processes occur in the presence of negative nurse patient interactions remains unanswered. Nevertheless, this study offers insight into the act of nursing and in this respect has affinity to the current research. The urge to co-actualisation, of developing the self's potential through the nursing act, has some similarities to the concept of perspective transformation in which self transformations also occur.

Mezirow (1981) merged his discussion of such perspective transformations with Habermas's theory of emancipatory action. Emancipatory action is synonymous to perspective transformation because both entail:

... movement through the existential challenges of adulthood involves a process of negotiating an irregular succession of transformations in "meaning perspective." This term refers to the structure of psycho-cultural assumptions within which new experience is assimilated and transformed by one's past experience (Mezirow, 1981: 6).

Perspective transformation is therefore about a change in the individual's assumptions about the world. What was accepted is subject to critical appraisal and evaluation and there follows

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\(^5\)Some of these caring aspects of the personality include: "being there" (the act of being with (someone), touching, giving social support, engaging in reciprocity with others, engagement in empathic responses. These natural caring propensities are developed, and then integrated into professional caring actions, such as: "technical competence, listening, professional expertise, involvement, formal and informal learning, and helping."
a change in perspective in the individual's orientation toward the world. This process is emancipatory in that it entails the freeing of an individual from the assumptions that tie them to their previous interpretations and allegiances to the world. Mezirow continues:

Perspective transformation is the emancipatory process of becoming critically aware of how and why the structure of psycho-cultural assumptions has come to constrain the way we see ourselves and our relationships, reconstituting this structure to permit a more inclusive and discriminating integration of experience and acting upon these new understandings (Mezirow, 1981: 6).

Perspective transformation is about seeing and relating to the world in a different way and adopting a new position that enables the individual to ask questions that were previously either not seen or not asked. Importantly, perspective transformation is about the conversion of the new perspective into action so it is not merely a theoretical change. As shown in chapter seven, such changes are demonstrated in this thesis where lifeworld perspective transformations occurred.

Aspects of perspective transformation, which students encountered and which are explored fully later, are paralleled in Mezirow and Schutz's accounts. Mezirow describes a disorientating dilemma that approximates to Schutz's concept of the encounter with a problem. In this research, such experiences were typical of students' accounts and ranged from patient care crises, to more general problems, such as coping with the course work and practical experience. These crises for students often led to a need for self-examination that involved them in a process of self-questioning of their own position that may be seen in this thesis. According to Schutz, (1974) as a result of such self-questioning the individual carries out a process of critical assessment of their personally internalised role assumptions and hence a sense of alienation from traditional social expectations occur. Students report critical self-analysis and find that they do not believe in the validity of their previous and current role prescriptions. Students also reported that others shared their feelings demonstrate part of the dialogical nature of perspective transformation in which students' search for others who share their experiences. When perspectives are changed, students then explore new ways of acting and gradually confidence is built and new roles are tried. A final part of lifeworld
perspective transformation occurs when the student is re-integrated back into their social
group with the changes that have taken place. In fact, this thesis shows in chapter seven that
the process of re-integration did not always run smoothly, and interpersonal crises occurred.

The aspect of lifeworld change described as re-integration leads back to Van Gennep's rites
of passage model described earlier in which the post-liminal or reaggregation phase is
equivalent to the re-integration phase in lifeworld perspective transformations.

2.28 The Lifeworld as the Site of Communication
Wildemeersch and Leirman (1988) paraphrase, Habermas's concept of the lifeworld that is
developed from the work of Schutz:

... a stock of taken-for-granted perspectives ... a reservoir of interpretation patterns
which are culturally transmitted and organised in a communicative way. This stock of
knowledge is composed of basic assumptions which function as an implicit or tacit
horizon in everyday processes of communication. It is the basis of an intersubjective
sharing of familiar or new situation definitions (Wildemeersch & Leirman: 1988: 19).

The lifeworld is therefore characterised, according to Habermas, as comprising a usable set
of interpretation patterns comprised of the individual's stock of knowledge, and forming a
basic set of assumptions that can be used in intersubjective situations. It is culturally
transmitted and so is shared, focussing on the lifeworld as the site of intersubjective
communication, Habermas (1981) explains:

The lifeworld is, so to speak, the transcendental site where speaker and hearer meet,
where they can reciprocally raise claims that their utterances fit the world (objective,
social, or subject), and where they can criticise and confirm those validity claims,
settle their disagreements, and arrive at agreements. In a sentence: participants
cannot assume in actu the same distance in relation to language and culture as in
relation to the totality of facts, norms or experiences concerning which mutual
understanding is possible (Habermas: 1981: 126).

The lifeworld is not therefore simply a container of cultural beliefs and assumptions, but is in
the Schutzian model, the site at which such beliefs and assumptions are worked upon, are
shared, and communicated. Without an intersubjectively shared lifeworld, communication
would not be possible, because participants would not be able to communicate about mutual
understandings, or language.
2.29 Additional Comments on Lifeworld Transformations

Wildemeersch and Leirman (1988) concur with Habermas (1981), and Mezirow (1978) that the lifeworld can be partially transformed:

...we suggest that in the case of subjectively experienced challenges, the lifeworld can be partially transformed (Wildemeersch & Leirman, 1988: 19).

This partial transformation is in fact a change in the individual's perspective of the lifeworld and when this happens a change in the total relation of the individual to the world ensues. This is a point made by Berger and Luckmann (1987 [1966]), who confirm both the possibility of change and the process by which transformations of perspective occur. Lifeworld perspective transformations mean that the individual assumes a different relationship to others in their world. Therefore the social group who may be responsible for creating the environment of transformation must appear plausible to the individual and this requires that agents of change be seen as significant to the individual. Social experience becomes a 'laboratory' of transformation.

For agents of transformation to be effective they need not only to be significant, but also need to exert an affective influence upon the individual. This affective pull (Berger and Luckmann, 1987 [1966]) is about the subject of transformation relating to the agents of change as the way a child relates to its parents. It is affective, because a form of positive appraisal of the agents of change is needed to produce the allegiance of the subject undergoing the lifeworld perspective transformation. This affective pull, according to Berger and Luckmann replicates childhood experiences of emotional dependency upon significant others. Confirming Mezirow's (1981, 1985), and Wildemeersch and Leirman's (1988) analysis, significant others act as guides to the transformation process, 'agents' of the new reality. As a result of the guide's actions, a process of re-socialisation takes place that embodies the "plausibility structure" (Wildemeersch & Leirman) of the new reality. Therefore, if lifeworld perspective transformation is to take place the nursing course needs to be seen as plausible and as possessing a view of reality that is valued by the student.

Berger and Luckmann's account aptly describes many of the processes that happen with nursing students. However, a question still needs to be considered that addresses the
relative location of the changes that occur in terms of the lifeworld. Berger and Luckmann refer to different domains of social reality described as "sub-universes of meaning" (Berger and Luckmann, (1987 [1966]): 102-106) describing zones of 'cognitive separation,' that are, in modern society demonstrated by "particular collectivities" related to the interests and meanings of the group concerned. Berger and Luckmann cite the case of medicine as an example of a sub-universe of meaning that has developed its own esoteric meaning systems and discourse. In a similar manner, nursing can readily be allied to medicine with its own sub-universe of meaning. These sub-universes of meaning provide their own symbolic systems of reference that members need to be indoctrinated into, if they are to be accepted into the professional group.

2.30 Sectors of the Lifeworld: Finite Provinces of Meaning, Sub-universes of Meaning, Small Lifeworlds and the Home-worlds

Schutz (1974) explains how "meaning-compatible" experiences are located in what he defines as "finite provinces of meaning" (Schutz, 1974: 23). These lifeworld structures involve a particular cognitive style, a way of thinking about the world. Movement from one finite province of meaning to another is experienced as a leap between realities. For example, entering the nursing world requires a different way of thinking and relating than in the non-nursing world.

Luckmann (1970) discusses small lifeworlds that represent discrete segments of the larger lifeworld. In these sectors the overall and infinitely large lifeworld may be only dimly perceived. According to Luckmann (1970) small lifeworlds arise in two areas, either as institutional or private. In the case of student nurses this distinction is perhaps less important as the nursing lifeworld rapidly colonised the private lifeworlds of the students but in general terms, the concept of small lifeworlds is important in that it enables transformation processes to be more readily understood. Students enter the nursing course from the context of their personal lifeworlds and are introduced to the professional lifeworld of nursing. Transformations occur for the student as they become socialised into nursing with perspective transformations that are applicable however to the wider lifeworld, because nursing, is at one level, about human life that is not circumscribed only by the lifeworld of nursing. Conceptual
changes are not limited to nursing only for as seen in chapter seven, changes occur in the students' overall conception of their personal lifeworlds. The reason this can happen readily is because students want to succeed on the nursing course and in order to do so they willingly attempt to absorb the ideas they are offered. But, they do not realise that the ideas and training given on the course (such as personal development and interpersonal skills) produce effects well beyond the range of the course.

An additional exploration of the topic of small lifeworlds is necessary, as some modification of the lifeworld concept is to be made in this thesis. Marx (1970) discussing Husserl's concept of sub-worlds, writes:

... particular sub-worlds come into existence precisely through these definite ends, through that which is "to be attained." The constitution of a "world horizon" occurs which is "closed in upon itself." A "horizon of interest" encompasses the "life devoted to these special interests," and the latter's whole "work world" as well as its products (Marx, 1970: 65).

Nursing is a sub-world, and so is the students' world of home experience that is determined by the topics of interest which act to produce a boundary between the larger lifeworld and these restricted zones of interest. Themes or interests mark out the structures of these smaller lifeworlds. Luckmann (1970) comments:

The domains of freedom interpenetrating the institutionally controlled life of modern man have come to be called his 'private sphere'. A relatively recent dimension of the social structure and of human existence, it is located between and within the institutionally defined 'spheres of interests' and represents a 'no man's land,' unclaimed by the powers that be. Within its confines man is free to choose and decide on his own what to do with his time, his home, his body and his gods (Luckmann, 1970: 280).

These private lifeworlds which comprise the personal sphere of interest mark out particular features of student experience. This is because students enter the nursing course from the basis of their home-worlds. They may have experienced influences from the institutional sphere to join the nursing course, but the basis of their decision lies within their home-world of experience. The effect of the home-world on the student's decision to enter nursing is fully explored in chapter four. The designation home-world is therefore used to refer to the private and personal spheres of interests that students experience before and after joining the nursing course. Also, the designation nursing-world will be used to refer to the small lifeworld of nursing as experienced by students for this research. The nursing-world is the province of
reality that students enter when they either attend the nursing course or go to clinical placements.

2.31 Summary Lifeworld Perspective Transformations

I discuss in this section how lifeworld perspective transformations occur. Types and mechanisms of change are explored. Types of change are either incremental, or relatively sudden. Change processes include, the three phases or re-framing, re-definition, and contractual solidarity, which in Wildemeersch and Leirman are described as the movement from a self-evident lifeworld, to a threatened and a finally transformed lifeworld. Lifeworld concepts are not identified by nursing authors such as Green-Hernandez (1991) even though a lifeworld interpretation of this and similar accounts is possible. The lifeworld is the setting in which communication arises and so nursing with its use of nursing ‘language’ confers its own lifeworld experiences and ideas to students. If lifeworld perspective transformation is to occur then the presence of significant others is required.

2.32 Conclusion

This chapter has explored the theoretical context of the research, moving from the situation of nursing experience, defined by Melia, Mackay and Jowett et al, to the lifeworld concept and its possibilities of transformation. The theory considered has discussed discrete sociological phenomena, such as, rite of passage, marginality, and ideas of the self. I have considered theories from a phenomenological base, and then to lifeworld sociology. However, phenomenology can easily revert to a psychological focus, but the work of Schutz provides a sociological phenomenological approach that determines the sociological structures of experience that applies to the research.

The Schutzian model of the lifeworld is seen to explain important features of student experience, including the stock of knowledge, the "and so forth," idealisation and the taken-for-granted assumptions. These form the key to any student transition towards lifeworld perspective change. This is because, if the student does not consider that life is "as it was
before" then change is unavoidable. Zones of relevance, and the worlds-within-reach indicate similarly powerful mediators of transformation, in that, as zones of relevance, and the worlds-within-reach change, so students alter their perspective of the world. All of these phenomena take place within the students' lifeworld horizons and as change takes place so student perspectives follow. The interpersonal world of others is also identified as a specific site of nursing activity and some modifications to Schutz's notions of predecessors and successors are made.

In total, four modifications in the Schutzian perspective are made:

1. The world-within-future-reach modifies Schutz's concept of the world-within-attainable-reach, and comprises the students' future orientation to the world of nursing, such as attaining qualification.

2. The small lifeworld concepts are modified to include the nursing-world of students concerning the nursing course.

3. The concept of the home-world is used to refer to the historical and current personal worlds of students' experience.

4. The notions of predecessors and successors are changed to indicate the living successors who take the place of students on the nursing course, and their predecessors, often student who have taken a different form of nurse training.

The theoretical content discussed has been referred to various nursing authors to enable an identification to be obtained between the theory and nursing reality. No lifeworld studies of nursing have been identified, but the studies considered have been capable of being interpreted within the lifeworld model. The starting point of this chapter, the rite of passage model of Van Gennep can also be understood within a lifeworld perspective. The phase of separation can be seen as students leave their old worlds of experience and enter the new lifeworld of nursing. In this new lifeworld, horizons of experience are expanded, and the old lifeworld subjected to a questioning process. This questioning process locates the student in the zone of marginality in which they neither feel at home in nursing, nor in their previous world.

The theoretical framework uses Schutz's concept of the lifeworld as a structure for the research because it is applicable to student accounts, comprising a perspective of how students viewed their worlds and how they encounter and participate in change. My use of the Schutzian concept is, I believe unique in terms of both health care and other disciplines.
that, whilst using phenomenological ideas do not employ lifeworld concepts in the format presented in this thesis.

It is considered that the two questions posed at the beginning of the chapter concerning the nature of student experience and the process of change have been adequately answered. Student experience is a function of their social reality that is mediated by their lifeworld experience. Changes occur through transformations in the students' lifeworld perspective.

This discussion of the theoretical context will remain theory unless it is converted into a practical scheme for action. The next chapter seeks to do this by addressing issues of research methodology and the nature of student accounts.
CHAPTER THREE
THE RESEARCH METHODOLOGY

3.1 Introduction

The theoretical perspective of the lifeworld mentioned in chapter two has been explained as meeting the research situation in terms of giving insight and structure in terms of the research. The research methodology needs to reflect this same perspective and so I adopted a set of research tools to match these criteria. Discussion with students in both an informal context and in the pilot study yielded considerable data, so this method was followed in the main study.

This chapter starts by considering the two research paradigms of positivistic and qualitative research. Following a decision to remain anchored in a qualitative framework; the role of researcher as an involved participant is discussed. This leads to a definition of the ethical context of the research and arrives at several ethical orientations including the permission for students to withdraw or stop the interview process at any stage if necessary. The method of conducting the interviews as a non-standardised procedure enabled flexibility and scope for the pacing of questions. Issues relating to the interview process that included the problem of time pressure in students finding time to attend interviews is discussed. The interview process was designed to enable students to talk about their deeper levels of experience and meaning. The temporal arrangement of the interviews within the context of the nursing course is explored, as students were interviewed more often in the early stages of the course.

The phenomenon of the biographical articulation of the student experience within the research context is explored, and leads to the subsequent topics of qualitative research and a consideration of "thick" description defined by Geertz (1973). Thick description is about seeking to understand the complexity of social life and how this is transcribed as text, forms the next heading. The final theme summarises the analytical tactics which were used in chapters four to seven, using the work of Miles and Huberman (1994) as an appropriate résumé of my approach. These analytical tactics need to be seen however within the overall context of the lifeworld perspective of Schutz (1974).
3.2 Research Paradigms

Two major divisions of research orientation exist that are defined as the positivist and interpretative models (Hughes, 1990). The positivist approach emphasises quantitative methods and the interpretative approach emphasises the qualitative aspects of research.

Oakshott (1991) in his critique of positivistic science writes:

Science is the attempt to conceive of the world under the category of quantity. From the standpoint of observation, science is never satisfied with mere observation. Scientific observation is designed expressly to replace observation in terms of personal feelings by observations of an absolute stability, by quantitative measurements (Oakshott, 1991 [1933]: 176).

In Oakshott's opinion, feelings are ruled out of the scientific enterprise, if a system of measurement is used which is based solely upon observable data. In my research, if only measurable data was sought, then questions would need to be asked that were of a particular type. Issues such as feelings or interpretation would need to be ruled out. This would clearly not be an appropriate form for my research which is seeking to gain an insight into how students interpret their experience. Quantitative research methods would not enable these dimensions of experience to be explored in depth. Therefore, the qualitative research paradigm has been selected because it focuses on the required elements of the researched project.

3.3 The Researcher Role

Okely (1992) and Cohen (1992) argue that it is impossible to exclude the investigator from the fieldwork in which they are involved. Cohen (1992:224) explains:

We do not avoid egocentricity, ethnocentricity...by supposing we can, or should, neutralise the self until the completion of the day's research work. To the contrary. The inevitable conjunction of self and other has been noted by Stein as one of the processes of "counter-transference" characteristic of medical diagnosis (Stein, 1985) where self insinuates itself as an "explanatory model" (Kleinman, 1980). As an anthropologist, I cannot escape myself; nor should I try. In studying others I do not regard myself as merely studying my self, but rather, as using myself to study others (Cohen, 1992: 224).

Use of the self, is therefore not a process of self-absorption or narcissism, but recognition of the self, as an instrument by which others can be known and the self becomes an interacting unit in the research process. In chapter three the issue of the individual's biography was
identified as a central feature of interpretation in the here and now of experience and this observation strengthens Cohen's argument. The self exists, not as an independent entity separated in time and space in order to carry out an analytical process but as a self that interprets in the context of their experience. Therefore, the research subject interprets the interviewer, and the researcher interprets the subject of research. The result is what Cohen describes, as a use of the self as an instrument that is used in research rather than a self to be suppressed. Taylor (1993) commenting on Marcel writes:

To be present with someone might be seen merely to be in his or her physical proximity. Influx, however, means that the presence of the other actually produces effects in the being of the one to whom this presence is directed. A change occurs in the recipient of the presence (Taylor, 1993: 17).

The influx noted by Taylor arises when communication is directed towards the other to enable them to say what they intend and not towards a simple elicitation of facts. The self of the other permeates or crosses the boundaries between people who meet in a communicative encounter. Gadamer (1989) defines this communicative process as a fusion of horizons between researcher, and the researched. Within this collision of horizons the interpreter can attain to self-knowledge and understanding (Blaikie, 1993). This dialogue between researcher, and subject in the feminist paradigm of Salleh (1984), involves an act of communion more than an act of penetrative instrumental reason. It is more a sharing between people than an investigation of one person by another. As the students were being asked to communicate deeply held beliefs then a certain climate in which this could occur was a necessary feature of the research. The alternative is that students define themselves as the objects of an instrumental rationality in which resistance to the researcher may occur if deeply held beliefs are sought. This observation leads to the issue of ethics and the need of the student to be confident of their freedom to make statements in the knowledge that their identify would not be disclosed.

3.4 Ethical Concerns

As deep and sometimes personal beliefs and values were being explored, so the ethical nature of the research had to be considered. The issue of the power of the researcher to use
the information and research enterprise in an ethically acceptable manner was present. Miles and Huberman (1994) ask the following questions of qualitative researchers:

Do the people I am studying have full information about what the study will involve? Is their “consent” to participation freely given — fully voluntary and uncoerced? Does a hierarchy of consent (e.g. parents, teachers, administrators) affects such decisions? (Miles and Huberman, 1994: 291).

The answer was affirmative for all of these questions. Students volunteers were obtained by asking a group of students in a teaching setting if any were interested in the research and if so then they could see me at some later date to explore whether or not they wished to be involved. At the next stage, I spoke individually to students about the research and what their possible involvement would mean. I included in this conversation the need for audio-tapes of the interviews to be made and that they could receive a copy of the transcript if they so wished. I additionally stressed the absolute directive of maintaining their anonymity.

As a nurse teacher and a researcher I held a dual role with the students therefore it was necessary for me to emphasise that each role was separate, stressing that my role as a researcher was a specific and different relationship between me and the student. I explained that in my role as a nurse teacher, I would act as a tutor in terms of teaching and providing guidance and other input towards the student’s learning. This was different to my role as a researcher that was not about teaching but understanding how students experienced the world of nursing. In effect, as students focused on our conversations I did not detect role overlap between my research activities and my role as a nurse teacher. This was nevertheless a possibility so I reassured students before each interview that I was with them as a researcher so as to confirm the separation in my roles.

The administrative authority of the School of Nursing gave me approval for my research which was approved by their ethical committee. This meant that as far as possible all ethical steps were taken to ensure student ‘safety.’ Another question provided by Miles and Huberman is that research participants should be able to say “No” at any point of their involvement in the research process. Before interviews commenced, I reminded students of this option. To emphasise this point I indicated to students that they could terminate the interview at any time
if they so desired. Although no student made this request, I did stop tape recording on some occasions when students became upset during the interview process.

3.5 The Research Method

The project is seeking to explore the subjective worlds of students hence the interview technique needed to reflect this aim. Fielding (1993) describes three forms of interview: standardised or structured, semi-standardised, and non-standardised (also called, unstructured or unfocused). Within this scheme, the standardised interview represents too rigid and formal a structure to permit a free flow of ideas. The semi-standardised interview allows for variety in question delivery but essentially the same questions are asked each time in a different way. To adjust to the student's own flow of thought a variation in question delivery is needed. The non-standardised interview technique allows for this variation in interview delivery, as well as variation in timing. The interviewer has a list of topics they want to discuss and this list forms an interview guide.

Lofland (1971), quoted by Fielding, summarises the objective of non-standardised interviews as:

...to elicit rich, detailed materials that can be used in qualitative analysis. Its object is to find out what kinds of things are happening rather than to determine the frequency of predetermined kinds of things that the researcher already believes can happen (In Fielding 1993:137).

This form of interview therefore comprises a tool of exploration using the interview guide as the vehicle of this exploration. Two principles are fundamental to this form of interview technique: open-ended questions to gain spontaneous information in regard to what interviewees really believe and an interview technique that facilitates interviewees to communicate their feelings, attitudes and values as openly as possible (Fielding, p.138).

Whilst Fielding proposes particular methods (such a repertory grid technique, indirect questioning, picture questioning) to attain openness and freedom of respondents, the method chosen in the present situation employs the interview. In this interview, students are encouraged to talk about their experiences and when natural breaks occur to move the
conversation onto to the next topic. This technique provided students with the opportunity to
speak at length about the research topic, to explore their meanings and beliefs.

Harvey, Macdonald and Hill (2000) identify the key concepts of a phenomenological approach
that includes; probing meanings, recording data, analysis, and conceptualising interpretation.
Probing meanings refers to the need to explore the meanings of the research subjects.
Implicit in this concept is the injunction that it is the research subject's meanings that are
important and not the researcher's meanings.

3.6 The Interviews
The primary means of data generation was the use of in-depth interviews to find out what the
students' thoughts and meanings were; I now intend to explore this process. I consider three
headings in this section; practical problems, the interview process and the numbers and
frequencies of interviews carried out.

3.7 Practical Problems: Time Pressure
Initial difficulties arose over arranging time and place for the interviews, a problem that was to
remain for the duration of the research. The School of Nursing operated not only a tight
schedule of time-tabled sessions but as the research progressed, the introduction of a
modular curriculum programme escalated this pressure. This modular educational
approach breaks the students' programme into tightly arranged and assessed educational
components with each module becoming the subject of assessment. The effect of modular
assessment was that students felt under pressure to attend each taught session. Missing an
element of a session could, according to student beliefs, mean failing a module component.
Students did have independent learning time, but this time was at a premium and often spent
remote from college premises. Effectively, then, there were three times that students could
be interviewed:

1. During their programmed college time - between taught, or classroom sessions.
2. During independent learning time - this was at the school of nursing but when the
   students were formally defined as studying on their own.
3. During clinical placements.
4. During the students' own time.

Problems arise with each of these time periods. Obtaining time in vacant or empty slots between taught sessions was difficult. Only occasionally did vacant time periods become available when students were able to attend. Independent learning time was therefore most often used as students were available and being research subjects considered as an interesting thing to do. Clinical placements became the second most successful way of interviewing students. During clinical time students would sometimes be willing to leave their clinical placement and come into the college to be interviewed (using the interview as a break from clinical work), or I would visit them in their clinical area. This meant taking along audio recording equipment and finding a suitable location to carry out recording, but this was often successful and brought to life the students' descriptions of their clinical life. Sometimes, interested students and especially those who lived near to the school of nursing came for interviews in their own time.

The difficulty of arranging interview time signified an important feature of the research and a common student observation that they were under time pressure to complete their academic and clinical work (see chapter five). As I tried to arrange time to carry out the interviews it was as though I was carrying out a parallel process to the students' who were dealing with their own time constraints. The major reason for the problems of gaining time was the directive given by the school of nursing that 'students' needed to attend every lecture.' Students similarly believed this fact, a fact that was of dubious validity but one that in the context of the research attained almost mythical importance. A missed lecture symbolically meant that that course could be failed. As a researcher, my role was to understand this process and to understand it from students' perspective. The concept of time compression was a constant experience, the need to fit in to a time slot with a specific activity and then to move on to the next time slot was a constant feature of this period of the research. My own time-slots had to match the students' time-slots so, acts of matching, of finding a space in the students' time, forcing me to rush to attend elsewhere was a continuous experience. When students, during interviews discussed their experience of time pressure, of needing to hurry my own situation was reflected in this very account.
One problem that did arise was that the students who had started their branch programme (specialists see section 3.9 below) other than those on the adult branch could not be interviewed. This was due to time pressures and structural features of the different branch programmes and did lead to a reduction in data. However, retrospective students represented a more varied group and so made up for some of the deficiencies that this limitation brought.

3.8 The Interview Process

When students arrived for a first interview a full explanation of what was going to happen was provided. I had already indicated to students that I would be audio-taping the interview but used the initial part of our meeting to review the tape-recording process. Students, even if initially conscious of the audio-taping process, often expressed in statements such as, "I may be embarrassed" soon became unconscious of the fact that they were being audio-recorded. All students were offered copies of the interview transcript and although most declined this offer, some students accepted them. I reminded students of the confidential nature of the research and that all personal identifying features would be removed in any published data. This was a useful tactic as it enabled students to feel free to express their opinions without fear of any real or imagined repercussions. Students were told in the initial phase of the research that I may need to refer to my notes but as time progressed this was not necessary, as I became more able to recall my research themes.

Already referred to in section, 3.8, the location of the interviews were an important element of the research. Interviews in clinical placements enabled the context of student experience to be obtained that contrasted with interviews that took place in the school of nursing. I did not however, detect any difference in interview content between those carried out in different areas. My own feelings were of a preference for carrying out interviews in the clinical areas because my role at the time as a nurse tutor was more closely associated with the school of nursing. Nevertheless, students, once engaged in their accounts soon appeared to forget my identity as a nurse tutor.
Denzin (1989a) makes the following observation:

A life is lived on two levels ... termed the surface and the deep. At the surface level, the person is what he or she does in everyday doings, routines, and daily tasks. At the deep level, the person is a feeling, moral, sacred, inner self. This deep, inner self may only infrequently be shown to others. Users of the biographical method assume that this deep, inner life of the person can be captured in an autobiographical or biographical document (Denzin, 1989a: 28).

The students' ability to provide accounts of their beliefs indicated that the interview process enabled students to move from their surface descriptions to the deeper levels of their experience. Students were often eager to provide their accounts, which I interpreted as a validation, by them, of the research process and aims.

Denzin's (1989a) statement captures the essence of the interview in that often, very personal and significant experiences were provided. Trust developed and when students were interviewed more than once, this trust increased even more.

Following completion of the audio-taping, interviews were transcribed into a textual form that became the foundation documents of the research. This transcription process therefore led to the production of a series of narrative accounts that are discussed in the final section of this chapter.

3.9 The Temporal Arrangement of the Interviews

A total of 67 interviews were carried out with 43 students. The students were split into three groups, initiates, specialists, and retrospectives. Students who were in the early stages of the course were considered to experience more change than students who were more advanced in the course. The reason for this being that, as I argue in chapter two, a greater difference is encountered by the students between their nursing and non-nursing worlds. Students in the initial stages of the nursing course, as I show in chapter five, more often described experiences of marginality than students who were advanced in the course. Additionally, as I will show in chapter seven, as students progressed on the course, they were likely to experience more profound changes arising from a sedimentation of a changed lifeworld perspective. To cope with these changes initiate students were interviewed up to three times and remaining students once. The three interviews for the initiate group was to identify the
more rapid changes that were occurring for this group who were new to nursing. The later groups were deemed to have consolidated their perspective by the time the interviews took place. As shown in part two this was in fact the case with rapid earlier changes and longer term consolidated changes occurring.

The specialist group was those students who had started their branch experience, and were interviewed once only. This interview allowed a sense of progression after the initial nursing course experiences and students became settled in their intended nursing branch. Students at this point of the nursing course could not change branches; this however did not cause problems for the specialist students although it was a distressing factor for a retrospective student.

The retrospective students were at the end of the nursing course and some had taken their final qualifying examination by the time of the interview. Failure in this examination became a significant issue for some students who made negative interpretations of the nursing course.

The following table provides a numerical list of the students and interview frequency.

<table>
<thead>
<tr>
<th>Group</th>
<th>Frequency of Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiates</td>
<td>Up to 3</td>
</tr>
<tr>
<td>Specialist Students</td>
<td>Once</td>
</tr>
<tr>
<td>Retrospective Students</td>
<td>Once</td>
</tr>
</tbody>
</table>

Table 3.1 Groups and Frequency of Interviews
The following table gives the total amount of interviews according to each group with student's research identity name:

<table>
<thead>
<tr>
<th>Initiates</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Students interviewed three times</td>
<td>10</td>
</tr>
<tr>
<td>Students interviewed twice</td>
<td>5</td>
</tr>
<tr>
<td>Students interviewed once</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialists</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Students interviewed once</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Retrospectives</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Students interviewed once</td>
<td>13</td>
</tr>
</tbody>
</table>

Table 3.2: The Frequency of Interviews Related to Student Group Designation

The total number of interviews was therefore 67. The differences between the pragmatic and vocational groups are listed in appendices one and two.

Student accounts were transcribed and these accounts plus their analysis became the next phase of the research activity. The next section considers the nature of accounts as narratives, with a view to understanding the analytical chapters.

3.10 The Biographical Articulation of Student Experience: The Production of Narratives

As part two confirms, students moved towards a transformed lifeworld perspective but identifying such changes was dependent upon them being able to freely talk about their experiences. The conversations with students consisted of their descriptions of experiences and events but it should be understood that these accounts are not the actual happenings themselves but language symbols that represent the students' intended meanings. Two factors are therefore present, one is the students' account of their experience and the other is their actual experience. Geertz (1973) writes:

...human thought is basically both social and public - that its natural habitat is the house yard, the marketplace, and the town square. Thinking consists not of "happenings in the head" but of a traffic in what have been called... significant symbols - words for the most part but also gestures, drawings, musical sounds,
mechanical devices...anything in fact that is disengaged from its mere actuality and used to impose meaning upon experience (Geertz, 1973: 45).

Students explained their experiences through the use of significant symbols that arose from their biographical experience that was merged with their current experience to comprise their account during the interview. In chapter two the distinction was drawn between diachronic or historical experience and synchronic or here and now experience. Students entered the research situation, not as experiencing the pure here and now of the nursing course but with their history mediating their current experience. Their accounts were therefore interpretations, their articulation into the present of the sum of their experiences. Schutz (1974) states:

The temporal articulation of the course of the day, and the temporal articulation of the course of life, exist together in a reciprocal relation. On the one hand, the biographical articulation is superimposed over the rhythm of the day... But, on the other hand interpretations and projects (whose scope of meaning is the course of life) are inserted into the inner duration's course of the day. They are not only determined by the current situation but also are subjected in a very general fashion to the articulations of inner duration... (Schutz & Luckmann, 1974: 57-58).

Therefore, students became aware of several aspects of themselves in the interview situation. The students' biography and interpretation of this biography was linked to their current experience and its interpretation as a here and now event. Life tasks and aspirations in the form of projects were "inserted" into the rhythm of the day's experience and so mediated this same experience. Unravelling these concepts that took place within a lifeworld perspective required an understanding of student experience and beliefs, that included an exploration of the fundamental assumptions of experience. According to Geertz (1973):

The concept of culture I espouse, and whose utility... is essentially a semiotic one. Believing, with Max Weber, that man is an animal suspended in webs of significance he himself has spun, I take culture to be those webs, and the analysis of it to be therefore not an experimental science in search of law but an interpretive one in search of meaning (Geertz, 1973: 5).

Human life expressed in culture is about signs that are used to communicate meaning. The student accounts were not simple statements of what they experienced but were tied to their immersion in their own worlds of significant meanings. To understand these accounts a research method was needed that addressed, not superficial but the deep structures of experience. This was found in a basic qualitative approach.
3.11 Qualitative Research

Bryman (1988), describing the features of quantitative research identifies six major characteristics. Firstly, he refers to qualitative research as taking the perspective of the subject and penetrating their frames of meaning. Strategies to accomplish this include in-depth and unstructured interviewing. Secondly, this form of research is descriptive, especially of the situation in which the subjects are studied which leads to the third factor that Bryman describes as contextualism. This refers to the need to include as part of the analysis the context in which the study takes place, events, behaviours, etc. In this sense, qualitative research aims at holism, which means that the person cannot be separated from their social environment? Person and social environment have to be seen as interacting wholes. Any statement that a person makes is explicable within the totality of the person's social environment. The fourth characteristic is that social life takes place as an unfolding process, not a static event, as social processes are interacting and interconnected. Flexibility and lack of structure comprise Bryman's fifth characteristic and describes the openness of the researcher to what develops and happens in the research process. This concept means that researchers often make no guiding hypotheses before commencing their research. The final characteristic comprises the use of prior theory and concepts as providing guidance but not being strict frames of reference against which the research findings are tested. The present research is seen to possess all these characteristics except the provision of a hypothesis, following the informal discussions and pilot study that two groups of students are present, namely vocational and pragmatic.

Strauss and Corbin (1990) define qualitative research as:

...any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification (Strauss & Corbin, 1990: 17).

Qualitative research therefore refers to a kind of analysis that uses methods other than those of quantification. In the current research, the use of a limited number of students did not permit a statistical analysis to be produced and further statistical information was not relevant to the questions posed. Another definition of qualitative research by Parse, Coyne and Smith (1985) provides further insights into the aims of qualitative research:
Qualitative research identifies the characteristics and the significance of human experiences as described by subjects and interpreted by the researcher at various levels of abstraction (Parse, Coyne, Smith, 1985: 3).

Qualitative research therefore aims to explore subjectivity, from the point of view of the interpretations of the actors involved in the research process, a perspective developed in the present project through seeking to understand how students interpreted their experience of the nursing course. Fielding (1993) notes the elements of "... depth, intensity, richness..." (Fielding, 1993: 155) as part of the aim of ethnographic research, elements which do not lend themselves to quantitative assessments but provide an account of the quality of experience. The need to explore the qualitative dimensions of student experience leads to the concepts of gaining richness and depth of the social actors' life. Geertz (1973) defines this perspective as thick description.

3.12 Thick Description

Geertz (1973) differentiates between thick and thin description in ethnography where thin description amounts to an attempt to identify quantitative and statistical data and thick description entails:

... a multiplicity of complex conceptual structures, many of them superimposed upon or knotted into one another, which are at once strange, irregular, and inexplicit, and which he must contrive somehow first to grasp and then to render (Geertz, 1973: 10).

Thick descriptions are of a different type to thin descriptions that are defined by Geertz as a form of reductionism. Thick descriptions in contrast attempt to understand life as closely as possible to the "first order" (Geertz, 1973: 15) descriptions of the social actors that lie in webs of complexity. Particularly in chapter seven, thick descriptions are present in which accounts are given in dense complicated structures. These structures indicate the biographical articulation of the individual into the present and their webs of significances (Geertz, 1973: 5).

For Geertz, it is this complexity that thick description seeks to identify. Denzin (1989b) provides the following contrast between thick and thin descriptions:

Description is the art of describing or giving an account of something in words. In interpretive studies, thick descriptions are deep, dense, detailed accounts of problematic experiences. These accounts often state the intentions and meanings that organize an action. Thin descriptions, by contrast, lack detail, and simply report facts. They are also called glosses (Denzin, 1989b: 83).
In part two, my research described and explored what students thought, their meanings, and in this sense was thick description. Furthermore, it is necessary to explain the research data in terms of different levels of abstraction; it is not sufficient simply to collect subjective data, as Geertz writes:

"It is not against a body of uninterpreted data, radically thinned descriptions, that we must measure the cogency of our explications, but against the power of the scientific imagination to bring us into touch with the lives of strangers (Geertz, 1973: 16)."

This comment has similarities to the reference of Bourdieu (1990) in section 2.2, in that looking at sociological data, including subjective statements, without an imaginative faculty, the lens through which social reality is perceived, would not provide any movement towards understanding the experience. Geertz (1973) adds the need to engage in:

"...mainly (though not exclusively) qualitative, highly participative, and almost obsessively fine-comb field study in confined contexts that the mega-concepts with which contemporary social science is afflicted ... can be given the sort of sensible actuality that makes it possible to think not only realistically and concretely about them, but, what is more important, creatively and imaginatively with them (Geertz, 1973: 23)."

Theory should be processed in the actuality of the research context, in the data that is given, then worked on with imagination and creativity. It is not therefore just about applying a theoretical analysis to the accounts but working with these accounts, fine-combing them until they yield their meanings within their complexity. The issue was to uncover what students did not state in explicit terms. To enable students to express their taken-for-granted meanings that Douglas (1976) defines as a set of implicit and not ordinarily accessible meanings:

"...members do not ordinarily think or talk about them and are therefore not apt to tell researchers about them; but once in a while they do come to mind, and members then think and talk about them...they are not normally in consciousness, but can become so without too much problem (Douglas, 1976: 83)."

These taken-for-granted feelings and meanings comprise a first entry into the lifeworld of the student. They are implicit because they lie outside of the routine awareness of the student. The use by vocational students of the word 'always,' provides an example in gaining access to implicit meanings. When students were asked what this word meant, it was then that the implicit meanings became explicit, indicated by an exploration and elucidation of meaning. The word usually meant that students were unaware of the origin of their idea to become a nurse for it had taken root in them without their conscious awareness, but more meaning was present. For some students, "always" meant that the concept had been 'handed down' often.
from close relatives and so merged into nursing as a way of life. Further exploration of this word takes place in chapter four. Taken-for-granted meanings are immersed in the situational world of the individual and if they are to be accessed, then a research method is required that is flexible enough to adapt to the individual's personal world and to provide the structure is necessary to identify these personal worlds.

Students' accounts were attached to webs of significances, articulations of their biography into the present of the actual research interview. These voiced accounts were transcribed into text. Nevertheless, the mechanics of this process needs to be understood. Ricoeur (1992) explains the difference between an utterance and its written form:

...the very opacity of the sign, is brought to the foreground by the reflection of the fact of the utterance in the meaning of the statement. Récanati's declarations are unequivocal in this respect: "A statement is something by reason of its utterance" and again: "The utterance is posited as a being" (Ricoeur, 1992: 47).

Accounts were therefore reproductions of utterances but are not the same as the utterance; they are of a different order of being, existing fixed in time and so open to being dwelt with and pondered over. The main difference for Ricoeur is that the "irreplaceable perspective" (Ricoeur, 1992: 42) is lost. Once the account, the narrative, has passed out of the interview environment, it is a different form of experience to its system of origination. The comments of Bourdieu (1992) in chapter two (section 2.2) that research subjects do not speak as an act of sociological analysis, to inscribe a text but to be heard, to take part in a discourse. Bearing these comments in mind, Geertz (1973) identifies the process by which the conversion of the spoken into the written occurs:

The ethnographer "inscribes" social discourse; he writes it down. In so doing, he turns it from a passing event, which exists only in its own moment of consciousness, into an account, which exists in its inscriptions and can be consulted (Geertz, 1973; 19).

The inscription of the student accounts leaves the immediacy of the discourse, the event of interlocution, to take on the permanence of a written record. What was a feature of transient verbal creation became a silent and unchanging text. Therefore, the next section deals with the accounts as narratives.
3.13 Student Narratives

Narratives, according to Rapport (1997) exhibit particular characteristics that are an inner organisation of experience. He writes:

Narratives articulate acts, events and event-sequences within a significant framing context or history so as to provide "a primary embodiment of our understanding of the world, of experience, and ultimately of ourselves" (Rapport, 1997: 46-7).

Narratives are therefore the articulation of experience into a form that can be understood and dealt with. Students describing different events in the interview context were able to convert what was an inner monologue, an inner narrative into the external dialogue of the interview. Rapport continues:

... a movement from a start to a finish (if not a 'beginning' to an 'ending'), and is "everywhere characterised by movement": the passage of words, the slippage of metaphor, the caravan of thought, the flux of the imaginary, the movement of calligraphy; the "consecution" of linguistic signs, the movement of meaning. To recount a narrative, in short is both to speak of movement and to engage in movement (Rapport, 1997: 74).

Narrative is therefore a dynamic process in which a multiplicity of interconnected symbolic and meanings systems are not simply stated but lived out. In this expressive movement meaning is brought about by the interplay of the imaginary with the real. Part two demonstrates many aspects of Rapport’s description, particularly in the abundance of metaphors that students used. Narrative is a means by which individuals make sense of themselves and the world, and can, according to Polkinghorne (1988) be:

... a scheme by means of which human beings give meaning to their experience of temporality and personal actions. Narrative meaning functions to give form to the understanding of a person to life and to join everyday actions and events into episodic units. It provides a framework for understanding the past events of one’s life and for planning future actions. It is the primary scheme by means of which human existence is rendered meaningful. Thus, the study of human beings by the human sciences needs to focus on the realm of meaning in general, and on narrative meaning in particular (Polkinghorne, 1988: 11).

Polkinghorne in this definition emphasises the temporal and meaning dimensions. Narrative acts in this understanding are methods by which sense is made of the world. The episodic experiences are woven into a coherent whole; an act that the interview process was geared to engender. For Rorty (1992):

All human beings carry about a set of words which they employ to justify their actions, their beliefs, and their lives. These are the words in which we formulate praise of our friends and contempt for our enemies, our long-term projects, our deepest self-doubts.
and our highest hopes. They are the words in which we tell, sometimes prospectively and sometimes retrospectively, the story of our lives (Rorty, 1992: 73).

Here Rorty explains the essence of what narrative is a set of words that is used in telling a life story. The interviews were required to enable sufficient trust to develop between myself as researcher and the student to enable them to tell their stories in their words. The transcribed texts attempt to replicate how students spoke, the words they used, with the grammar. Therefore, the student accounts do not read as clear grammatical statements but as stories told in which different parts interweave as they were being told.

In the research context, the word narrative carries a double meaning. It is both the organisation of student experience and the conversion of this experience into the written text of the student accounts. The word narrative will therefore be used to refer to the accounts of students from both these perspectives, as both text and written statement. Polkinghorne (1989) adds that narrative:

... is the fundamental scheme for linking individual human actions and events into interrelated aspects of an understandable composite (Polkinghorne, 1989: 13).

Therefore, the student accounts were schemes that enabled links to be made between their different experiences. These links could be identified between sections of one interview or between different interviews and also with the worlds of nursing and other student experiences. The texts of students' experience comprised what Blumer (1939), calls a "life document" that is:

... an account of individual experience which reveals the individual’s actions as a human agent and as a participant in social life (Quoted by Plummer (1990:13).

Students arrived on the nursing course due to a decision to do so, as social agents. Nursing experience coupled with the research interview became linked into the chain of their ongoing narrative. The task of transcription of the audio-tapes was therefore to reproduce the students’ narrative as a text. However, the process of converting dialogue into written form necessarily involves loss. Denzin (1989b: 69) considers that when conversations are converted to text:

The corpus of experience disappears into a text that is then read as a representation of the life experiences of the individual being studied. There are no experiences, only glossed, narrative reports of them (Denzin, 1989b: 69).
It is not possible to make a one-to-one copy of lived dialogue into a written form, as speech is a different medium to text. For example, pitch, tone, and speed of verbal delivery cannot be converted exactly into a written form. However, text does possess advantages over speech. As already noted (section 3.12) Geertz (1973:19) sees the conversion of spoken to written text as converting a passing event into an account, which can be consulted and re-consulted. This meant that time became available with which to dwell upon the student documents in order to gain an understanding of them.

Macdonald and Tipton (1993) refer to determining the surface and deeper meanings of written accounts. Surface understanding is linked to the explicit statements of facts that are present, whilst deep meanings refer to themes which require interpretation. The next heading deals with the process in which student texts were subjected to analysis and presentation part two.

3.14 Analytical Methods

The following categories of data analysis taken from Miles and Huberman (1994) provide examples of the analytical approach to the data:

1. Identifying patterns, themes and clusters of experiences. For example, the patterns of vocational and pragmatic students were confirmed.
2. Constructing metaphors that possessed explanatory value for the research. Metaphors were used to understand student experience, such as the provision of clinical work as a gift, as described in chapter five.
3. Identifying contrasts and comparisons of student experience. Differences between students were especially marked in chapter seven where changes in student lifeworld perspective are determined.
4. Particular experiences were converted into general categories as appropriate. Issues such as becoming unhappy at work dealt with in chapter four.
5. Partitions in student experience were recognised and acted upon. The concept of “fitting in” outlined in chapter five is comprised of the subcategories “being an outsider” and “being accepted.”
6. Some numerical information was obtained to gain, not so much statistical data but an idea of trends in student experiences. It was necessary to know the ratios of pragmatic and vocational students in order to identify the magnitude of the differences. These methodological principles were seen within the theoretical frame of the lifeworld's sociological categories. For example, when issues of stocks of knowledge arose for one student, this same category would be sought in other students. Lifeworld perspective transformations were seen as themes and clusters of experience.

3.15 Conclusion

The research methodology has been provided and has mirrored on the orientation to sociological data provided by Geertz that he defines as "thick description." This approach does not attempt to simplify or quantify the complex features of social experience but seeks to understand social phenomena as near as possible to the actors who produce them. The interviews were seen as complex interaction situations in which the deeper strata of student experience were sought and this meant that an involved researcher stance was a prerequisite. That deeper layers of experience and meanings were being sought led to the need to consider the ethical dimensions of the research. Ethical issues have therefore been identified as an important part of the research process.

Part two describes the practical application of both the research methodology and the theoretical issues discussed in chapter two.
PART TWO

The following chapters form the analytical parts of the research comprising chapters that follow students from their entry and near exit of the nursing course.
CHAPTER FOUR

The Pragmatic-Vocational Students

4.1 Introduction

As indicated in chapter one, I have divided the students for analytical purposes into two groups that comprise those students who entered the nursing course with mainly vocational orientations and those with more pragmatic orientations. These are analytical categories and are not meant to represent closed orders of individual experience. These students possessed particular orientations to nursing which, when grouped together, are being described as more pragmatic or more vocational.

In order to explore with more intensity the composition of these groups the question was asked: “What first gave you the idea to become a nurse?” Student responses to this question confirmed that there was a difference between the two, as to how they arrived at the decision to become a student nurse. Pragmatic students tended to drift towards nursing from a range of alternative career options, whilst the vocational students made early career decisions and were relatively fixed in their career choice. The timing of the decision to become a student nurse is therefore an important determinant of student experience of the nursing course. Early decisions to enter nursing bring about lifeworld perspectives that are not made in students who are later entrants to nursing.

This chapter will consider the evidence, the nature, and the differences between the two student orientations, for along with differences in time of the decision to become a nurse, a range of other factors also operated to shape what in this thesis I shall define as vocational and pragmatic orientations. These differences are indicated in the table below:
<table>
<thead>
<tr>
<th>Pragmatic Orientation</th>
<th>Vocational Orientation</th>
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<tr>
<td>Drift into nursing and wider social influence</td>
<td>Early decision enter to nursing and reference to family</td>
</tr>
<tr>
<td>Work unhappiness as a precipitant to becoming a student nurse</td>
<td>Work unhappiness less important or non-existent</td>
</tr>
<tr>
<td>Ulterior motives</td>
<td>Helping-caring for others</td>
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</tbody>
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**Table 4.1: Differences between Pragmatic and Vocational Groups**

As the headings in this table comprise the major sections of this chapter, some definitions of the terms will be made to provide an orientation in terms of the chapter topics.

As I will show in this chapter, the vocational idea to become a student nurse may be seen within the metaphor of a birth process. In this process, the earlier the idea to become a nurse takes form, so the more lifeworld changes arise which include the inception of the world-within-future-reach of nursing, and changes in the relevance structures of the students' lifeworld perspective. The theoretical references to these observations are seen in chapter two. These issues are examined in the exploration of the desire to be a nurse compared to the entrance to nursing as a form of drift. The term drift refers to the tendency of some students to not make fixed early career choices.

One important cluster of reasons for entering nursing by students in the pragmatic orientation was the experience of work unhappiness that prompted them to seek a more pleasing alternative. Nursing was then chosen, not as a first career option, but as a response to work unhappiness. The importance of this concept is that it leads to the forced conception of the idea of nursing for the student. Lifeworld perspective changes are rapid, and problems in integrating nursing into the other sectors of the students' lifeworld occur. Chapters five, six and seven will demonstrate further features of this effect.

Vocationally orientated students, as I will show, espoused the notion of carrying out the nursing role, in contrast to pragmatically orientated students who tended to stress personal gains from joining the nursing course. These issues are seen within the concept of strategic and communicative action taken from the work of Habermas (1981a).
Having provided some orientation of the different topics to be considered the first heading is now discussed in relation to drift and the early decision to enter nursing.

4.2 The “Always” Desire and Drift into Nursing

Pragmatically orientated students tended to drift towards a nursing career, whereas vocational students made long-term plans to become nurses. The concept of drift refers to the students’ unplanned, often accidental realisation that one response to their life situation is for them to become a nurse. In this respect, pragmatic students take strategic decisions to become a nurse. This decision is one move amongst a set of alternative moves within their life context. This contrasts with students in the vocational group who have made long established plans to become nurses. Becoming student nurses is therefore a developmental response within the vocational students’ overall life-plan (Giddens, 1991). For vocational students their life plans are made early on, often described by them as being “always,” something they wanted to do.

For vocational students, nursing was a world-within-future-reach from early life and a zone of relevance moving ever nearer to a primary position as the nursing course became an evermore realisable project. This was not the case for pragmatic students, to whom the nursing course was, from their early years, absolutely irrelevant in the sense of not holding any attraction as a world-within-future-reach. Then as a response to recent events, they identified the world of nursing as a possible world-within-future-reach. Consequently, it was moved into their zones of primary relevance. In order to explore these issues in more detail the situation of the vocational students will be given, followed by that of the pragmatic students.

4.3 Vocational Students and the “Always” Desire

The word desire is being used to indicate the longing, the enduring and preferred state that vocational students aspired to, in becoming nurses. This word includes the concept of motivation, but indicates a more intense and personal commitment to the desired state.
Typical descriptions made by vocational students are that they have "always wanted to become a nurse." For example, Sarah states that nursing is the, "... only thing I've ever really wanted to do..." and Lynn explains, "I always wanted to do nursing..." Likewise, Ruth says, "I always wanted to do [nursing]." In view of the importance and ubiquity of this statement in vocational students, some detailed examples of this "always" response will be explored.

4.4 The "Always" Desire

It was often difficult for vocational students to get beyond their statement that they had "always" wanted to become nurses. Jayne is typical with her explanation that she could not remember the exact time she made this statement to herself:

I can't remember. No, it was just something that always - you know when you are young, you want to be a teacher or whatever. It was just something that appealed to me.

Jayne meets a barrier to further exploration of her always statement. Some students were however able to locate the origin of their wish to become nurses in their family experience.

Sarah noted that:

My parent and my grandparents have been nurses - my grandmother's side of the family are medically minded and a lot of people asked me if they pushed me into nursing but they didn't. Apart from the fact that it has always been the thing we talked about at family gatherings and it is what I've grown up knowing.

Sarah was therefore exposed to nursing talk, and even without overt coercion, this talk has the effect of producing in her the idea of becoming a nurse. Sarah's account is similar to Lynn, whose mother is a nurse:

I can't really remember to be honest but my mum's in nursing, so a lot of the people that would come round our house were in nursing, and what they talked about fascinated me.

Lynn was also exposed to the ideas and concepts of nursing from her mother and her mother's friends. A family influence was also present for Karen whose mother was a nurse:

My mum was a nurse and she worked on the Special Baby Care Unit and tells me about the hospital and the job.

Sally used exactly the same phrase, "My mum's a nurse" to explain the origin of her desire to become a nurse:

My mum's a nurse so maybe that has got something to do with it but it is just one of those things that I thought I'd like to do.
These extracts of family influence confirm Mead's (1934) theory that there exists no sharp boundary between the self and the social world. His comment that:

... the whole (society) is prior to the part (the individual), and not the part to the whole; and the part is explained in terms of the whole, not the whole in terms of the part or parts ... from the outside to the inside instead of from the inside to the outside, so to speak (Mead, 1934: 7,8. from. Jenkins, 1996: 37).

Students are born into a pre-constituted social situation and when nursing is a part of this situation, then an effect takes place on the student. The self emerges from being-in-the-world (Heidegger, 1962) and it is, as Burkitt (1991) explains, that consciousness develops from interaction in the world. Schutz (1974) defines the social world as pre-existing the individual, and requiring the individual to operate within their pre-given social reality. If this social world espouses nursing then the developing individual will become aware of, and identify with this same experience. Jenkins (1996) confirms this perspective, explaining the nature of early childhood that is dependent on the social order that is created:

... the early world of childhood is often largely, if not totally, sheltered within an immediate domestic group. Routine is easily established, carers well known, and the social world relatively simple. Under such circumstances, primary identities are acquired in ordered social settings which the child experiences, and to some extent creates, as homogenous and consistent. Minimal situational and contextual change may encourage the experience of primary identification as universal, globally independent of context and situation, providing the individual with a subsequent taken-for-granted 'thread of life,' to borrow a phrase from Wollheim (1984) (Jenkins,1996:63).

This situation appears similar to the "protective cocoon" described by Giddens (1991), and is represented as a relatively insulated zone in which early parenting socialises the child. If parents provide a model of nursing as an acceptable way to live adult life then children, relatively immune from external social agents are likely to adopt this same model of how to live.

The discussion on narrative in chapter three provides insights into the accounts of students, in which past events are interpreted as "significant symbols" within "webs of significance" (Geertz, 1973). Significant symbols such as drawings are important for Geertz because their meaning can be transferred from one context to another and comprise for Geertz anything that is "disengaged from its mere actuality and used to impose meanings upon experience" (Geertz, 1973: 45). Students separate memories from the stream of their experience that
become invested with meaning, forming a "primary embodiment of ... understanding" (Rapport, 1997: 46-7). In Schutz's (1974) terms, the remembered past forms part of the individual's biographical articulation into the present, as selected, sedimented memories from the stock of knowledge are incorporated into current reality. As seen in chapter three the interpretative process entails a merging of past and present that is then arranged in the form of a narrative, a biographical account. Both Clare and Tracey provide examples of this narrative process.

Clare explains how she has "always" wanted to become a nurse, and converted this desire into action as soon as she could on leaving school. This was despite having to leave a GCE A-level course to do so:

It's one of those things I've really always wanted to do, when I was at school I wanted to go into it.

Clare provides more information about when she first recognised her desire to become a nurse:

It's funny, when I was in the infants we had to draw someone you actually respected and I drew a Florence Nightingale. I went through stages of liking other things but I always went back to nursing.

Clare locates her desire to be a nurse in childhood and there reveals this in her drawing of Florence Nightingale who she had seen in a book. Here, Clare is making biographical sense of her career decision and remembers the drawing to emphasise the "always" part of her vocation. Her drawing can be seen as a significant symbol that Clare uses to make logical sense of her life.

Clare embarked upon a GCE A-level course as preparation for nursing, but when the opportunity arose, she left this course to enter the School of Nursing. This indicated an element of the academic sacrifice she made to become a student nurse:

I started my 'A' levels and then I was meant to go in, In September. And they asked if I could go in earlier. They said March, so I left my A-levels, and I was working in a home for the elderly where I had a full time job there. I'd been working there for a year on weekends and holidays when I was at school and college.

That Clare leaves her A-level course is significant as this could be seen as a loss, but for Clare it is a gain as it brings forward her nursing career. For Clare, nursing is the 'master' life-
project that takes precedence to other alternative courses of action, so confirming her vocational orientation.

Tracey, in similar terms to Clare, describes the origin of her idea to become a nurse as a childhood dream:

I think it was like a childhood dream to start with. I always wanted to be a nurse. And then I went through the stage where I wasn't sure. And I wanted to be a dental nurse, and so I have always had that sort of thing behind it - and then it was an ambulance woman at one point, and then I decided to work in a nursing home for 2 years, after doing a pre-nursing course. Then I decided I would really like to do it.

Like other vocational students, Tracey's uses the word "always" to describe the origin of her desire to become a nurse. She defines the origin of her childhood dream as arising when she was given a nurse uniform, and then recognised what she wanted to do in life:

I think it's like a game - the media there as well isn't it? The doctors the little boys, and the little girls as the nurses. And I remember Mum and Dad actually buying me a little box and like a little nurses' uniform and things like that and I still remember that. And I used to love that playing - like that. I've just always wanted to do it. But as well, my aunt's a nurse and my sister's a nurse - it wasn't that that made me want to do it. I just wanted to do it for me.

Many symbolic features are present in this account, the nurses game that Tracey, "used to love," coupled to her parents approval by their provision of the nurses box and uniform, provide a potent image, a site at which the idea could arise. Nevertheless, many childhood games are played out with parental approval, such as being a train driver, or being a soldier, but few are implemented. Again, as with Clare this incident is used by Tracey to make logical sense of her vocational orientation. Rapport (1997), referring to the narrative of a wife explaining the reasons for her illicit affairs writes:

In other words, she marshals details where she finds them and categorises them simply in terms of the logic and dramatic structure of the narrative she is in the process of weaving (Rapport, 1967: 59).

Both Clare and Tracey carry out this process, by which dramatic experiences are woven into their life and categorised into a 'logic' of their decision to become nurses. Tracey, in her narrative, carries out an ordering of her thoughts and memories into a coherent model, her vocation to become a nurse.

Similar incidents that are interpreted as markers of the decision to be a nurse include for Jean, the time she:
... used to look after my granddad before he died. I always thought that I would want to be a nurse ever since I was small. I was in St John's Ambulance, I just, its something I've always wanted to do.

Like the students above, Jean makes sense of her experience in which she merges the dramatic incident, the caring for her dying grandfather, into the interpretation that she "always" wanted to be a nurse. Jean fixes the time at when she was "small," an indefinite period of time linked to her later experiences. Jean explains that she:

... always wanted to be a nurse ... the idea I had when I was at school ...
[Was the idea actually from school?] I can't remember. No, it was just something that always ... appealed to me.

Jean, in her narrative, links the elements of her experience into a comprehensive structure by joining her "always" statement to when she was at school. When asked if her school was the site of the idea, Jean replies that it was not, confirming the narrative linking of her experiences.

There is ample evidence in these accounts that students make sense of their vocational orientation by linking together experiences that confirm their career choice. However, how the career choice is made appears sunk into an indefinite past in which narrative interpretations place meaning and a sense of coherence.

The following accounts are also related to the vocational students, but unlike the students discussed, they were, for various reasons unable to convert their desire to become nurses into action for varying periods of time.

4.5 Vocational Students: The Diverted Desire

Kim explains how she has "always" wanted to do nursing:

I don't know. I've always wanted to do nursing. It just took me a while to get into it. I took my D.C. test a couple of years ago but I failed it the first time and so I ended up getting married and all sorts and have just finally come back to it. I can't imagine doing anything else.

Kim did not enter nursing from school. She did various jobs, including going abroad to work as a nanny for 2 years. She also married, had a child, and then divorced. Nevertheless, Kim describes possessing the background idea of becoming a nurse throughout the period before she joined the course. Only when she divorced, is she free to pursue her career intentions,
however additional factors also acted to make the conditions suitable for Kim to become a student nurse:

*I always knew I was going to do it (nursing) eventually but what made me do it now was the fact that - well, financial really because I got divorced and I thought I had to do something with my life. I need a mortgage now I have a child on my own so that is what made me do it this time.*

For Kim therefore, the vocational desire, although occurring early in life remained sunk beneath other life desires and found its emergence dependent on other external conditions.

Jenny too wanted to be a nurse since her schooldays but became a shop assistant and married. Yet, her basic desire to be a nurse remained active:

*It's something what I've been interested in for quite a long time. It's something that I've always found very interesting and I've wanted to do for a long time ... I thought my ideal thing would be a nurse.*

Jenny states that her "ideal" is to become a nurse. The word ideal carries connotations of, "answering to one's highest conception, perfect or supremely excellent," (Shorter Oxford English Dictionary, 1999) and these descriptions match the context of Jenny's statement. Her "ideal thing" is to become a nurse that constitutes her idealisation of her world-within-future-reach. As with other students Jenny uses the word "always" to define the point in time when nursing became for her a world-within-future-reach and as explained in chapter two this world possesses the temporal characteristics of the future. Therefore, as a future world it can become, as Jenny explains, an ideal zone, a place not reached and symbolic of a preferred future. Also, like other students, the word 'always' refers to an indefinite past category, a time when the world-within-future-reach was inserted into the present flow of her experience. Yet Jenny, because of a lack of qualifications, could not enter nursing directly and had to attain the pre-nursing academic standard. This meant that the conversion of her desire to a reality was dependent on her ability to study and pass the needed examinations:

*I always wanted to do nursing - it's always been there. I got married and when I had had my children, I set about getting the qualifications that. I needed to do it. I went to night school to get the qualifications.*

Not only does Jenny have to study, but also she had to do so with the responsibility of being a parent. Again, Jenny repeats the "always" metaphor, locating nursing as always being present, in a zone that was moving towards increasing relevance.
When Jenny makes the statement that it has "always" been the case, it suggests a time when the single idea, to be a nurse, entered her meaning system and remained there, unchanged over the years. Clearly, this is unlikely, for the idea of being a nurse early in a child's experience is different to the idea of being a nurse in more mature years, the concept ages and changes over time. In de Certeau's opinion (discussed in chapter two) with all beliefs, slippage occurs, and in Giddens (1991) account, life plans are subject to "reflexive reconstruction"(1991: 85). Therefore, ideas that may originate a life-plan, such as becoming a nurse are not static, unchanging entities, but subject to continual revision over the passage of time. This slippage and evolution of the idea to become a nurse was not identified by students who, in terms of their narratives made their own form of logic to fit their experience. In this inner logic, there was a 'time' when the idea entered when in fact it was more a process that occurred.

Parental influence can operate in a negative direction in relation to children entering nursing. This happened to Cheryl who had a childhood desire to be a nurse that was opposed by her parents. She was 35 years of age when she joined the nursing course:

I've always felt that way since I was very young ... I would have been about 14. I never remember not having it really. My parents didn't want me to go into nursing. [They didn't?] No, they stopped me and I went to college and into office work.

Cheryl is unable to explain how the idea first occurred as she cannot ever remember not wanting to be a nurse. One of her parent's objections was the low pay:

They were never particularly good to me my parents, and - well, I don't really know. Nurses didn't use to earn much at that time and they used to get paid £8 a month and they just didn't want me to do it. They said "I couldn't do it," but it was a bit different then to what it is now.

Despite her parent's opposition to the idea of her becoming a nurse, Cheryl maintained her desire. Although she entered a secretarial career, did several other jobs, married and had two children the original wish remained. Like Jenny, not possessing the entry qualifications, Cheryl had to study on a part-time basis to enter nursing:

I wanted to apply for nursing but I hadn't got the 'O' levels so I went to night school and started doing my 'O's. I then lost my husband so it quite prolonged it. It's been quite a prolonged effort. [How did you lose your husband?] He died. It was pretty sudden and it just knocked me off my feet and so I found it difficult to study to get the other 'O' level which prolonged it somewhat.
Cheryl's wish to become a nurse meant she had to work against two gradients, her parental opposition, and her lack of academic qualifications. Her husband's death also delayed her studies. Finally, Cheryl obtained five advanced level General Certificate of Education passes, but still her parents were not interested in her entry to the nursing course:

_They don't care really, they didn't care if the truth was known. They didn't care_

As an adult Cheryl's parents could no longer stop her becoming a nurse, their opposition was expressed through indifference. Although there are clearly psychodynamic issues in this account that are not in the remit of this thesis, at a sociological level it is clear that Cheryl's parents opposed her wish to become a nurse for many years. Possibly, the more Cheryl's parents opposed her becoming a nurse, the more the desire in her strengthened, maybe as a form of resistance, but this mechanism can only be a conjecture. Nevertheless, it is clear that Cheryl possessed a strong vocational orientation that has survived many years despite opposition from significant others.

These examples have indicated how students interpreted their desire to become a nurse in their remote experience, and this action produced, through representing a coveted world-within-future-reach, social action in which the desire became implemented. At some point in the student's early biography nursing was identified as a zone of relevance and, as these students demonstrate, even parental opposition, getting married, having children and needing to obtain pre-entry qualifications, did not divert students from their primary goal. This observation confirms the discussion in chapter two of de Certeau (1984) and Rapport (1997) that belief entails the propensity for action that arises when beliefs are firmly held. These students built up a model of the world in which they would become nurses, and then acted according to this same model.

There is ample evidence in such accounts that students make sense of their vocational orientation by linking together experiences that confirm their career choice. The actual inception of the idea appears more difficult to locate, than in the sometimes dramatic accounts of students, such as caring for a dying relative that may form their narrative account.
of the origin of their nursing desire. The following list identifies the elements within the student's narratives within the metaphor of giving birth to an idea:

1. Gestation of the idea, often in the family environment.

2. Birth of the idea defined by the “always” desire to be a nurse. This can take place in early childhood or early teenage years. This is an entry into the world-within-future-reach of nursing, and entails the birth of nursing as a relevance zone.

3. Growth of the idea. In this phase, later experiences are used in the students' narrative to confirm and place structure on nursing desire.

4. Maturation of the desire in the form of social action to become a nurse and actually being a student, usually at 18 years of age. This phase also includes the time of being a qualified nurse.

5. If maturational delay occurs, growth as a nurse may be curtailed. This is seen when more mature students become nurses following diversion or delay. Maturational delay is seen when, being older, less time is available for nursing careers to be developed.

The major difference in terms of the vocational and pragmatic students is that vocational students see themselves as being nurses in their world-within-future-reach for long periods of time before joining the nursing course. In contrast, pragmatic students experience comparatively short gestational phases, their “births” into the idea of nursing are rapid and consequently produce more variations in their development as nurses.

**4.6 The Pragmatic Students: The Drift into Nursing**

The use of the word “always” is not mentioned by the pragmatic groups of students at all. They take the decision to enter nursing later, so the concept of being a nurse is relatively new to them.

Pragmatic students appeared to drift into nursing, responding more to the contingencies of their immediate situation, than according to any plan. The decision to become a nurse appeared as one response amongst a set of alternative life choices. There exist major differences in the pragmatic and vocational narratives, which the following accounts depict. In the vocational narratives, different experiences are used to confirm the desire to be a nurse. This is because the origin of the idea to become a nurse cannot be located as a temporal event. This is different for the pragmatic students who can identify more precisely when the idea to become a nurse arose. Therefore, the accounts are different, in that the
interpretations needed to link, to make sense of past events, was not present to the same extent for pragmatic students. Nevertheless, this did not mean that interpretations were not an active part of pragmatic narratives, but that they were different.

Although Catherine’s parents are both nurses, Catherine decided on leaving school not to become a nurse. She explains:

*To be honest, I never really thought about doing nursing. Both my parents are nurses…*  
[You said both your parents are nurses.]  
Yes, my mum is doubly trained - she's mental health and general and my stepfather is a mental nurse. They both left the National Health Service - they are both now into complementary medicine and I think that might have tainted my views about how the National Health Service was going. As a small child I remember my mum coming home after a late shift, putting her feet up and being absolutely shattered, and that sort of thing.

Catherine’s parents provided her with negative views of the National Health Service, and this appears to have influenced Catherine against nursing. The statement that she witnessed her mother returning home “shattered” produces an aversive view of nursing for Catherine. She decided to become a schoolteacher:

*Yes, it (nursing) was just something I wasn’t into. When I left school I was interested in teaching - I went and applied for Religious Studies but I didn’t get the qualifications I needed so I went travelling which was supposed to be for a year but ended up being about four years.*

Catherine was not “into” nursing and so did not pursue a nursing career. She did not become a teacher, and worked abroad before returning to the United Kingdom and wanting to attend university. She wanted to study psychology at university but was unable to obtain a grant due to her absence from the United Kingdom. She went to work in a nursing home, an event that eventually led to her joining the nursing course as a result of her work unhappiness. The central issue in Catherine’s account is that she did not have a strong career motive towards nursing or any other career. She was open to what career she could build as her world-within-actual-reach took precedence over her future career world, as seen in her drift from job to job.

Pragmatic students tend to rely on more social or institutional authorities than family influences. Nicholas lists several organisations as prompting his application to the nursing school:
I had to do some thinking. And I had a lot of help given to me from the church – pastoral centre, the priest, from employment agencies, job centre, careers office. I used these channels. And of course from the job club ... When Nicholas joined the nursing course, he remained undecided about his decision and after a few months he left. He had tried many jobs before the nursing course and could not make a commitment to any.

Many pragmatic students, such as Naomi, Gillian or Rachel had more stable occupational backgrounds than the students considered. However, what these accounts do illustrate is a lack of career commitment. Some more examples of career indecision are provided that indicates the sense of drift into nursing characteristic of the pragmatic students.

Deborah explains how in the sixth form she did not know what to do. Then, when her friends applied for nursing she followed their example:

*I don’t really know. When I was in the sixth form all my friends were applying for nursing posts and I didn’t really know what I wanted to do. I didn’t want to go into an office because I’d done that sort of part-time and I thought I would apply. When I applied, I got a post and while I was waiting I did voluntary work at the local Elderly Care Hospital and then got a nursery post before I started my training so really.*

The idea of becoming a nurse arises for Deborah when her friends introduce it to her. Deborah explains that she did not want to, "go into an office" and so nursing appeared an appropriate response. She limits her range of choices to either office-work or nursing. Her work at an elderly care hospital and the nursery post were temporary and designed to fill in the time Deborah needed to wait to enter the nursing course. Unlike the vocational students who located their decision to an indefinite past time, Deborah identifies her career choice to a specific point in time, and as the result of a rational choice between two alternatives. Giddens (1991) differentiates between reasons and motives. He defines reasons as an, "... ongoing feature of action – rather than being linked as sequences or aggregates" (1991: 63).

Reasons are therefore about choices that are made in the context of a situation and are not linked to more embracing or enduring ideas. Motives, on the other hand are the "wellsprings of action" (1991: 63). Deborah did not make her decision from a motivational state in Giddens terms. In de Certeau’s (1984) phraseology, Deborah took a tactical decision to respond to the current demands of life situation.
Similar responses can be seen in the following account, in which a sense of drift, of going along with a trend, is described by Dawn:

\[ ... actually to come into nursing was, it was something I just felt I could do with the experience that I had. I didn't want to do it when I was at school or anything like that. It was just as I grew older, it was something that I became interested in. \]

Dawn explains how the idea to become a nurse grew from one of a vague interest to a decision to take action. Like Deborah, Dawn takes her decision as a result of a reasoning process, not from a desire to become a nurse. Dawn explains:

\[ It really just grew fairly slowly. It was something I was vaguely interested in, but never a burning wish \ldots But the original idea - there was no one thing. It slowly grew on me. \]

Dawn had no real ambition to become a nurse, it is just one of many possibilities for her. She decided to become a nurse over a period of time in which she converted her vague interest into action. In such accounts there is no evidence of a single idea, a burning wish such as expressed by the vocational students.

John describes a similar process, whereby the idea to become a nurse just grows and John explains how he had thought about nursing for two years before taking the decision:

\[ I'd been thinking about nursing for a couple of years. It was an idea from going to the career office. And everybody from the college I was going to, was going to university or poly to do a degree in something. So, I thought that I could do with a degree. I wanted to do something a bit more than what I thought would be sitting behind a desk and just learning a load of notes, I wanted a bit more than that. \]

The idea arose when John read about nursing in a career office prospectus. The importance of this account is that John had not thought about nursing until he happened to read about it, otherwise he may not have entered nursing. John's decision is therefore contingent. This single event was not however, sufficient to convince John who still sought the advice of his friends and family before taking the decision to become a student nurse:

\[ I was doing 'A' level biology, sociology and maths and then I was going to try to get into a poly to do a degree at the time. I kept on looking at the prospectus, and when I mentioned to somebody about being a nurse, everybody said that it would be a good idea. The more people I told, my friends and some of my family, it was a good idea. They could always see me as being a nurse. That is why I went into it from there on. \]

As John was originally seeking a degree course, he needed the advice of others before taking seriously the idea of becoming a nurse.
Sandra provides another example of the pragmatic orientation in terms of a drift into nursing:

I fancied joining one of the caring professions and that's as far as it was. I never had a burning ambition to be a nurse when I was younger or anything like that. I just went back to night school for three years previously to get my GCSE and my last year I started to think I would like to try nursing. Nursing runs in my family – my sister-in-law is a health visitor and my other sister-in-law is a district nurse.

Sandra joined the nursing course when she was 39 years of age. She denies here any vocational reason for becoming a student, and when she left school she eventually married and had children. Sandra completed her general certificate of secondary education (GCSE) studies and then “think(s)” about nursing, indicating casualness to the idea of becoming a nurse. The idea of nursing in fact arose from her GCSE studies that included health studies:

In my last year I did health studies, and there was quite a few, there were physiotherapists, there were OT's and there were a couple of girls starting nursing and they got me thinking about it.

Attendance on this course, with two students becoming student nurses, provides Sandra with the idea of becoming a nurse. The narrative structure to Sandra’s decision to become a nurse is; indifference, introduction to the idea, conversion to the idea from a range of alternatives. This format can be identified in many of these accounts. Prior to this, Sandra had made no attempt to become a nurse in her early working life. Thus, like John, a set of contingent circumstances combined to give her the idea of being a nurse.

This section has provided examples of a range of reasons that pragmatic students provided for joining the nursing course. In Giddens (1991) terms they are reasons and not motivations to become a nurse because they stem more from the students circumstances, not from their “well springs of action” (Giddens, 1991: 63).

The narrative pattern mentioned in reference to Sandra’s account can be applied as a general structure in these accounts:

1. Early life of idea sterility in relation to becoming a nurse.

2. Birth of the idea to be a nurse into a mature adult. This birth is organised through social experience and so differs to the typical family births of the idea seen in vocational students. This birth is also accidental, the result of chance events and experiences. Its emergence is therefore unplanned in terms of its entry into the lifeworld of the student. The sudden introduction into the world-within-future-reach of nursing is usually not as straightforward as with vocational students who have spent long periods of time in preparation. Relevance zones that need to be moved or adapted to the new idea may be resistant to movement such as movement to or from positions of primary relevance. The
birth of the idea is relatively premature and sometimes does not survive, as students leave the nursing course.

3. The student, meeting needs in their current situation identifies the birth of the idea to become a nurse. However, the conceptual product, being a nurse is not wanted in its own right. As will be shown later in this chapter the new product is meant to serve the student. For example, by providing escape from their work situation, or providing qualifications, etc. Often, as will be shown in the following chapters, the demands of the student are not met by the nursing course.

4. Conversion of the idea into action takes place. Like all births, initial conditions of entry are important. Students' first impressions of the nursing course, and what it was like "being a student" are dealt with in the next chapter.

These factors summarise the experience of the pragmatic students who did not plan to enter nursing until relatively late in comparison with vocational students.

4.7 Summary: Drift and the "Always" Desire

Vocational students made early career plans to become nurses, and this decision occupied their lifeworld with an increasing tendency to action as they neared the age at which they could enter nursing. Nursing moves to occupy their primary zones of relevance, and this nursing-world that has been with them for a long time, a world-within-future-reach, acts as a template by which they can construct their self-narratives. What happens to them is then interpreted as confirming their decision to become a nurse.

This is very different for pragmatic students who do not possess the world-within-future-reach of nursing during their growing years. Nursing is seen as a chance event, something that happened to present itself for consideration. As mentioned earlier (section 4: 5), the narratives of pragmatic students differ markedly in that reasons for becoming a nurse are precise, for example, when students on health studies courses who were introduced to the idea by course members. Reasons are used and not motivations (desires in this thesis) for entering nursing. This means that the lifeworld of pragmatic students differs in that it does not hold within its structure the nursing-world, as a world-within-future-reach, for the same duration as the vocational students. Nursing lies in the absolutely irrelevant zone of interest for the pragmatic student until they decide to become a nurse. As I shall show in the following chapters, this fact has importance for the students' later experience of the nursing course.
In terms of the narrative structures mentioned in sections 4:5, and 4:6, the simple phases characterising the vocational student of idea, gestation, birth, growth and maturation, are different for pragmatic students. Initial phases of an absent nursing desire lead to a social conception of the idea to be a nurse that differs markedly from the more family mediated nursing origins of the vocational students. Rapid adaptations are needed for pragmatic students who need to adjust to the nursing-world in short time periods in comparison to vocational students.

The next heading deals with another reason, which is related to the above accounts, and comprises work unhappiness. This is a pragmatic student phenomenon located as a significant social factor in the origin of the idea to become a nurse.

4.8 Work Unhappiness

Work unhappiness is defined as occurring when a student wants to enter nursing in order to escape what they define as an unpleasant work situation. This is a form of ulterior motive, in that nursing is not chosen in its own right, but to answer another need of the student. The topic of ulterior motives is discussed later on.

4.9 The Pragmatic Students' Experience

Alan worked, before the nursing course as a carer in a therapeutic community. He had become disillusioned with his work and decided to leave. He explains:

*Everyone seems so disillusioned ... I mean you work bloody hard to give your clients the best – you put a lot in to make it the best possible place and you do things for them and then you just find that you can’t do that any more ... You just feel like you’re not trusted by the people in authority. You just feel very let down in the end ... The managers don’t seem to see it ... they are blasé ... These people that make all the decisions, they haven’t a clue, and if they did, they would probably have a different point of view ... And in the end its very easy to say “Well sod it.” Why should we bother if they can’t be bothered? Morale is very low, you’re just constantly sort of trying to boost people up ...*

Alan’s “definition of the situation” (Thomas, 1976) is hopeless and he has to leave. The intensity of his feelings is expressed in his language, saying, and “Well sod it.” His manager supported his decision to leave and Alan joins the nursing course, to escape. Alan’s situation
is similar to Miriam who defines her work situation in similar terms, describing it as a “dead end job”:

I was in a dead end job, I had taken it for financial reasons not because I wanted to do it. I thought there would be management prospects, but bitterly disappointed after putting so much effort in and getting no thanks for what I did. The age-old saying "the more you put in the more they want from you". I wasn't getting anything out of it.

Being in an occupational impasse, in which she saw no future prospects are the precipitants to Miriam seeking an alternative career in nursing. Her use of the metaphor, “dead-end job,” is similar to Alan's description of being disillusioned, both indicating extreme negative positions. The only option for both Miriam and Alan was to look elsewhere to escape their work unhappiness. Being in this place gave Miriam the incentive to move and she responded to an advertisement in the local press and applied to join the nursing course as a learning disability nurse.

Lorna was also unhappy at work, in her job as a secretary in a medical insurance company:

I was a secretary at an insurance company and I was actually working in the medical department, it dawned on me that I couldn't actually sit behind a bloody desk for the rest of my life - it was going to drive me insane because I hated it. I know it sounds daft but, you know, wiping my boss's backside used to drive me round the bend - because I could really feel like saying, "For God's sake that sort of job you could do yourself - you don't want me to be there doing it", and I had to think of something else to do.

In this account there is a similar sense of desperation to the narratives of Miriam and Alan in that she also describes an impasse, in which her only option was to “think of something else.” The metaphor Lorna uses is that her work was so unpleasant it used to, “drive (her) round the bend.” She also used the phrase, “for God's sake” indicating, like Alan, the depths of her unhappiness. With these triggers Lorna decided to use the knowledge gained from being a secretary, versed in medical issues and terminology, to become a student nurse. Her motivation stems from her need to escape, not from any desire to be a nurse. Naomi who worked in a building society and had not enjoyed her work for a long time gives a final example of work unhappiness:

I worked in insurance, and I never liked that type of work, but it was something I got stuck in. I always wanted to do something different really, with people. Then I thought about nursing and really, I didn't think it was what I wanted to do, but it seemed to snowball from there. I think it was something that I slowly got pulled into, rather than it being a burning ambition to be a nurse or anything like that, so it just evolved.
Naomi uses the metaphor that she felt "stuck" and as a result eventually decides to try nursing. Naomi did not want to do adult nursing but was persuaded to do so, describing this process as a "snowball" effect. She had started the process and seemed unable to stop it. Thus, Naomi still felt very ambivalent about nursing at the time of the interview and indeed retained this ambivalence for the duration of the nursing course.

A common feature in these examples is the students' use of metaphors to describe their feelings of unhappiness in their working situation. Work unhappiness is therefore explained in terms of the intensity that only metaphors can bring. The metaphors contain the common element of experiencing a limit, a situation that cannot be changed. Because this is so, the students had no option but to leave, to open themselves to new ideas. Nursing is then selected as an idea that can lead them out of their situation into a different realm of experience, the world of nursing, but this is a world that is unknown and unfamiliar. The effect of the relative unfamiliarity of nursing, compared to vocational students, is explored in the following chapters.

Using the metaphor of the birth of the idea of nursing, these students differ from those who drifted onto the nursing course, after selecting nursing from a range of alternatives. The idea of becoming a nurse appears forced upon them by their work situation. Their move to become a nurse is therefore to escape the social situation that they are in, it is in de Certeau's (1984) terms a tactic, a mechanism of weakness that is used when plans fail and power is weak.

4.10 The Vocational Students' Experience

The situation of the vocational students was very different to the pragmatic students. Karen, like many vocational students joined the nursing course directly from college. She had no previous career:

Tactics are what individuals can do in situations of weakness as responses to what is happening to them and contrasts to strategies that arise from a position of power (de Certeau, 1984).
I chose this hospital for my interview, most relaxed and wasn't at all formal. My mum was a nurse, she worked on Special Baby Care Unit and told me about the hospital and the job.

The emphasis she cites as to why she chose nursing is very different to the previous accounts above as Karen converts the question of why she entered nursing into why she chose Maintown hospital. Karen therefore simply chooses to assume that her decision to become a nurse is already accepted within the structure of the question. Therefore, her assumption is simply that she has already decided to be a nurse, where she does her training is more important.

Sarah has a similar experience of coming to the nursing course directly from education:

I came into nursing at 18 years, and I'd got no real experience of anything else …

Sally was similarly in education before she entered the nursing course, doing a (BTEch\(^2\)) course in health science when she left school as a preparation for becoming a student nurse at 18 years:

When I was a school I decided and then I went on to do a college course, a BTEch in health science so that set me up with my nursing.

Sally has no work experience to become unhappy about. These are typical examples of vocationally orientated students, although, as stated above (section, 4: 4) some had been diverted into different careers. For example, Laura became a medic (medical attendant) in the armed forces and then felt that she had been "side-tracked" and that she had really wanted to become a nurse all the time. Her unhappiness was therefore not about her work, but about the precise nature of it in relation to the type of caring that she was doing:

I think nursing has always been my ultimate goal. Well, it was mixed up really because I went to join the air force because that's always been indoctrinated into me - that kind of life style. That's all I ever knew really, but I also wanted to do nursing. So really, I have to combine between the two - and then I went to see about joining up - this is what I mean by 'side tracked'. I got side tracked into being a medic in the armed forces.

Laura married and had children, and then became a student nurse. She does not mention work unhappiness to be the reason she left the air force. Rather her "ultimate goal" was to become a nurse.

\(^2\) This is the Business and Technical Education Council.
Glenda had also been diverted from her long-term desire to be a nurse, due to a more personal fear of blood. Nevertheless, nursing remained something she had “wanted to do a long time ago.” She explains:

As a child, I had 2 threads that interested me. One of art, and one of nursing. I chose art, as I couldn’t face blood and things. Teaching to my mind is very similar; you are working with people. There is an element of care there. I needed something more for me. And it’s no coincidence that I gave up my job to come on this course.

Glenda was intending to join the mental health branch, which, she thought, would enable her to avoid her fear of blood. She resigned her job to join the nursing course and, like Laura, makes no complaints about the work she relinquished in order to become a student nurse.

4.11 Summary: Work Unhappiness

In general terms pragmatic students describe more issues related to their current experience as being a cause for them joining nursing, whilst vocational students place more emphasis upon their past experiences. This brings the analysis to the point made earlier in the application of Giddens (1991) ideas. It appears that more accounts of reasons are given for joining the nursing course by pragmatic students, and more motivations to become nurses by vocational students. There exist therefore, considerable differences in these student groups. In terms of lifeworld sociology, the relevance zones of nursing, until work unhappiness prompts a movement to the nursing-world do not occupy the lifeworld of pragmatic students. Their ideas of lifeworld horizons do not include nursing until they are prompted to consider different career possibilities. It is only then that nursing comes into view and is born as an idea to be acted upon.

4.12 Ulterior Motives and Caring for Others

This heading considers a different range of motives that did not fall under the work unhappiness concept. An ulterior motive to enter nursing was defined as the decision to join the nursing course to gain personal benefits of some kind. This was in contrast to the motives of vocational students who joined nursing with the desire to carry out the nursing role.

Pragmatic students tend to have a broader range of reasons for becoming nurses in comparison to the vocational students who usually explained that they entered nursing to help
or care for others. Ulterior motives therefore refer to the range of reasons given by students for becoming student nurses other than carrying out a caring or helping activity.

4.13 Pragmatic Students and Ulterior Motives

Hazel gave a wide range of reasons for being a nurse, that included using the nursing qualification to gain entry to a MSc course as well as personal research:

*Being in a university library, I began to read quite extensively and my reading seemed to orientate itself into people. I became very interested in Germany, and the Second World War. And especially what they did to the Jews - concentration camps and things, homosexuals, clergy, etc. And from that it became a succession of reading - I was reading the historical context and I very quickly went on to the psychology context, the social context of how people coped with such traumas in concentration camps and really I became very, very interested in psychiatry. I then thought, well if I'm interested in psychiatry and doing all this reading, why don't I try and achieve a goal, you know achieve an end to it all.*

Hazel was therefore interested in personal research, in that she wanted to explore her ideas about psychiatry – to develop her interest in psychology. She makes no mention here of helping or caring for people. Her motives are to obtain a goal on which to focus her interest that constitutes the use of nursing as an instrument to achieve a personal aim. Habermas (1981a) differentiates between strategic and communicative action. Strategic action is aimed at achieving some instrumental purpose in the objective world; it is, in Habermas’s (1981a) terms both purposive and rational. This is the type of action Hazel was suggesting in terms of her entry to nursing that was to achieve a set of goals that included exploring about people and gaining a MSc in psychology. Habermas (1981a) explains his opposite form of communicative action as reaching mutual understanding in which either party can disagree. This communicative action is not about achieving a goal, but meeting the other person as an individual. Hazel wanted to join the nursing course for instrumental reasons, to make strategic gains. However, nursing possesses in its literature the tendency to focus on the communicative function of nursing. For example, Benner and Wrubel (1989) concentrate on the phenomenological aspects of being with people. Peplau (1988 [1952]) provides a psychodynamic nursing model aimed at nurse-patient relationships. Paterson and Zderad (1988) focus on being with patients in a humanistic way, and so does Taylor (1994). All these authors emphasise the communicative component of nursing over its instrumental
purpose. However, Hazel approaches nursing from a strategic perspective in that she joins the nursing course for what she can get. She continues her account:

Also, it can offer me a chance to see - well I suppose the people aspect. Personally, I feel I've had a very academic career, but not much practical experience at all - except for when I was working in the library. And so I thought that nursing could offer me a lot of people contact and especially people contact in the area I'm interested in which is Mental Health. So, there was that aspect of nursing and also a general interest in biology as well - biological aspects.

Hazel's reasons for entering nursing therefore comprise strategic aims that include gaining "practical experience" and a "lot of people contact". Hazel's needs are to develop her personal interests, not to care for people, or to become a nurse as such. She also adds her interests in the "biological aspects" of life as a further reason for joining the nursing course – another instrumental reason.

David provides a similar perspective to Hazel when he explains that one of his main reasons for entering nursing is to explore knowledge areas that he finds interesting:

A search, but not necessarily for knowledge, a search for understanding if you like. I know that you need knowledge of people to understand, but I want to be able to understand more than anything really.

He describes this as a search for knowledge that can be provided by the nursing course. He is not concerned about what he can give, but what he can get. David continues:

I want to know more about how the world ticks really, why they do things and what people are and things like that.

David provides, like Hazel, a 'shopping list' that includes knowledge and understanding. Heather provides her own shopping list for becoming a nurse that includes her need to "... stretch my brain, I also wanted security..."

Other examples of the stated needs of students include Esther and Jan who wanted to gain a "qualification." Lucy wanted to be a "part of the medical profession." Miriam mentioned the "bursary payment," and "better future prospects," and Rachel wanted, "a career, because I didn't have one that I could go back to." All of these students possessed the same characteristic that they entered nursing for strategic reasons, not primarily to be a nurse, but to make instrumental gains, such as obtaining qualifications, payments, and a career. These were all personal gains of some kind.
4.14 Vocational Students and Caring for Others

Examples of the vocational orientation were present when Cathy, Helen, Sally, Lynn, Jayne, Sarah, Ruth, Karen and Laura re-iterated several times, "I just want to be a nurse." The typical responses to the question, "Why become a nurse?" were: "I always wanted to "(Laura)," I didn't think of anything else Karen,"... all I wanted to be is a registered nurse (Lynn), "I've always wanted to do nursing" (Kim). These responses have already been discussed in section 4.4 in terms of the "Always" Desire. Another set of responses focuses more on the social act of nursing:

I guess I value people more" (Cathy).
I ... care for people (Jean).
I always wanted to work with people (Elizabeth).
I enjoy working with people (Jenny).
I wanted to help people (Sarah).
You're working with people and that is what I like (Sally).

The primary vocational response therefore contains elements of being with people, of providing them with a service of some kind. This links the vocational orientation to a more communicative over a strategic set of motivations, and contrasts with the pragmatic students who were more strategically focussed. The vocational students therefore wanted to care for people, to carry out some act upon another person that gave personal satisfaction to them in the process.

Vocational students often explained their reasons for joining the nursing course in terms of what they thought the role of the nurse entailed. In this context, Clare defines what she considers to be the role of the nurse:

Generally, care for patients. One's who had operations or, you know – just care for the elderly and things like that. You know, like injections and things like that.

This is a practical activity of carrying out technical procedures upon patients and according to Clare, is a situation whereby she gives something to other people. She is seeking to be the provider of a gift relationship. This form of relationship was a common feature of vocational accounts and is similar to Sarah who gives the following definition of nursing:

I wanted to help people by being the best – whether is was with the elderly and rehabilitating or on a surgical ward, where they come in poorly, operate and then go home OK. It is making people feel their best.
Sarah wants to provide the maximum she can to help the patient. This relationship is not however a simple one-way affair of a gift (of the nursing action) being provided but includes a reciprocal feeling of well-being in the student. Jenny explains the satisfaction that can occur in the nursing role:

*Helping people and getting them on to the road to recovery. Being able to help which I think is fulfilling. It must be very satisfying, there aren’t many jobs that are satisfying.*

This relationship of providing for others includes therefore benefits to the giver of the action, the satisfaction of being used in this way. Ruth confirms this perspective:

*I just think it is a really good job, you are caring for people – I don’t know. You don’t get the chance to be with people in an office, just on the phone ringing, but nursing is caring for the people. I feel at the end of the day I can go home and think I’ve done something for someone today …*

Ruth provides insights into the caring process as she sees it. Again, the gift relationship is present, but like that of Ruth and Jenny it is symmetrical, conferring benefits on the giver of the action. As Ruth comments, she feels she can go home satisfied that she has been able to help someone. The issue of providing nursing care as a gift is important in that in most gift relationships result in the receiver of the gift being in debt to the giver (Lewis, 1976).

Therefore, it is noticeable in these accounts that Ruth and Jenny take feeling satisfied or fulfilled, as payment for their gifts.

The reasons that these vocational students therefore give for entering nursing include the elements of being a nurse and interacting with people in whom they take the role of being a beneficent other. This is not however, simply to give to others, but to obtain a sense of personal satisfaction in the process. Four phases can be identified in being a nurse in these vocational accounts:

1. Wanting to be a nurse.
2. Wanting to be with people.
3. Wanting to provide a gift to others, the gift being defined as the actions of carrying out the nursing task.
4. Receiving a sense of satisfaction from carrying out these nursing roles.
4. 15 Summary: Ulterior and Caring Motives for Nursing

These accounts have provided two approaches to nursing that are linked to the lifeworld concept discussed in chapter two (section, 2.16). The lifeworld of vocational students, through their long process of maturing the idea of being a nurse, have defined the lifeworld sector, the thematic province of meaning of what nursing is about. They have come to adopt a particular relationship to the nursing-world which they have long defined as the object of their vocational desire. This is the realisation of their world-within-future-reach of many years, a world that the student wants to convert into a world-within-actual-reach. This situation differs radically from the lifeworld perspective of the pragmatic students who see nursing as a response to their life situation, and as therefore providing them with solutions, first to their employment and career, and also in terms of the immediate benefits that can be accrued. The orientation of pragmatic students is more strategic or instrumental, in that the nursing course is seen as providing gains of various sorts. Vocational students see nursing as a more communicative venture, in which giving to others provides rewards to the givers of this nursing action.

4. 16 Conclusion

Two clear orientations to nursing have been explored through three main headings. Firstly, the “always” desire to be a nurse of the vocational students has been explored and the metaphor of birth process has been suggested. This metaphor included the elements of gestation, birth, growth and maturation. The diverted desire of the vocational students was seen in this metaphor as akin to a delayed birth of the idea to become a nurse. In the pragmatic accounts this metaphor was again used, and found to describe the late conception of the idea to become a nurse with all this entails, such as difficulties in managing to develop in nursing. Most students who left the nursing course were pragmatic in orientation. The one vocational student who left the nursing course was a mature entrant whose diverted desire to become a nurse meant that she could not adapt to the nursing-world. These concepts have also been referred to the lifeworld concept.
Secondly, the topic of work unhappiness has been explored. Pragmatic students appeared forced to conceive of the idea to be a nurse. They gave 'reasons' for becoming a nurse but, in Giddens' (1991) terminology, they were not operating from the "well springs of action," indicating they were not motivated to join the nursing course in the same way as the vocational students. Again, the metaphor of birth was used to understand how work unhappiness led to the sudden decision to enter nursing.

Finally, the topic of ulterior motives to enter nursing was considered. Here the ideas of entering nursing for strategic or communicative reasons (Habermas, 1984a) was developed. Pragmatic students were more inclined to join the nursing course to use it as an instrument to obtain different benefits. This contrasted with the vocational students who expressed more communicative reasons for being a nurse, joining the nursing course to give to others, as well as to receive the communicative benefits of this action. As in the above headings, these actions were explained within the lifeworld concepts of the world-within-future-reach and relevance zones.

These headings have enabled the differences between these two orientations to be identified. The next chapter focuses on the experiences of students as they undertook the life of being a student nurse. In the chapters that follow, the differences identified in this chapter will be shown to mediate many of the student experiences of the nursing course.
CHAPTER FIVE
BEING A STUDENT: FITTING-IN, BEING ACCEPTED
AND BEING AN OUTSIDER

5.1 Introduction

This chapter discusses the experience of students in their clinical placements. It is about their experience of being a student, and explores issues related to how they fitted-in with the nursing team. The concept of fitting-in has already been discussed in chapter two in reference to the work of Melia (1987). As indicated in chapter two, the concept of fitting-in is one aspect of a complex process and leads to either being an outsider or, being accepted by the nursing team. Therefore the concepts of being accepted and being an outsider are explored in this chapter.

The theory in chapter two is used to understand the experiences of students relating to lifeworld structures concerning, the world-within-future-reach, lifeworld horizons and zones of relevance (Schutz, 1970, 1974). Nursing culture is understood from the perspective of Schutz (1970). Giddens' (1984) concept of the recursive nature of experience is seen in student accounts, with application to Jenkins' (1996) ideas about the individual being embedded in social life. The gift relationship found in the provision of nursing tasks to students in exchange for their work for the nursing team is explored, using ideas from Lewis (1991[1976]) and his consideration of the work of Malinowski (1922). The nature of nursing as the provision of the gift of caring has been discussed in chapter three, but the use of the gift relationship is seen from a different perspective in this chapter.

The topic of narrative forms a central feature of this analysis, focusing at times on the production of metaphor by students. The research refers to Goffman's (1986[1976]) frame analysis and definition of the situation. The rite of passage discussion in chapter two, using Gennep (1960[1908]), is used and developed within a lifeworld perspective.

The studies considered in chapter two, used to understand the theoretical context of the research (i.e., Melia, 1987, Mackay, 1989, Jowett, Walton, & Payne, 1994), suggest a range
of problems encountered by student nurses. The studies below augment those in chapter two, and highlight the work that needs to be achieved to move beyond mere description and find an understanding of what happens relating to student nurse experience of their clinical areas.

Wilson-Thomas (1995) discusses how the gap between theory and practice can be reduced. She arrives at the conclusion that critical enquiry is part of the answer. This chapter attempts to bring forward the critical enquiry of what happens to student nurses during their clinical life. Drummond (1990) investigated the work style of students of mental health nursing on a Project 2000 nursing course. He argued for supervised primary nursing over team led nursing which promoted a "bureaucratic cognitive style." Drummond's study brings into question some of the basic issues related to the organisation of mental nurse education. Again, without more information about actual student nurse experience it is difficult to posit the benefits of one scheme over another. Greenwood (1993) suggests a return to clinical practice by teachers of nursing to reduce the compartmentalisation of theory and practice. Students are seen as being exposed to poor nursing practice which encourages the development of desensitisation to human suffering. Greenwood notes that fitting-in is one of the phenomena indicative of the development of poor nursing practice. In this chapter the concept of fitting-in is specifically explored, not in terms of radically altering educational practice but in terms of understanding what is taking place in the clinical domain of student experience. Beck (1993) studied 18 nursing students and found feelings of anxiety, abandonment, reality shock, seeing self as incompetent, doubting the decision to become a nurse with some uplifting consequences. Beck's conclusion is that action is needed to address the issues she raised. This chapter investigates many negative features of clinical nursing experience and arrives at the conclusion that, the mechanism by which a nursing career is chosen is a major predictor of negative experiences. Therefore, this research goes some way to answer Beck's challenge to address the issues she has raised.
This consideration of nurse training highlights the difficulties that are present, leading to the conclusion that knowledge of the origins of problems related to nurse training is needed before remedies can be prescribed.

The following statistics are given, not for any statistical significance but to provide an overall impression from the qualitative statements that were provided. In reference to feeling accepted by the nursing team, 50% of pragmatic students and 71% of vocational students defined this as their experience. In terms of feeling an outsider, 73% of pragmatic students mentioned this concept compared to 35% of vocational students.

Examples from each of these headings will now be explored and comprise the students' response to the general question: "What is it like being a student in the clinical area?" The accounts given by students represented for them incidents and experiences that they considered were important at the time of the interview. The power of these experiences lay in their being remembered and thus leaving a "mark" upon the student as in Denzin's (1989a) account of epiphanies, that are:

... interactional moments and experiences which leave marks on people's lives ... In them, personal character is manifested (Denzin, 1989a: 70).

I will modify Denzin's use of "personal character" here, to include experiences that students encountered, not as an indication of their character but as their response to the environment of nursing.

The timing of the interviews, provided in chapter three, in which students on the CFP course were interviewed up to three times, the specialists once, and the retrospectives once, has significance in the accounts that follow. Often, students interviewed before much clinical experience had occurred were positive about their clinical work. After more clinical experience however, the vocational and pragmatic accounts separated. Vocational students established a less enthusiastic, but mainly positive view of nursing whereas pragmatic students became less enthusiastic and generally more pessimistic. Provided below are examples from the different groups, mentioned in chapter three (initiates, specialists,
retrospectives). As stated in chapter three the temporal dimension of the nursing course is important and confirmation of these observations are made.

In chapter three, I proposed that students experience more changes in their first months of the nursing course. This suggestion perhaps confirms the professional socialisation model of Davis (1975) in which incongruity between what was expected and what actually happens in nursing during the first few weeks of nurse training, and Beck's (1993) research that identifies negative experiences in student nurses' first clinical encounter. In student accounts a progression from their first experiences is seen, that gradually moves to one of relative stability. This, however, differs according to the vocational or pragmatic orientation of the student, with pragmatic students encountering more changes during their initial time on the nursing course, and arriving at a less contented final outcome in the final stages of the nursing course. This finding also needs to be seen in the context of chapter seven where radical lifeworld perspective transformations changes are seen in some pragmatic students, but not in vocational students.

5.2. Fitting-In to the Clinical/Nursing Team

This concept refers to the mechanisms that students used to gain a sense of belonging to the nursing team. If successful, fitting-in tactics enabled students to feel a part of the nursing team and to find a sense of acceptance. If unsuccessful, then students defined themselves as an outsider, occupying a marginal position in relation to the clinical team. Fitting-in was therefore a tactic employed by students to gain acceptance by the clinical team.

In this first set of interviews, divisions are made between the initiate, specialist and retrospective groups. This allows a temporal perspective to be gained in terms of the students' progression on the nursing course.

5.3 Fitting-in: The Vocational Students

The following are examples of student accounts in which fitting-in to the clinical team is discussed. Most vocational students did not describe problems in fitting in. Partly this may
be explained because many had previous nursing experiences, but also, because (as seen in chapter four) they had adapted to the notion of being a nurse.

Before discussing the examples provided, a quotation from Schutz (1970) enables the situation to be defined in which student clinical experience can be set. Students have to adapt to the culture, the:

... way of life (including its mores, morals, laws, and so forth) prevailing in this culture which is pregiven to the single actors as a scheme of orientation and interpretation of their actions. It is, however, up to the [in this case student] to define, and continuously redefine, their individual (private) situation within this setting (Schutz, 1970: 83).

Students therefore entered a nursing culture that is already established, that has its own way of life represented by the clinical team and who have previously interpreted how nursing is to be carried out and student are to act. Consequently, students have to learn how to operate in this already given culture. If they fail to adapt they could fail the course. Given this context the following examples indicate the ways in which such adaptation takes place.

5.4 Fitting-In: The Vocational Initiate Students

Jenny, in her first interview, describes no problems in fitting into the nursing team explaining:

I found it easier than what I thought it would be for the first placement, it was very enjoyable. I found it very rewarding.

With enjoyment, Jenny feels a sense of fitting into the nursing team and this does not change in her second interview:

Five days are not long enough, you have just not got time to get your teeth into anything, whereas with three weeks at least - even that seems to go so fast and you don’t think you have the time to do a lot of what you want to do, but at least you are getting there.

Issues related to fitting-in are not present in Jenny’s account. She maintains her enthusiasm in her final interview near the end of the CFP:

I’m getting there. I mean I’m, I’m getting where I tackle more things and they don’t worry me as much that used to. I’ll quite happily go and do certain things. But I still don’t feel as though I am a nurse.

There is little noticeable change in Jenny’s accounts between her first and third interview that were nearly 18 months apart.
Clare, in her first interview comments, "... But you have got to start somewhere. You know and build experience up slowly." These comments reflect the generally positive interpretation of vocational students, especially on their first placement. However, by her second interview Clare had not visited during her clinical placements any adult care wards, her chosen branch speciality. She then says:

Well I've been out with a community midwife, a Social Education Centre and a day hospital, a children's nursery ...

Clare therefore has problems concerning the absence of her preferred location. Fitting-in was not an issue for Clare, mainly because in her opinion she was not doing nursing as she envisaged it.

Kim recalls this experience when she describes her need to adopt the role of a student:

I like it as well, but am used to being part of the team you know ... I can’t be me – just myself – because I don’t know people. I get to know people well enough – and I feel I am not acting like me. I am just going in and being how a student should be. You know – I don’t know – maybe now we have got a 3-week placement it might be a bit better – I don’t know.

This interview took place after one year on Kim's course. Kim felt that she was not herself but was acting in the way she believed the clinical staff expect her to act. She identifies two aspects to her self; one is her real self, and the other a public self put on for the benefit of others. Goffman refers to this process as "impression management" (1969) that is summarised by Burkitt (1991) as:

... a surface agreement, a veneer of consensus, which is engineered by the social 'actors' concealing their own desires in order to pay lip service to values they feel obliged to respect. ... Together they reach not so much a real agreement as to what actually exists but an agreement over whose claims concerning what issues will be temporarily honoured (Burkitt, 1991: 58).

The agreement that is reached is referred to by Goffman as a "working consensus" that gradually shapes the behaviour of social actors, who adopt the claims being made upon their actions as their own. This is however, in Habermas's (1981) terms and discussed in chapter four, a strategic response of compliance, and not a real communicative response where dissent¹ can be voiced. In this setting, the colonisation of the student by the expectations of

¹ Being able to say no in a discourse is part of Habermas's (1981) definition of communicative action.
the nursing team amounts to a process of compliance in which the expected roles of how a
nurse should act is gradually adopted by the student. Kim feels that she has to put on a front,
a presentation for the nursing team, akin to Goffman's (1972[1959]) perspective of
establishing a front:

It will be convenient to label as "front" that part of the individual's performance which
regularly functions in a general and fixed fashion to define the situation for those who
observe the performance. Front, then is the expressive equipment of a standard kind
intentionally or unwittingly employed by the individual during his performance
(Goffman, (1972 [1959]: 32).

Kim performs her role as she thinks it should be done but her actions are for the sake of
others, not for herself. In her third interview, Kim explains how she keeps returning to a
"nursing assistant" role. However, in this same interview she then explains:

(Before) I just accepted that you padded a patient if they wet themselves but a lot of
this came from Beckton where there - not that I saw any promotion of incontinence, it
was just management even up to when I first started the course 18 months ago there
was no promotion of incontinence in the elderly mentally ill placement that I was
working. And staff attitudes towards difficult patients, I just accepted it was OK
without questioning or thinking about it. I just accepted it.

Kim decided that this practice was wrong and tried to change things when she could, an
action that led her to encounter some problems:

If you find out that what you accepted is wrong and if you accepted it then you were
more likely to do it. So then if you find it is wrong, you try and change it.
[Does that lead you into problems?] Mm, well it depends in what context it is. Sometimes it's hard to change and
sometimes it comes naturally over time.

Kim progressed from feeling that she was still a nursing assistant during her first interview to
realizing this was not the case by her third interview. She has therefore changed over time,
moving from the identity of a nursing assistant, consolidated over some years, to that of a
knowledgeable student nurse. The issue of the front that Kim used is also important, in that
she is able to be a student in relation to nursing and to remove to some extent her social
front. The changes in Kim, asserting her nursing knowledge, may also be explained in
relation to Brady's (1990a) research, in which, "occupational role identity occurs between 6
and 19 months after entry to nurse training" (Bradby, 1990a: 1220). This is after the time of
Kim's decision to try and change clinical practice. In a lifeworld perspective, Kim has
converted her theoretical knowledge into recipes for action. This has in part happened
because, as she arrives nearer to the end of the nursing course, her world-within-future-reach
is becoming ever more tangible and will require her to act as a qualified nurse.
Tracey, following a pre-nursing course, found few problems in being accepted. However, by the second interview she complained that she was not getting enough nursing tasks:

"We tend to be observers – and I think we should be more hands on than what we actually are meant to be. Because I like to sort of go onto a ward and get stuck in. I think you don't learn anything if you stand and observe. I can't just stand around and watch – I have to get stuck in and get involved – get involved with the staff and patients – that's the way I am. I don't think I'll learn anything if I just stand and watch."

The observer role defines Tracey as an outsider, a person looking in, but not involved. She maintains her own values, to be involved, even though she believes this is not how the School of Nursing prescribes her actions. Schutz (1970) discusses a “formula of transformation” (Schutz, 1970:85) which converts the values, relevances and typifications of one group for use by another. The School of Nursing gave Tracey a formula of transformation that did not work for her. Tracey uses the phrase “I can't just stand around,” as a reason for becoming involved despite her belief that the School of Nursing contradicted this stance. By the time, however, of her final interview, Tracey explained how she is able to fit into the nursing team:

"Well - what I've done is gone back to placements where I've been before, so you are treated differently and you do know a lot more, which is good because they give you more responsibilities if you want them - but you are still under supervision. I've done more injections and things like that. You are treated different once you go back the second time and you've been there a lot more."

Tracey feels more involved with the clinical team during her repeat placements, more of an 'insider.' The repeat visits to the clinical placements enable her to be active, joining in with the "way of life" (Schutz, 1970: 85) of the in-group. This progressive identification with the nursing team is a common phenomenon for vocational students. Tracey therefore moved from taking the stance of an outsider (taking literally the formula of transformation of the School of Nursing), through a desire to be active in carrying out the nursing role, to one of an active team member.

Elizabeth, in her first interview, explains how her initial clinical placements were, “brilliant” which took place on an elderly care ward, and a learning disabilities setting. She explained:

"It felt quite nice really. People identify you in a role, they identify you as being a nurse and it makes you feel quite nice. It made me feel like there was a lot of responsibility put on me as well though because people look at you in a different light."
Elizabeth had previous experience as a nursing assistant, and because of this experience does not describe problems in fitting into the nursing team. But, by the time of her second interview things changed for Elizabeth who avoids going, "against the grain" in terms of the her acceptance by the clinical team:

*Probably because you are the student and you have to try and fit in with all the other people on the ward ... you don't want to be seen to be going against the grain. You just try to fit in.*

This is another example of impression management, which in Elizabeth's case is defined as, not being identified as difficult, as not fitting in. However, an additional problem for students is that they have to be assessed in each clinical placement by their clinical supervisor. This means that not only do they have to manage the impression they make, but that they are also assessed on this same performance. Starting as outsiders students have not only to appear as an insider, but are also judged on their ability to do so – a failure to pass clinical objectives means the student has to repeat the clinical placement, or fail the nursing course. Elizabeth explains in more detail her need to fit in:

*I don't know if it is maybe because some of the staff on the wards you come across have trained a different way to you, and they have to be seen to be doing things, and maybe our training is saying "it is alright to sit and talk to people."

This means that for Elizabeth the clinical placement has produced feelings of difference compared to the nursing teams' own training scheme. Elizabeth believes she differs because she has been given divergent prescriptions of how to carry out the nursing role. Fitting-in is therefore more complex than in the situations studied by Goffman, because the students are told they are different before they enter the clinical area, due to the introduction of the Project 2000 nursing course, which confers diploma status on students. The example of difference provided by Elizabeth concerned the emphasis placed on interpersonal communication by the School of Nursing in which it is acceptable nursing practice to "sit and talk to people."

Elizabeth identified a contradiction, in that she wanted to talk to people, but then recognised that taking this action could make her appear not to be complying with the nursing teams "way of life" (Schutz, 1974) in carrying out the nursing task. Schutz (1970) writes:

*As long as a formula of transformation cannot be found which permits the translation of the system of relevances and typifications prevailing in the group under consideration, into that of the home-group, the ways of the former remain un-understandable; but frequently they are considered to be of minor value and inferior (Schutz, 1970:85)*
Elizabeth attempts to make logical sense of the in-group, the nursing team, in their reluctance to facilitate more communication between nurse and patient and, as a result she locates the problem to their ‘training’ scheme being different. The in-group’s behaviour is then defined as inferior, because their training scheme is outdated in comparison to the Project 2000 nurse education project. Elizabeth in her stance towards the wearing of a uniform maintains an outsider perspective in relation to the nursing group that wears the uniform. Elizabeth also questions the need to wear a uniform and Schutz (1970) describes this questioning as a typical “out-group” view:

The members of an out-group do not hold the ways of life of the in-group as self-evident truths. No article of faith and no historical tradition commits them to accept as the right and good ones the folkways of any group other than their own (Schutz 1970: 85).

Elizabeth questions what is self-evident to the nursing team and in this way confirms her out-group stance. Her final solution at the end of the CFP is to abandon the adult branch and transfer to the mental health branch that she defines as more “herself.” Therefore, Elizabeth was unable to accept the “ways of life” of the adult nursing in-group. She did not agree with their “self-evident truths” and so decided to leave, making her an exception to the general tendency of vocational students to fit-in to the mainly adult branch of nursing.

5. 5 Fitting-In: The Vocational Specialist Students

Generally, by the time of the branch, few problems of fitting into the nursing team were described. By this time, students had arrived at their chosen branch and were accepted by the nursing team as potential colleagues and therefore a part of their in-group.

The majority of accounts were positive; Sarah describing her experience of the adult branch as being “… thrown in at the deep end” but considered it was still “excellent.” Sally mentioned the benefits of being able to follow “patients through,” a mechanism that she felt unable to do on the CFP. Lynn felt that:

Now we’re in branch, the (clinical staff’s) attitude is so much different. I mean, I’ve never had problems before, but now they seem to take more time with me.

Being in the branch can therefore be understood as a movement along the rite of passage discussed in chapter two, out of the CFP, but not yet to the desired goal. This rite of passage
marked, nevertheless, the students’ emergence from their beginner status. In a lifeworld perspective, the students’ stock of knowledge and their recipes for action had been increased, as with their lifeworld horizons of the nursing-world.

Not all students however interpreted their entrance to the adult branch with acclamation. Jean felt it was not possible for her to voice her real opinion if she was to fit into the nursing team, so she put on a front (Goffman, 1972[1959]), a false posture of agreement. Jean defines this fitting-in mechanism of compliance as being, on her “best behaviour” and not speaking “out of turn”:

You feel as though you have got to be on your best behaviour all the time on the practice placement— you can’t speak out of turn, although they do, but—you’ve really got to be like a student.

Jean therefore based on her interpretation of the clinical team members, uses the mechanism of playing a role that she was not comfortable with. She is in “bad faith” in Sartre’s (1989[1943]) terms, pretending to be of an opinion that she knew was wrong, and a common feature of student compliance. In Goffman’s (1972[1959]) critique, she is presenting a public self for the sake of others.

There is a relative lack of specialist accounts relating to issues surrounding fitting-in to the nursing team. This can be explained, as observed in chapter three, that more was happening during the initial interviews. This was because the difference between the students’ home-worlds and the nursing-worlds was more evident; therefore more questions arose in terms of adapting to the ways of the nursing team.

5.6 Fitting-In: The Vocational Retrospective Students

Jayne, in her final year, explains how she has become used to introducing herself to the ward staff as she enters new clinical areas:

I always get worked up before I go to a new area. Although I say I still get worked up, it is not as much. And I think because you know you are always going to different places, you don’t stay in one place very long, you do get used to introducing yourself and getting to know the staff on the ward and that sort of thing. It’s a case of having to do.

Part of Jayne’s problem concerns getting to know the staff and the patients, a process that is difficult because she feels anxious when meeting strangers. As discussed in chapter two, the
permanent nursing team already knows each other and the in-group's history, but the student is an outsider to their relationships. For Jayne, the experience of going to new clinical areas is becoming less stressful, mainly because she is adapting to the outsider role:

I don't know whether I'm getting used to it, you just accept that you've got to do it. It is inevitable that you are going to be on a new ward and you are not going to know anybody.

Jayne has some positive experiences when she feels a part of the clinical team. For example, in order to attain a clinical objective, she has to take charge of a ward team and finds that the staff accept her in this managerial role:

I said to her that I find it hard to delegate because as a student you don't feel qualified enough to start giving instructions to auxiliaries on the ward who have been there for about ten years. They were really good on that ward and they knew that I'd never really done anything like that before, if I did ask somebody to do something they would quite happily go and do it. It was a good experience for me.

The experience of taking this managerial role locates Jayne in a supervisory capacity in relation to the nursing staff on the ward. Jayne is nearing the end of her nursing course and so has to be able to carry out this supervisory function. In order to perpetuate the nursing culture new members have to be added and also the ward gains recognition due to their training status. It is therefore in the nursing teams' interest for Jayne to be allowed to carry out this brief supervisory role. Jayne however interprets the ward teams response as a gift – as a favour bestowed upon her. Schutz (1970) comments:

The interpretation of the group by an outsider will never fully coincide with the self-interpretation by the in-group (Schutz, 1970: 94).

Therefore, unless Jayne becomes a permanent member of this clinical team, her account could never fully match the self-interpretations of the nursing team. She continues her account of what it is like to carry out this role:

I suppose it was quite a good feeling actually because I'd actually asked somebody to do something. Usually it's them asking me to do something so. Yes, I suppose it was a good feeling but I still didn't feel comfortable with asking them to go and do things. It was hard.

Despite the fact that "it was hard", Jayne still enjoys her role. Her description of the experiences equates to an initiation ritual, a rite of passage (Van Gennep, 1908, Bradby, 1990) that all students have to pass in order to qualify. As a qualifying rite, Jayne experiences this as pleasurable as it takes her a step further to her attaining her status as a qualified nurse.
In their early time in the clinical areas students are often apprehensive about fitting-in with the clinical team. Their anxieties are increased with their frequent moves from one clinical placement to another that defines them continuously as outsiders. However, students become accustomed to this experience and, mainly in their final year on the course becoming increasingly adept at fitting-in.

Sometimes messages, “formulas of transformation,” produced problems for students who were forced into the dilemma of fitting unobtrusively into the ward team, or making a stand for what they were told was the correct procedure. Cathy explains her problems in dealing with the issue of lifting patients:

It is, it's really bad because you get to go on courses for lifting and learn the Australian lift and you say “I've been taught that we should only do the Australian lift in these kind of cases” and they'll say "Look, I've been doing it for 17 years and we're going to do it this way". I'll say "Well that will do my back in, I'm sorry but I don't want to lift this way". They'll say "Fair enough, and they'll walk off and get somebody else. They say "Do you mind lifting this way because this student doesn't want to do it". It's not that I don't want to do it, I just don't want to do it that way. If you say anything, it starts off an argument and they all start to bicker, so it's just easier to stand back and let them do it sometimes.

The status of a student nurse precludes them from exercising authority, but at the same time, Cathy believes she knows best. According to Bradby (1990a) occupational identity becomes established in student nurses between six and ten months of nurse training, so Cathy is well into this phase of knowing who she is and what she can do. Cathy, like Kim and Elizabeth, does not accept the ways of carrying out the nursing task and so occupies an outsider perspective in relation to this feature of nursing activity. The dilemma for Cathy is also the same as that of Kim and Elizabeth in that to be a member of the nursing team means she cannot be seen as questioning what they do. Her rite of passage through this particular clinical area would be difficult if she was identified in the stranger role.

5.7 Summary: Fitting-In: The Vocational Students

For Jenny, her experience of the nursing course improved as time progressed as shown in her later interviews. Clare explained how she was optimistic at the start of the nursing course, but then became unhappy as she failed in her understanding, to enter clinical areas where the nursing role was carried out. Kim initially found she occupied a nursing assistant...
role, but later gained her own sense of identity as a student nurse. Tracey was unhappy with
the prescribed observer role and became over the period of her interviews more involved in
the nursing team's work. Elizabeth initially found the clinical placements pleasing but, in later
interviews, found she could not adapt to the interactional context of adult nursing and
transferred to the mental health branch.

Specialist students enjoyed their adult branch programme. Few references related to fitting
into the nursing teams were made, except by Jean who felt she had to be aware of not
"speaking out of turn." In the experience of the branch, vocational students had arrived at
where they wanted to be and these accounts reflect this assessment. The lack of references
to fitting-in is understandable as students during this period of the nursing course were
carrying out the role in nursing that they had been planning to enter for many years. Their
world-within-future-reach was being attained and constituted the primary reason for them
entering the nursing course.

Again, in the retrospective students, a relative sparseness of accounts related to fitting-in is
present. This means that fitting-in appears, for vocational students to be less relevant. In the
examples given, some problems with fitting-in have issues relating to taking a stranger role,
by questioning clinical nursing methods, and the dilemma over joining or not joining the in-
group have been explored. The observation in chapter three, that the experience of the
initiates is different in terms of their experience of the nursing course, has been confirmed
with more changes taking place in the CFP. Students change with an increase in adaptation
to the nursing as time elapses. Nevertheless, it has also been demonstrated that some
vocational students focus on their definition of the correct way of carrying out nursing tasks
and this brings them into conflict with the in-group of the nursing team. Some students who
gain a sense of belonging do not voice their discomfort, preferring instead to keep silent about
their misgivings.
5.8 Fitting-in: The Pragmatic Students

Like the vocational students, this section is divided into the three comprising, initiates, specialists and retrospectives, so enabling some indication of the temporal features of student accounts to be discussed.

5.9 Fitting-In: The Pragmatic Initiate Students

Frank felt on his first placement that he was "totally lost" because this was the first time he had this kind of experience. He explains:

I was totally lost ... I didn't know what I was letting myself in for ... because that is the first time I've taken anything on and not really known anything about it.

Frank, had previous experience of nurse training fifteen years ago in learning disability nursing. However, the current experience takes place on a medical ward so his description of being "lost" can be understood as a metaphor for his lack of known lifeworld horizons in this environment. He explains how he has been advised by a tutor to play an observational role when in the clinical area and takes this comment literally:

Yes, so I could not take somebody to the toilet for instance. There was a lady there who was getting really up tight - she was going red because. They presumed that I couldn't do any basic nursing skills. They presumed quite wrongly that I couldn't lift for example - That is one of the strong things which I have had indoctrinated into me, but just because I didn't fit into the group, and they knew each other, they made it very difficult. They put up a barrier so that I couldn't get to know the actual care staff. I couldn't work alongside them; I couldn't pinch any of their good ideas. I was just given an observation role to just sit there and observe so and so. If I was honest, I learnt very little from it.

Frank defines his observer status, like Tracey above, in literal terms. Tracey, focusing on wanting to carry out a nursing role, became involved, but Frank does not. The result is that he maintains his out-group experience of being a stranger and does not enter into the nursing team's interactions. Frank describes feelings of marginality saying: "I don't fit into the group" however, on a following psychiatric placement he feels that he is more accepted:

The psychiatrists were tremendous, they let me sit in a case conference, and when families came in and they told me what the problem was, they filled me in on the case details. I was quite interested. They treated me as an ordinary member of staff and involved me in that process. They actually asked me how people reacted when I took them in and out of the rooms, so they actually involved me directly and indirectly, which was quite good. Unfortunately, that was only about Wednesday afternoon that happened.

Frank here describes being defined as an ordinary member of staff. The difference between these accounts lies in the observational role that Frank takes in his first placement and the
active role in his second. Frank’s experience confirms the discussion of the stranger role in chapter two and above in reference to the vocational students. Reference to Schutz (1970) can be made when Frank describes the lack of “coinciding schemes of interpretation” (Schutz, 1970: 90) that he defines as a “barrier.” These same schemes of interpretation, in his psychiatric placement became more coincident.

In his second interview, Frank describes increasing communication problems:

*Well, I mean, it was a total breakdown of communication. I must take some of the blame because I didn’t phone up until the last minute. I got somebody there who hadn’t heard of me and didn’t know I was coming. My mentor was on holiday until the Tuesday as I started on the Monday so I didn’t see my mentor until Tuesday afternoon. It was a five-day placement so I’d lost two days of communication while my mentor didn’t know that I was coming, or what I was going to do or anything. She didn’t prepare anything for me.*

Frank attempts to say he was partly to “blame,” but then attributes the cause to his mentor.

As a result of this communication problem, Frank fails to meet his mentor, but goes on to interpret this as a loss of “two days of communication.” Frank’s narrative is used to justify his own worldview, a procedure he adopts also in his third interview during another psychiatric placement:

*I sort of approached him (his mentor) and wanted to go on the doctor’s round and things like that he let everybody else do it before me. This came to a head the last day that he was criticising me for working at Fairview, you know.... I suppose he saw me as a threat which was a bit silly really because I mean it was such a long time ago it’s all out of date you know. He was calling Project 2000 and saying that we do far too much theory and not enough practice, which seems to be a genuine comment but I don’t see what I can do about that. I mean, if I want to be a nurse I have to accept what they throw at me whether I agree with it or not - that’s another kettle of fish. He made it very, very difficult for me and seeing as it was my branch - what I was going to be - he made life very difficult.*

As above, Frank makes sense of his experiences in this narrative account in which he is exonerated. Frank at this time on the nursing course was also experiencing considerable academic problems and he left shortly after this interview. Few changes are seen during Frank’s time on the nursing course. His interpretations remain much the same, eventually leading him to leave just before the branch programme.

A feature of pragmatic students’ accounts is that they often, as with Frank, possess their own home-world perspective that is not adapted to the nursing-world. This may be explained as a failure on the part of pragmatic students to gestate, to incubate the idea of nursing as a real
future world, a concept is discussed in chapter four as they have not rehearsed being a nurse in the same way as vocational students.

In her first interview Heather used the bodily metaphor that she did not want to "Stand out like a sore thumb." Pragmatic students often used bodily metaphors and this method of explaining reality is explored more fully in the summary to the pragmatic student accounts of fitting-in, on page 33. Heather, as a result of not wanting to "stand out" to be a stranger, opted for a policy of involvement. This policy worked for Heather who was able to say in her second interview: "I felt like part of the workforce, which was fine for me."

Alan, like Heather, also uses the "sore thumb" metaphor in his first interview:

... going onto a clinical ward is a bit daunting for me actually ... you sort of stand there like a sore thumb. They are rushing about and they don't know what I can do and you're frightened to jump in and they're frightened to ask you. ... I've always found nurses, surgeons, doctors whatever quite frosty - that's just been my experience and you take that with you I suppose. And a big fat matron in blue - that sort of thing. Your take your prejudices in with you.

In this extract Alan has not actually been on an adult placement, but expresses his fears and stereotypes. In fact, Alan enjoyed much of his adult placement, enjoying "talking to the old ladies." This indicates not his lack of gestation of the idea of nursing, for he has worked as a care assistant in learning disability for many years, but to his nursing experience being in a "small lifeworld" circumscribed by learning disability. Alan, in this restricted sector of the lifeworld, lacked a generalised concept of nursing. Alan's first clinical placement was a return to his previous place of work where he naturally fitted-in:

[Have you been on a clinical placement?]
Yes, I was at S.S.C. which was a bit of a cushy number because I'd worked there for four years, sort of gone from the bungalow to the S.S.C so there were no problems there.
[What was their response to you there?]
They were great. I'd been out with them socially - I knew them by first names, I knew the clients and they treated me just like any other member of staff. I probably did more than was required of me - well I know I did.

No personal adjustments need to be made by Alan as he was familiar with the staff already.

This was to change during his second interview when he visited the mental health placement:

It is very easy in Mental Health just to sit back and smoke etc. because they don't have to do things that they don't want to do. If they don't want to talk to you they will tell you that they don't want to talk to you, and you can find yourself - maybe I've been in placements - because I've heard people have really enjoyed some of them.
This placement was a long-stay rehabilitation unit in which only small changes occurred in clients over many months. Alan’s description of the staff places him in a marginal situation (Turner, 1974). Alan, following an argument with a clinician is formally reprimanded by the mental health unit staff and with the School of Nursing which produces a strain resulting in Alan leaving the course before the branch programme. His comments can be interpreted within his narrative as an attempt to understand and make coherent sense of his experience. Alan, like Frank, he could not adjust to the world of the mental health unit staff with the additional fact that they brought about his reprimand. Alan left shortly after this interview, explaining:

*Because it put a lot of strain on me, which was also probably when I was feeling at my lowest and I decided to bail out. I’m not particularly pleased with myself for bailing out but.*

Other students did not confirm Alan’s interpretation of the mental health unit staff. For example, Elizabeth and Catherine swapped from other branches to join the mental health branch. The criticisms of Alan and Frank can therefore be seen as perspectives arising from their location as outsiders or strangers who bring into question the “ways of life” of the in-group.

Hazel uses, not a "sore thumb” but a “foot metaphor” on her first clinical placement, explaining:

*It’s all tied up with self-confidence and “have I said the right thing or I don’t want to hurt her feelings.” It’s all about not putting your foot in it. Seeing how other people see you.*

Hazel raises important issues in this account. Being a member of the clinical team is important to her, but she detects an element of sensitivity on the part of the clinical staff. She wants to fit-in and attempts to modify her own responses, to learn how the clinical staff views her, so that she can fit in. By her second interview, Hazel does not enjoy the clinical areas:

*On the training level it has been dismal - very bad. Half the time staff don’t know who you are, where you’ve come from, what stage you are in the training, or anything. I just think it should be more like an apprenticeship type relationship where you really are learning from someone, but at the moment you are just running after someone half the time and just pushing yourself in to look at what is going on. It is not all staff, but most in my experience.*

Issues common to the vocational students are present in Hazel’s account; her need to “push” to find out what is happening. Also, she often feels unrecognised by the staff, feeling defined
as an outsider to the in-group of the clinical team. Hazel’s feelings of estrangement increase as she is interviewed for the third time:

I feel you really are made to feel like a student, both in college and out of college and on clinical practice. On clinical practice you are really made to feel like a student, especially when you are considered to be a fish out of water, you look like a fish out of water and it affects how you act really. Sometimes you are lucky when people treat you as an adult as somebody who just needs to familiarise themselves. [That’s just some times?]

Yes, sometimes. At this placement at the moment it’s not like that at all. If you are not a useful pair of hands and don’t know what you are doing, you are redundant really.

[So your value is dependent on what you can do?]

Yes. Really at my level, it’s considered that I don’t really know anything but...

Hazel still identifies herself in the stranger role and her metaphor of being like a “fish out of water” aptly summarises her feelings of marginality. Turner (1994), in his discussion of liminality, also referred to in Susan’s account below, defines being an outsider as arising when social actions do not originate from a “recognised social status” (Turner, 1994: 237).

Hazel, before entering nursing, held a managerial position and experiences the contrast between these two statuses as like being a child, as not being treated as an adult. Additionally, in this account, Hazel observes that her recognition by the clinical team is dependent upon being a “useful pair of hands,” a metaphor that reduces her to the status of being valued according to her mechanical or technical properties, not for who she is but a bodily presence.

Hazel therefore maintains her stance of feeling marginal and an outsider throughout her CFP. Her changes are that she articulates how she fits-in to the group with more precision in her later accounts. Her interpretation of being valued, by virtue of possessing a usable bodily skill, maintains Hazel’s feelings of marginality.

Catherine gives a similar description to Frank, in that she does not know how to respond when on her first clinical placement on a medical ward:

I was stood around looking like a complete and utter idiot. That’s what I felt like anyway. My mentor told me to follow her around and I felt like a lost puppy. It’s got a lot better since, I’ve put myself a little more forward. … I can’t just stand back and watch… I found it a lot easier to talk to people … as opposed to just going there and letting the person lead me along.

Another body metaphor is used; this time feeling like a “lost puppy” indicating, perhaps, that Catherine feels like a lost child, with feelings of dependency on the staff to take care of her.
The metaphor of a lost puppy is also understandable as Catherine was told to follow her mentor around, like being on a leash. Gradually, Catherine feels able to let go of the leash and do things on her own, such as talking to people. Fear of doing the right thing links these accounts. Catherine had no experience of nursing before the course and so has not rehearsed how nursing will be. Thus, being on the clinical area is still a "leap" between worlds, confirming the discussion in chapter two on Schutz (1974) in which the shock of a sudden transition is experienced when one province of meaning is exchanged for another (Schutz, 1974).

In her second interview, Catherine has become more questioning of clinical practice:

> I suppose it is like learning to drive a car, you do it and then you get into bad habits. Most of the people out there have bad habits, although not the same as what you are all taught, this is the correct way but I do it this way. I've found a lot of what is going on and you also hear that when we are actually qualified that if we are aware of what policies are we should adhere to them and should be assertive, not just because everybody else does not.

Catherine is therefore, in her use of the car driving metaphor, beginning to make logical sense of the discrepancy she observes between nursing theory and nursing practice. She starts a questioning process, that like Elizabeth, led to her transferring to the mental health branch. In Bradby's (1990a) context, she is beginning to assume her own occupational identity. Catherine has moved from the leap into a strange world in which she felt like a "lost puppy," to one in which she has become, symbolised by driving a car, in charge and taking a critical stance.

Nicholas explains that he had no pre-conceptions of what it would be like as a nurse:

> I was at a ward a medical ward and I had never been to a ward before – and I thought, "What's this all about." ...

This statements confirms that Nicholas, unlike the vocational students has not rehearsed what it may be like to be a student nurse. His response of surprise, "What's this all about?" indicates his 'leap' between worlds, which is describable in Schutz's (1974) reference to Kierkegaard (discussed in chapter two). Nicholas can only use his "home world" (Schutz, 1970) as a basis for understanding what is happening and this home world does not supply him with answers to his question. A nurse asks him if he wants to assist her in different basic
nursing activities but this causes him more confusion, as he thinks he should be only an observer:

Would you like to concentrate on helping me wash down a patient, distributing meals to the patients, making beds?" And I didn’t know where I stood, I didn’t know whether I ought to be pushing to help with this that or the other or should be just observing. I didn’t know where my student role was.

Nicholas does not know how to act in the clinical placement. He was intending to join the mental health branch, and so with little research into the realities of Project 2000 he experiences, like Catherine, a "leap" into a different social reality.

Not all this group of pragmatic students were unhappy on the nursing course, for example, David, although he decided to transfer from the mental health to the adult branch maintained a positive orientation towards all his clinical placements. He explained in his third interview:

I looked for other opportunities to make myself feel good.

This is a repeat of his previous interviews that indicates his optimistic stance to nursing.

As these accounts show, pragmatic students, as initiates, had a more unhappy time on the CFP. Two students left the nursing course and one transferred branch and others like Hazel remained unhappy. The main preoccupation of these students was fitting-in to the clinical placement which differs from the vocational initiates who were more interested in gaining clinical nursing tasks, in carrying out the nursing role.

5.10 Fitting-In: The Pragmatic Specialist Students

Gemma explains how, in the second week of her specialist placement she is happier because she feels more accepted as a branch student:

They don’t even bother because they know you are a branch student and they know you are there for the reason of, in my case, caring for adults.

Gemma continues her account explaining the differences between the first and second weeks of her clinical placement:

I think the first week was pretty difficult because again it is getting to know the people you are working with and the surrounding area. But the second week was so much better and I probably had more confidence in what it was doing because people were giving me the time and space to do things, knowing that I could do it because I’d done it the week before so it wasn’t just like one off things.
Here Gemma is aware that her confidence increases as her feelings of group membership increase. She now feels identified with the clinical nursing team because, as an adult branch student she gains a sense of belonging. Gemma is seen by the clinical staff as sharing their lifeworld perspective, as orientated towards adult nursing as substantiating the "way of life" (Schutz, 1970) of the clinical team.

Susan initially enjoyed her clinical placement:

> I thoroughly enjoyed it – I feel lucky. And they were quite willing to let you tag along and explain routine everyday things to them – which I found to be riveting and wonderful. And that was extremely good. But since I’ve been on a ward environment which had I had that environment the first time I wouldn’t have gone back anymore – because they were so anti Project 2000.

Susan is happy to be able to “tag along” interpreted by some students as akin to being on a leash, a state not enjoyed by Catherine in her account above. However, when reaching the adult branch, Susan feels, on one placement, that she does not fit into the nursing team:

> … it came down to attitude. You would walk in, in the morning and nobody would speak. You could be there three hours and find that nobody had spoke. And if you asked anything, they took great pleasure in pointing out that you didn’t know anything. They complained because you didn’t know anything. But, on the other hand they didn’t want to show you anything. They assumed that basic things that I didn’t know how to do such as baseline observations.

The problem for Susan here is that she does not share the nursing-world of the clinical team members who discover that she cannot perform basic nursing observations such as taking blood pressure, etc. This, despite the length of time she has been on the nursing course. Susan does not share the way of life of the in-group and has not, in her estimation acquired the necessary recipes to be one of their members. As a result of this discovery Susan feels that she does not fit into this nursing team who do not bestow on her the gift of providing her with the required recipe knowledge, “the cultural pattern and its recipes” (Schutz, 1970: 90), for making her an in-group member. This is an important experience for Susan marking for her an epiphany, a turning point referred to on page 146.

Deborah was previously a State Enrolled Nurse (SEN) and so has different forces influencing how she interacts with the nursing team in that whilst Sandra discussed below, fears she knows too little, Deborah feels she knows too much. And by knowing too much, fears that
she will be discovered and then treated differently - as a member of the staff group more than as a member of the student nurse group:

Well I find it difficult anyway, because I don't tell them straight away that I'm an enrolled nurse. I try to think that because I'm a long way now on my training and they should perhaps expect the other students to know what I do. I can normally last about a week.

Deborah makes what is a token effort to keep secret her previous nursing qualification in order to protect her fellow students from excess technical expectations when they go to the clinical area. This technique fails to work as her professional background usually becomes apparent during informal conversations:

I don't tell them. They ask what I did before I started the course and then I say "well I've always wanted to be in nursing" and they push it and if I start lying I just get myself in deeper and I think "why should I lie"? Once it is out in the open, they are fine about it.

Deborah admits to being a SEN only during informal talks, not making this explicit at the beginning of her placement experience. Deborah's realisation that her tactic of secrecy does not work enables her to be a member of each group. To the student group she can say that she tried to keep her nursing skills secret, but to the nursing team she can admit her competence.

Being recognised by the nursing team as a State Enrolled Nurse (SEN) Deborah's relations to the nursing team change as she is given more tasks to accomplish:

Yes. From before, they know, and after they do treat me differently. I get to do more things perhaps. But then again if I'm not sure about doing anything I won't do it unless I'm supervised, and I always check first. I don't just go ahead and do things. I usually ask because I know I'm here as a student and not as an enrolled nurse, and if anything I do goes wrong they are at hand to be responsible.

An observation in this account is common to all students in that they have to accomplish certain technical tasks (like Susan above) in order to qualify as nurses. The nursing teams are able to give these tasks to the students and, in this respect the provision of nursing tasks can be understood as the provision of gifts, referred to in chapter four. As Lewis (1991[1976]) notes, the gift relationship is usually symmetrical. This means that, if a gift is given there exists the presupposition of the return of another gift in response.

The return of the gift of the nursing task is given in exchange for the student's contribution to the clinical team's work. Some gifts are higher value than others are; i.e. making a bed is of less status than giving an injection which is of less status than managing a ward. The gift of
providing the opportunity for carrying out clinical tasks has some affinity to the Kula, the gifts carried around the Trobiand Islands described by Malinowski (1922) in that both possess symbolic value conferring prestige on the recipient. Gratitude occurs in the recipients of both the Kula and the nursing student. Subterfuge is seen below in Sandra's desperation to obtain the gift of clinical work whilst Deborah is concerned about appearing too affluent, a situation that could exclude her from the student group.

5.11 Fitting-In: The Pragmatic Retrospective Students

Sandra in her final year still feels it is hard for her to fit-in. She explains this as due to the clinical staff's attitude to the Project 2000 course:

*I'm different when I'm there with the patients. I feel this is what I want, but when I'm with some of the other professionals, I have doubts. I think, “do I want this hassle?”*

The problem for Sandra is not about relating to patients, but to the staff. An explanation for this, a common experience for students may be that, patients are not professionals and are not participants of the way of life of the professional in-group. Therefore, as students are still outsiders, their natural allies are the patients who by definition are outsiders too. Sandra continues to explain the difficulties of attaining in-group membership and the mechanism she uses to do so:

*Well, trying to learn. Basically I thought you could just come into nursing and as long as you came in eager and willing that was going to be enough, but it isn't. You have to push and fight for everything. It is more the norm that there has to be a fight. I've found out now that if you say the course is rubbish you get on better which is awful really. Before I was fighting.*

Sandra wants to be accepted by the in-group and one mechanism is to agree with the nursing teams' worldview, that Sandra sees as being critical of the Project 2000 nursing course. This places her in a contradiction, in that she is criticising what is a part of her own professional identify – the Project 2000 nursing course with its connotations of superiority over the nursing courses it replaces. Sandra makes, in Schutz's terminology, a false "self-typification" that she believes the nursing team will value being a critic of the Project 2000 nursing course, even though she does not agree with this perspective. This act presses Sandra into a situation of "bad faith" in Sartre's (1989) sense, whereby she espouses a public self that is at odds with her private self. Individuals in bad faith vacillate between trying to be who they really are and complying with the expectations of others. Sandra continues her descriptions of bad faith
when she explains that she has to pretend to be able to do something that she has not done before:

Well to actually be involved. You get blocked a lot of the way and you really have to learn on your feet. You sometimes have to say you can do something and you've only actually seen it, because they won't give you the chance to do it. They won't give you the chance to assess you, and say "yes, you can do that OK - off you go." Sometimes, although I wouldn't do it if I thought I was endangering the patient, if it was something too much, but sometimes I've gone in and thought "Oh god, what did the book say?" Because it has been the book that has told me how to do it. They have the attitude that we should have been taught in the school.

Sandra, like Jean and Kim splits herself into two selves, a public self and a private self. In Jean and Kim's case, this tactic is to be accepted by the nursing team. This differs for Sandra in that she carries out this tactic to learn nursing techniques. Sandra has doubts about this tactic and emphasises that it is a safe thing to do in that she makes a defence of her manoeuvre. Sandra's problem is that reciprocity of perspectives is not present between her own perceived competencies and the nursing teams opinions of what she is capable. Putting on an act, a front is the method she uses.

Helen describes an incident when she was criticised for talking to a patient for too long:

I've actually been asked to come away from talking to some patients on a unit and when I was called away I asked what they wanted me to do and it was something like "do the laundry bags," something really pathetic ... Now I've given up. Yes, I just go along with whatever is expected of me to get through the course ... it's like everything isn't it? If you are not getting anywhere, in the end, you eventually give in, a bit like a child.

The tactic of giving up is included within Helen's narrative as a response to the criticism she received, as a link to this social drama. Helen defines her situation as one of dependency, acting like a child who has no option but to comply with an authoritarian parent. Again, a bodily metaphor is used with parallels to Catherine's metaphor of a dependency of a lost puppy.

5.12 Summary: Fitting-In: the Pragmatic Students Experience

Schutz (1974) explains, in reference to problem situations, that there exists a "plan-determined interest" that selects the unknown elements of a situation which needs to be understood that has relevance to these accounts:

My knowledge is not "clear" enough, "sure" enough, not sufficiently free from contradiction, for me to handle the current situation. I must thus further explicate the
"open" elements of the situation until they have achieved the level of clarity, familiarity, and freedom from contradiction already given in the plan-determined interest. We call such situations problematic situations . . . I must either acquire new elements of knowledge or take old ones which are not sufficiently clarified for the present situation, and bring them to higher levels of clarity (Schutz, 1974: 115-116).

Fitting-in to the nursing team for the pragmatic students is a process by which their plan-determined interest is to understand, to make sense of their experiences. They use different ways to try to make clear what is not clear; this is seen in the interviews by the use of metaphor. In the practical situation of nursing students make sense by adopting different tactics to gain a sense of fit. If these tactics fail students then adopt different interpretations of what is happening, hoping that a 'logic' of the situation will occur, clarifying the undetermined aspects of the situation.

Pragmatic students are afraid of not fitting-in to the nursing team. Little difference is seen in the accounts that are spread over the whole length of the nursing course, in terms of the basic pragmatic orientation. It is pragmatic to fit-in to the nursing team and counterproductive not to do so. When students did not manage to fit-in to the nursing team, they adapted their narratives to account for this experience. Severe failure to fit-in to the nursing team led some students to leave the nursing course. More issues of fitting-in are seen in the initiate groups, confirming that change occurs over time and the observations made in chapter three with regard to the temporal arrangements of the interviews.

Ways to fit-in to the in-group of the nursing team, varied dependent on the time of the interview. Some students used talking to patients as a mechanism to avoid the problem of needing to fit into the nursing team. Three pragmatic students left the nursing course during the CFP, in part because they felt they did not fit into the clinical environment. Two of these students' narratives can be seen as expressions of their anger, with negative interpretations of the clinical areas. These narratives (as explored in chapter three) were their means of making sense of their experiences The mechanism of being useful to the nursing team was also used to gain a sense of fit. By the time of the branch, fitting-in was seen as being easier, although one student did not possess the required recipe knowledge and another (having been a SEN) had an excess. This led to the topic of nursing tasks being seen as gifts, the
exchange from the student being their co-operation and work for the clinical team. The problem situation for all students was to join in the “way of life” (Schutz, 1970: 83) of the nursing team. The answer of the retrospective students near the end of the course was to not try.

5.13 Summary: Fitting-In

The use of bodily metaphors in this group is significant, twice the metaphor of a “sore thumb” is used, a foot metaphor, looking like an idiot, “tag along,” a “fish out of water,” and being like a “lost puppy.” Perhaps indicating that reality is difficult to describe that actual experience lies outside of the usual categories of experience. Turner (1974) writes in relation to the function of metaphors:

Metaphor is our means of effecting instantaneous fusion of two separated realms of experience into one illuminating, iconic, encapsulating image. It is likely that scientists and artists both think primordially in such images; metaphor may be the form of what M. Polanyi calls “tacit knowledge” (Turner, 1974: 15).

What the pragmatic students were doing was to fuse their home-worlds with the nursing-world. The use of the body is important in this fusion process, for the body is present in both realms of experience, in nursing and when not in nursing. The self only exists in the world because of its embodiment (Merleau-Ponty, 1986[1962]). It is noticeable that the vocational students who had already perhaps made this fusion did not use these metaphors. The long-term possession of the world-within-future-reach of the vocational students made the use of tacit knowledge unnecessary, for these students had long made explicit their desire to become nurses.

The process of trying to fit-in to the nursing team may be identified as a mechanism that can result in either success or failure. The next section explores the positive aspect of this process, when students felt that their strategies to fit-in to the nursing team were successful.

5.14 Being Accepted

This term refers to the students’ accounts of being accepted by the nursing team, describing a sense of belonging. Some students who define being accepted have already been referred to. This section will clarify this process. Examples will be used to highlight the key features of
the process. Student accounts are placed in the temporal sequence of initiate, specialist and retrospective but as less accounts are used than in the previous section no section headings are given.

5.15 Being Accepted: The Experience of the Pragmatic Students

David, an initiate, describes how he has "never felt excluded" during his clinical experience. He maintains this same perspective over all three interviews across the CFP. For example, in his second interview David states:

...as a student - yea I fulfil my student's role. I accept what a student's role is. One or two people might not see the students' role as being a valid role whatever but fine, I can handle that.

With this philosophy David accepts his student role and does not recognise any problems in being accepted by the nursing team. Even when he decided to transfer from the mental health to the adult branch he maintains his perspective:

I've never felt excluded before ... I've always got on well on all my placements and always got on well with most people.

David's approach is similar to that of Heather who in her third interview feels "part of the work force" and describes her interview with the ward sister of an elderly ward who values her involvement:

I did find, certainly toward the end of the second week, when we were filling in my book [placement outcomes record], at some stage the sister I was talking to said, "Oh its nice to have someone who likes working with old people..." And prior to her saying that, it never occurred to me that I did. In fact prior to her statement, I would have said that I want to do adult, but not old people... But I did, and thoroughly enjoyed it. I found it very rewarding, maybe I could put my parents into the situation of the old people, I don't know, or maybe I was putting my self into the situation and trying to think how I would like to be treated, or responded to.

Heather is surprised at being accepted and is unable to see herself from the ward sister's perspective, feeling surprised by her assessment. She is defined as being, an in-group member, but does not appreciate that this is the case until the ward sister defines her as such. On a later placement, Heather explains that "...you get to know people better and you get to know what is expected." Therefore, belonging involves Heather's becoming familiar with nursing teams viewpoint, getting to know them. As this happens she is able to discover what they expect from her and with this knowledge she can be accepted.
Heather does not just observe or participate in her clinical placement, she constructs it, as Jenkins (1992) notes, “actors do not just confront their current circumstances they are an integral part of those circumstances” (Jenkins, 1992: 70). This is similar to Giddens (1984) statement of structuration theory, in which social agents create the social structures that they are a part of. In his analysis Giddens notes the importance of "practical consciousness" (Giddens, 1984: 7). Practical consciousness according to Giddens (1984) is different to discursive consciousness and is simply about what the social agent can do. Discursive consciousness refers to what the social agent can say. A free flow takes place between the zones of discursive and practical consciousness, but unconscious elements come into play mediating the expression of the discursive consciousness and the action of the practical consciousness. Also, central to Giddens' (1984) discussion of structuration theory is his notion that all social acts have unintended consequences. The individual carries out a process of "reflexive monitoring of action" (Giddens, 1984: 5) to ascertain both the intended and unintended consequences of their social action. This process leads to recursion in which, if one social action is defined by the individual as successful, they will reflexively monitor this as the case and then reproduce the same social actions that lead to the same social effects.

Some of these theoretical ideas can be applied to Heather's experience. She joins in the work of the nursing team, gets rewarded for doing so by the praise of the ward sister, and then carries out the same processes of involvement in her clinical work. The recursive cycle is put into play in that, when Heather feels accepted she acts as being accepted and continues the process in a self-replicating cycle.

Lucy, does not mention being accepted by the nursing team until her third interview during the CFP, when she describes how she had not changed "dramatically" except in enjoying the practical work of being a student:

I don't think that anything's really changed dramatically on that score, you know day to day caring activities, I mean I did those in my previous job so they are sort of no problem to me. It's not something I find unpleasant to do or...or anything like that. I mean I quite enjoy the practical part. It makes you feel as it you're doing something - you know with the client - helping them.
The last sentence in this paragraph indicates that Lucy does feel she is before this being useful in doing something to help the clients. She feels accepted in her role, but it is a role she has done before and so is not defined by Lucy as a forward movement into more technical tasks. Her feelings of acceptance are therefore in regard to her agreement to carry out her previous role. This practical activity however, enables Lucy to feel a part of the nursing team. She does something that she defines as "not unpleasant," which she can "quite enjoy." Lucy continues:

I feel it makes me feel part of their team to start with - within their environment and accepted by the client if they let you do certain things with them. I mean for instance in learning disability placements you shower patients down, and help them dress and things like that. I mean some of the clients only will let certain people do that for them, and when they let you do it, when you're there you feel quite privileged in a way. So - I mean - you feel, you feel, you feel as if you've got a purpose when you're able to do things.

This response is similar to Heather's, and Lucy converts her desire to carry out practical nursing work into an enjoyment of that work, and then into being accepted by the nursing team. This confirms, like Heather, the recursive nature of Lucy's social actions in which she creates the social situation that she is a part of. Lucy gives more detail of how she also aims to be accepted by the patients:

... you go in there and they have no idea who you are and you are introduced, and you are asked to do things for them. If they'll let you be part of their life, then that's quite a nice, nice feeling in a way. That they accept you - for who you are and for what you are doing for them. So it's quite pleasing in some respects when somebody is helping them.

This activity made Lucy feel a part of the nursing team, as well as being personally fulfilling for her.

Gemma, a specialist student, provides a similar account to Lucy:

I think the trained staff that you work with accept you as being one of them if you like, so you are nearly there as far as they are concerned.

Therefore, as pragmatic students entered the latter half of their course they began to feel accepted as part of the ward team. Again, the recursive nature of this account is present in that being accepted leads to being accepted and, in Gemma's account takes the student "nearly there" that is to feel a member of the in-group of the nursing team.
Susan similarly explains that she only felt accepted by the nursing team when they discovered that she was intending to join their branch of nursing:

Well, it's amazing the way you are treated -- once you can say that you are a branch student rather than a CFP. That seems to change people's attitude. They are quite happy to teach you nursing skills.

Again, the issues raised by Gemma, Lucy and Susan that being accepted is related to being on the appropriate branch, of sharing the "ways of life," of the in-group.

Janine was in her final year of the mental health branch. She had a long period before this time of feeling that she was not accepted:

... you tell people you hope to be qualified in a couple of months time. And they look on you -- they start to look on you as the people they may be working with in a couple of months time -- I suppose you become more real to them -- you become more -- I can't think of the word -- someone they might face in the future. You become more tangible to them I suppose. I feel now that I am doing what I should have been doing right from the start.

Janine therefore interprets being accepted by the nursing team as conditional on the fact that she is shortly to qualify. Shortly before her time of imminent qualification she describes the clinical area as:

... a closed world, but now at last it seems you are treated with a bit more credibility -- and you're given things to do -- nursy things.

In both these statements Janine is critical of the system, which she considers does not provide her with the opportunity to be accepted as a competent person. Being accepted for Janine is, in her interpretation, about the closed world of the in-group, the qualified staff, being forced open to her as she nears qualification. Prior to this she did not feel "real" in the mental health environment, she did not have a real sense of self because she was not recognised by the nursing team with whom she worked. Mead (1934) recognises the dependence of individual experience on the social group:

The individual experiences himself as such, not directly, but only indirectly, from the particular standpoints of other individual members of the same social group, or from the general standpoint of the social group as a whole to which he belongs. For he enters his own experience as a self or individual, not directly or immediately, not by becoming a subject to himself, but only in so far as he becomes an object to himself just as other individuals are objects to him or in his experience; and he becomes an object to himself only by taking the attitudes of other individuals towards himself within a social environment or context of experience and behaviour in which both he and they are involved (Mead, 1934: 138, in Burkitt, 1991: 36).
Janine felt she did not exist until she was made “real” by the mental health nursing team and Janine defined herself in terms of how she thought others defined her. When she thought she was not accepted, unable to enter the closed world of nursing, she experiences herself as unreal, as not existing. When she felt that this world was being opened to her, then she existed, became tangible, because this was how she thought others saw her.

Being accepted for Gemma and Janine is dependent on their being seen to share the same psychological and cultural assumptions of the in-group of their specialist branch. It is about being seen to share the same lifeworld sector, the same province of meaning of the branch nursing speciality. Being accepted is not however purely a process that stems from the branch staff, but is defined as such in the student accounts.

These statements are typical for the pragmatic students, and indicate a process whereby they gradually identify feelings of being accepted by the nursing team, usually towards the second half of the course. The key to being accepted lies in the students’ ability to create the conditions by which they will fit into the nursing team and includes being the person who is recognised as useful by the nursing team.

5.16 Being Accepted: The Experience of the Vocational Students

Vocational students indicated their feelings of being accepted by the use of words describing a state of pleasure. For example, Elizabeth describes her first clinical experiences as:

Brilliant. Yes, both different (Clinical areas) but I enjoyed them both.

This is similar to Tracey, who, again during her early placements comments:

Oh, I love it. I just want to get our there and work. I just get involved with the team and enjoy myself really. I feel I’m learning more on the practical placements than what I am in college a lot of the time.

And Jenny, in her first set of clinical experiences explains how she “enjoyed it.” She continues:

I found it easier than what I thought it would be for the first placement, it was very enjoyable. I found it very rewarding.

Part of Jenny’s enjoyment arises because she interprets the staff as being helpful and accepting of her.
I knew I could turn to any of them and ask for help.

Statements of enjoyment are invariably linked to interpretations of being accepted by the clinical nursing staff. In a later interview, when she had been on the course over a year, Jenny still describes her clinical experience in terms of the superlatives, "super, really enjoyed." She explains:

[Have you done more clinical placements?]
Yes
[What has that been like for you?]
Super, I've really enjoyed it. I'm enjoying it now because we have got where we are having longer placements, a three week placement makes a heck of a difference because it is usually five days. Five days are not long enough. You have just not got time to get your teeth into anything whereas with three weeks at least - even that seems to go so fast and you don't think you have the time to do a lot of what you want to do, but at least you are getting there.

For Jenny the more time she spends in the clinical area, the happier she is. Clare also confirms being accepted saying, "They just try to encourage you to do as much as possible" indicating feeling valued and recognised by the nursing team.

Another expression of enjoyment comes from Ruth, towards the end of her third year, explains:

I enjoyed it and I've been quite lucky really. I've not had a lot of attitude problems from people, but that has probably been the hardest being on the new course and things.

Although Ruth ends this statement with a negative comment in reference to the new course, her own interpretation of the clinical area is positive. Jayne is interviewed towards the end of her course and remarks about how she has never experienced unhelpful staff throughout her course:

I'm always quiet with people that I don't know anyway but I haven't really had an experience where people have not shown me about the ward or helped me along - as yet anyway.

Vocational students therefore give a different impression in regard to being accepted; expressing enjoyment that is linked to their clinical experience, early on, in the nursing course.
5.17 Summary: Being Accepted

The statement of vocational students, as seen in chapter four, in which they “always” wanted to do nursing is linked to the interpretation of their clinical experience as being positive. For pragmatic students the lack of an “always wanted” desire to be a nurse is linked to less frequent statements of being accepted by the nursing team. Only later in the course do pragmatic students feel accepted. Interpretations of the nursing course are linked to students’ “definition of the situation” (Thomas, 1976; Goffman, 1986) and determines how they experience the clinical placement. A definition of the situation as being “what I’ve always wanted to do” is linked to positive interpretations, and an absence of this definition results in more negative accounts being given. Goffman (1986) uses the word frame to refer to how reality is demarcated as a means of understanding social reality. Vocational students use of the “I always wanted to do nursing” construct appears to shape their interpretation of the nursing-world. Pragmatic students do not have recourse to this organising frame of reference in terms of nursing and so make different interpretations of their clinical experience. Goffman’s concept of frame can be related to the lifeworld perspective in which the assumptive world of individuals is determined. Vocational students are more used to the idea of nursing, having dwelt with nursing as a world-within-future-reach for long periods of time, so their interpretational frames are adapted to the nursing-world more effectively than are those of the pragmatic students.

Another feature of vocational and pragmatic accounts concerns the type of language that is used in the narratives. Words used by the vocational students express positive affect, like, “enjoyment, super, brilliant, lucky,” that are not seen in pragmatic student accounts. Words used by the pragmatic students include, “never felt excluded, quite happy, got on well, feel a part of the team, accepted.” There are major differences in these descriptions, the former indicating enthusiasm, and the latter a state of affective neutrality. For example, feeling “accepted” by the clinical team is different in quality to, feeling, “brilliant.”

There is also a difference between the pragmatic and vocational students in terms of the temporal experience of the nursing course. Pragmatic students feel less accepted in the early
stages of the nursing course and later on, in the branch programme feel more accepted.

Vocational students are enthusiastic early on in the nursing course and maintain this sense of being accepted for the duration of the nursing course for some students.

The next section explores the opposite condition of being accepted, that of being an outsider.

5.18 Being an Outsider

This concept refers to the situation that arises when a student defines themselves as an outsider to the nursing team. It is a situation of marginality that has been defined in chapter two, in reference to Gennep (1960[1908]) and Plummer (1983). The marginal person lives between two worlds, a member of none. Students in the marginal position are neither members of the nursing team, nor, do they fully belong to their non-nursing world. They do not belong to their non-nursing world because the significant others within this world know that they are student nurses, not qualified until then can be, in Gennep’s terms, reaggregated into their non-nursing world, as qualified nurses. Feelings of marginality are common to all students at different times but especially in the beginning of their clinical placements. However, the situation is different between the two groups of students in that vocational students managed to locate a sense of belonging more rapidly than did the pragmatic students.

5.19 Being an Outsider: The Experience of the Pragmatic Students

Lucy in her first year thought she was accepted, but a year later this had changed as she repeats a similar phrase to that of Janine, about being a "non-person" (similar to Janine’s being unreal):

Well I think you are still a non-person to a certain degree, it depends on how involved you want to be as well, and how much responsibility these placements will give you. I mean, some staff don’t want to know basically that you’re even there, because you’re not there for long enough as far as they’re concerned.

Lucy here makes a distinction between a student wanting to be involved and the clinical placement staff who distribute responsibility, confirming the earlier discussions in relation to gifts of nursing work in chapter four and above in Jayne’s account. This is a further illustration of seeing nursing work as a gift to be bestowed. If the gift is not provided then the student is
not valued and, in Lucy’s terminology, she ceases to exist as a member of the clinical team, she becomes a "non-person."

Hazel, in her first year, during her placement on an orthopaedic ward, uses a strategy of locating herself on the margins of the nursing team. She purposely does this by maintaining a tactic of non-participation:

I didn't let myself get caught up in it all. The staff there seemed to be very rushed off their feet and they needn't have been. They could have slowed down but. So I consciously kept out of all that because I knew that I couldn't cope with that sort of stress, and I'd just drive myself mad so what's the point. So, I deliberately kept myself away from it.

Hazel’s motives for her strategy are due to her fear of becoming involved in the rush that she witnesses, allowing her to work with patients in a very different way. She explains in more detail her experience of working in this situation:

The orthopaedic ward was a milestone in a much different way. For me it typified everything I didn't like about nursing. Yes, but it is good. I learnt a lot. People are people and wherever you go and whatever situation they are in, whatever they are meant to do, their individualities will come out and I just took the opportunity to go round and talk to people really, rather than rush around with bedpans all day. It was really tough. Maybe because of the nature of the orthopaedics anyway, it was very hands on heavy duty, place isn't it. I still thought that time could have been made to talk to people a bit more. I mean, people were just really dying to talk to someone. I just sat down and said "hello" to someone and then a flood came out - trying to tell me about life experiences and how the other leg got amputated - so they must have been holding things in.

This ward is a “milestone” for Hazel, because she uses it to talk to patients. However, this tactic places her into a difficult relationship with the nurses on the ward and she experiences a process of detachment:

Yes, because I gave up you know. I was just tracing my mentor, running round after her and I thought “this is pathetic, it is a joke.” I sort of detached myself and did my own thing and talked to people.

Hazel accepts an outsider role as preferable to following her mentor (seen before in Catherine’s description of feeling she was on a lead to her mentor) and attempting to be involved in that she “did my own thing.” By Hazel’s second year little has changed as she reports, following her experience on the psychiatric unit (her intended branch):

You really need, I felt I really need to take hold of the reins. It was so difficult being a student, because you are literally an outsider, because the nature of nursing there is one to one. And you can't sit in on the conversations because obviously the patients don't want somebody else listening in when they want to talk to their primary nurse. I really felt that I need to be qualified to get anything out of that ward. It's a good
insight, and I got my foot in the door but as for working, you just felt like you needed to work there to get anything out of it.

Here, in her intended branch, Hazel experiences feelings of marginality, due she explains, to the confidential nature of the clinical work. Hazel summarises her account of being an outsider and trying to fit-in:

You see these placements they are literally like starting a new job, and the most important thing about a new job is actually fitting into the environment, and to do that you have to win over the staff. Patients, to be honest, come last. They are the easiest people to get to know and get on with so they tend to get pushed to the background while you are fighting for your survival with the staff and the hospital routine. By the time you’ve maybe achieved that, it’s the end of your placement and you’re off to the next one, to start your next new job.

The outsider experience for Hazel is linked to her “definition of the situation” (Thomas, 1976, Goffman, 1986[1976]) as temporary. As Goffman states in reference to Schutz, “Different interests will … generate different motivational relevances” (Goffman, 1986[1976]: 8). Hazel entered the nursing course for strategic reasons and not, as described by vocational students in chapter four, due to her well springs of action.

Isabel, in her third initiate interview, also experiences being an outsider in terms of her intended child branch:

Yes, with the children it was the fact that parents are encouraged to look after them so much and you felt as if you were interfering with their parenting by going in and, you know, saying such and such and it was just not for me. It’s as simple as that.

Isabel feels excluded because of the nature of the paediatric nurses' work, whereby she defined herself as “interfering” and therefore located in a marginal position, neither feeling a nurse, nor herself, because she is in a situation defined as nursing. Isabel’s experience has parallels to those of Nicholas, who like Frank discussed previously, took an observer role:

Well I felt like a distance from it you know. Being a student nurse I felt like it was the job of the doctors and nurses to get close in – and the relatives if you like. And when they come on the wards – I mean you respect their privacy – if you like – as the same time you are there if they needed you.

Nicholas' experience is similar to that of Hazel and Isabel’s, as he also defines himself as an outsider, as though he does not have a right of access to the privileged domain that exists between the qualified staff and the patient.
Being an outsider is also an issue for Catherine who describes her first placement:

Initially, when I went on my first placement, I really felt so out of it. I just knew nothing about anything.

Catherine therefore defined being an outsider as originating from her lack of knowledge and in this way she differs from Hazel who declines involvement for her own reasons and Nicholas who feels overwhelmed by his experience. After six months on the nursing course, Catherine still describes herself as an outsider:

No, it is coming from the nursing staff as well. I don’t know, I’m not qualified. I’m an outsider looking in, even though in my uniform I look as if I’m a part of things. In fact, one of the nurses who wasn’t my mentor - I was sat down talking to a patient who was most worried about her operation and she was a bit post-operative. She was concerned about what she had said to me the previous day as she was coming out of the anaesthetic because I’d spent some time with her because she was vomiting and what have you. She was most concerned that she’d said something silly, and her husband seen her in a mess. I was trying to sit there quite quietly, and I didn’t have any responsibilities of watching the nurse do the drug round, because I’d seen it about ten times that week. And because the nurse was moving on, and I wasn’t following her like I had been for the rest of the week, she wanted to know what I was doing. At that particular time it seemed more important to me to alleviate this woman’s worries about what she’d been like the day before, than it was watching the drugs being dished out. It’s a bit strange.

Catherine locates this incident as a social drama in her narrative, as an incident in which she defines herself as marginal, as an “outsider looking in” more than a member of the nursing team. In this incident she makes a stand to be herself instead of complying with the wishes of the nurse who wants her to leave the patient, and as a result, she is subjected to a minor interrogation. Catherine defines talking to patients as more important than carrying out nursing tasks and decides that, even if the ward staff do not have the time to talk to patients, then she can do so herself. The nursing tasks, from Catherine’s perspective are of less importance to her and this perspective is confirmed in a third interview when Catherine mentions being ostracised for talking to a patient:

You often get ostracised as well if you actually stop and talk to a person for some time. You get various sorts of eye contacts from people who are whizzing around with things in their hands. Or some sarcastic comment. I remember having some time with a patient: “It’s OK to be a student to spend time talking” - that sort of thing.

What comprises the “things in their hands,” another body metaphor, is not explained by Catherine, but is a symbolic statement of activity and time pressure in carrying out the nursing role. The ward nurses are busy doing what nurses’ do, that involves hurry and urgency.

Catherine, like Hazel, opts out of the adult nursing team, becoming an outsider so that she can talk to patients, as a deliberate strategy:
Yes, I don't know whether I try to sort of identify whether I'm doing it deliberately so you know I'm not rushing around.

Catherine solves her problem by transferring to the mental health branch. This same tactic of talking to patients as a way of avoiding nursing teamwork is also used by Alan, who on his second interview states:

Yes. On the wards, I felt like I as giving quite a lot to the clients. I was talking to the old ladies and I enjoyed that, and I think they enjoyed me coming onto the ward, but it doesn't seem to be recognised by some of the staff. They pretty much left me to my own devices. I enjoyed the contact with the people, it's the actual staff that I can't be doing with really which is probably a bit narrow minded on my behalf. I probably go into it in the wrong frame of mind.

The nursing staff, according to Alan, "left me pretty much to my own devices" and so talking to patients is a tactic used by Alan to gain social space (de Certeau, 1984) to carry out his own work practices. Talking to patients was therefore a common strategy in pragmatic student accounts that enabled them to avoid inclusion in the rush of nursing activity.

These students have all been at the beginning or end of the CFP; the final two students were in the final part of their branch programme.

Naomi provides a graphic description of her feelings of marginality during her final year. This account, shortly after her failure of part of her final examination and her unhappiness with this state of affairs, perhaps influences her perspective of nursing:

Personally I find that I go onto a ward now and in a way I try to hide away. I try to integrate myself really quickly, but not in a part of a team. I don't feel part of a team at all. I feel that I have to prove that I'm capable, but I'm afraid of tackling new things because I get that feeling that they are saying "she doesn't know how to do this, she doesn't know how to do that". I find myself sticking to things that I know, that I feel I'm good at. I feel that I'm good at basic nursing care - so I'm sticking to that, and in a way keeping myself away from the management skills and things like that which we are supposed to be gaining now. I don't feel that they encourage - I think it is a really closed shop. They don't like the training, so they've closed ranks on it, and they are not going to teach you. I feel that they don't want to teach. I'm sure they don't think that way, but to me it feels as if "well, if we don't teach them then they prove our point that they are not very good".

Naomi attempts to place herself outside the nursing team by the deliberate action of "hiding away." She also fails to learn new nursing actions as a protective measure. Naomi's marginality can be seen as the result of three aspects of her experience. One, is her desire to change branches which has been refused, the second is her failure of part of her final examination, and the third is that she believes that the nursing team that she works with has
“closed ranks” and does not “want to teach.” This is Naomi’s definition of the situation. As she became upset about the examination she also lost interest in her work. The issue of recursion (Giddens, 1984) then occurs in which one action leads to another. As Naomi feels excluded, she acts excluded, the nursing staff detects her stance and respond by excluding her. Naomi is then a victim of her own self-definitions that produce her feelings of marginality.

Susan identifies a common reason for students defining themselves as outsiders as about the issue of technical competence. Her problem with the baseline observations has been referred to earlier, but is revisited here for the additional insights that now are present. In chapter two, an exploration of the stranger role led to the observation that the stranger does not possess the recipes, the ways of doing things, of the in-group. Schutz (1974) discusses “recipe knowledge,” which is the ability to perform tasks in an unproblematic manner. Such knowledge is often taken-for-granted by others. A stranger, in Schutz’s terms, is someone who cannot perform, amongst other things, recipe-requiring tasks. These recipe-requiring tasks in Susan’s case are the baseline observations (such as blood pressure, temperature, etc.):

They complained because you didn’t know anything. But on the other hand they didn’t want to show you anything. They assumed that basic things that I didn’t know how to do, such as baseline observations. They felt that should have been taught in the classroom environment. And that by then, my second ward placement – I’d actually entered the second year as a student nurse – and I couldn’t do baseline observations. And they were appalled by it. Which was not a fault of mine – because on Payne ward it wasn’t one of the daily tasks – it was only done if necessary – which was the original ward I was on.

Again, the problem of recursion is present. The staff, according to Susan, realise she does not know what to do and are reluctant to show her, and then as a result of her inability to carry out such recipe tasks she feels defined by the placement staff as an outsider. Susan therefore links part of her experience as an outsider to the fact that she “didn’t know anything.” She also explains that she feels a “bit on the edge” of the staff group, who she considers are a “close knit community,” and how she does not feel included in this system:

Sometimes I feel a bit on the edge of it – because they’d worked together in a close knit community for so long.

As explained in chapter seven, the observations in reference to in-group and out-group membership are important features in this account. Susan feels marginal, on the outside of
the ward team, in a stranger role, in that she considers the staff exclude her. Her experience of marginality occurs because she is neither a member of the nursing team, nor a lay person. She is, as described in chapter two, between worlds. Turner’s (1974) concept of role-sets that are relevant to this situation. Role-sets are the, “actions and relationships that flow from a social status”(Turner, 1974: 237). The role sets of the nursing staff entail systems of relationships that are set within a status system. Susan, in common with all students, identifies this status system, a marginal perspective. When nursing tasks or duties are allotted they provide an opportunity for students to join the status system, but if they are not given to the student, then membership of the nursing team does not occur and the student occupies an outsider position. Turner’s concept of liminality provides insight into Susan’s account, in which liminality is the:

... mid-point of a transition in a status-sequence between two positions, outsiderhood refers to actions and relationships which do not flow from a recognised social status but originate outside it, while lowermost status refers to the lowest rung in a system of social stratification in which unequal rewards are accorded to functionally differentiated positions (Turner: 1974: 237).

Susan and other students in the outsider position are able to see the social system and their location within it because they occupy a liminal position. Turner (1974) notes that liminality is seen as a sacred position in some cultures, but these students did not experience it as a place of privilege. Students are in a progression, mainly to a higher place in the status hierarchy, and nursing duties are the signals that acceptance from the bottom rung of the ladder has been achieved. The rite of passage model sees a rebirth to a lowly position, as in the menial tasks of students, that are a prelude to their later elevation to the higher status of qualification. From this position, students become aware of role-sets and the staff hierarchy that is not discernible by the clinical staff themselves. This locates the students into a different domain, one that is uncomfortable for them and their only way out is try and gain entry to the staff system. This means that they have to comply with what is asked of them even if they, in fact, disagree with the requests that are made.

5.20 Summary: A Lifeworld Explanation of the Pragmatic Outsider Perspective

The rites of passage model explains effectively the sociological meaning of the student experience, it does however, leave deficits in understanding the students’ experience of this
process. In the accounts given the experience of students can be further explained within the
case of the lifeworld model, described in chapter two. Pragmatic students experience the
nursing-world as an expansion in their outer horizons that is not matched by a similar
movement in their inner horizons (horizons are discussed in chapter two, in terms of Schutz
1974 perspective). This is because the nursing-world takes place initially outside of them, it is
in the world and large sectors of this world are undetermined, not known with any degree of
certainty. So, together with the undetermined nature of the nursing-world, is the student's
undetermined inner horizon. The pragmatic student's inner horizon has not changed because
most of these pragmatic students have not given 'birth' to the idea of nursing long before the
nursing course started. Their world-within-future-reach has only, relatively recently, adapted
to the concept of being a nurse. The relevance of the nursing-world has not occupied the
pragmatic student's zone of relevance for a long enough period of time to enable them to
make adaptations to the structure of the lifeworld. In the new nursing-world different thematic
provinces of meaning are present that need to be addressed as problems. For example, the
"rushing about with bedpans everyday" is a problem for Hazel that she solves by opting out of
the ward experience, this activity is, nevertheless, not a problem for other students. The
stocks of knowledge of the pragmatic students are relatively deficient and, in comparison to
those of the vocational students, unable to provide them with the information and action
recipes used by vocational students. The students' experience of this situation takes place
for them as a 'leap' from one subuniverse of meaning, their home-world and previous work-
worlds, to another, the nursing-world.

As a consequence of these features of their experience, pragmatic students, at times more
than the vocational students, have to rely on the nursing staff to act as guides during their
clinical placements. This process produces more problems, because they then have to
engage in a process of dealing with sets of contemporaries in the We-relation in order to pass
their clinical objectives. The students are in the stranger role, so entering a We-relation is
difficult for them to do. Nursing for pragmatic students has, until recently, been relatively
irrelevant (Schutz, 1974) this whole experience is one of novelty and the need to solve new
problems. Additionally, the student's experience on the nursing course forces them into
making nursing a zone of primary relevance, often at the expense of their prior zones of relevance which are forced into a more tertiary place.

5.21 Being an Outsider: The Experience of the Vocational Student

Only one vocational student gave an account of not fitting into the nursing team that related to the differences between how she thought the nursing task should be done, and how the placement staff thought nursing should be done. It showed the student was defending her own nursing perspective.

Glenda, in her first set of placements is anxious, but then considers she is able to cope with the clinical area:

I thought you would just step foot in a ward and someone would shout 'nurse'. I thought it would be me outside myself - watching myself - but I didn't. In a way if you have children the way you are with people you can have experienced that before. There wasn't a big jump when I moved. I work as a youth leader, part-time. I've had a lot of contact with 14 - 21 years of age people and I'm used to touching. With other [nurse] students, I can see that they have not. Others - either through age have been touched. The younger ones who haven't done a job its different for them.

Glenda's comment about being "outside myself - watching myself" is similar to the discussion in chapter two about Mead's (1934) understanding of the self in terms of the "I" and the "Me" in which the "I" is the self carrying out a process of reflecting on the "Me." Glenda thought that this would happen but it did not, for as she became occupied in dealing with the situation she became unaware of herself as a reflexive agent. Glenda failed to adequately rehearse being a nurse; confirmed in her shock at being on the clinical placement, so her beliefs about nursing turned out to be incorrect. She is, however, able to use her home-world skills and experience, the world of bringing up children and working with young people to assist her in dealing with the nursing situation. She then explains that she feels able to make contact with people continuing her account:

[Important there you said - the way you are - the state of being. You didn't feel unnatural because it was you - being with people?]
I thought I would be self-conscious. I'm not very confident. I'm going to be a nurse and go in there. But, no I just felt fine ... it wasn't all that different apart from the ward setting, from an art therapy room, or a youth centre, because those people aren't sick, which makes me think - I've... never thought of them being sick. I feel very inadequate in taking blood pressures, putting in a naso-gastric tube. So you'd think I would be thinking, "Oh there's a patient over there who needs something doing." But I've just realised I'm aware of that part. It's a relatively minor part. Blood pressure
takes 2 minutes, being with the person is more important. The person is a person before they are sick - aren’t they?

Glenda defines herself as being able to be with people in a meaningful way because this is what she has done in her past – as a teacher and working in art therapy. She metaphorically transforms the ward into places she has dealt with in the past and so feels in control. The issue of relating to patients again arises and is dealt with by Glenda without her mentioning being at odds with the nursing staff, a major difference in perspective to the pragmatic students. Glenda concentrates on relating to the person whilst the nursing emphasis on the adult wards in Glenda’s account is the carrying out of physical tasks. In this respect Glenda is an outsider to the clinical team as her major motivation is to talk to patients. Glenda is joining the mental health branch and this decision underlies her interpretations in this context. In the next extract, Glenda differentiates between the taught model of care and what she feels inside – her real self. Glenda, is an outsider, not for reasons of trying to fit in, like the pragmatic accounts, but through reasons of wanting to carry out the role of nursing as she thinks it should be done.

But its difficult to escape the image of the nurse attending the sick. There’s such a lot of emphasis on that - and doing things. Not just being with, or there’s a lot of - I see it differently now. There’s the outside model - the taught model compared to what you feel inside. Some people definitely feel happy and I have done 20 blood pressures and they love that - different qualities.

Glenda comes to the realisation that reality is different to her expectations. She makes the assumption that she can go through the educational system, learn the “outside model,” and become a nurse, but this is not possible without effects on the inside. As explained in chapter two in the lifeworld context, Glenda wants to change her outer, but not her inner horizons and she fails to take into account the sociological reality of nursing that entails contradictions, such as shortage of time to talk to patients when tasks need to be completed. Soon after this interview Glenda left the nursing course, adding:

I suppose I have to say I’m disappointed almost to the point that I know I will probably leave .... In March I just felt unhappy and that got worse to the point that I almost left and I thought, "No, just cope with it a bit more," but I feel that I’m closing down, it is terrible.

Glenda decided to leave and she was the only vocational student to take this action. Her account is untypical in that her biography was very different to a typical vocational student. Nevertheless, she had wanted to be a nurse for many years, but had failed to explore the
modern meaning of what nursing was about in terms of her inner self. This is indicated in the apparent shock as she moves from her home-world to the nursing-world.

5.22 Summary: Being an Outsider

Being an outsider is a mainly pragmatic student experience. The lifeworld perspective in relation to being an outsider has already been considered as a form of gaining insight into the rite of passage model. The concept of pragmatic students' inner and outer horizons was explored, with the finding that the undetermined nature of both horizons was influenced by the relatively recent introduction of the student to the nursing-world. This contrasts to the experience of the vocational students who had previously made changes to their lifeworld horizons by making a series of changes in reference to their world-within-future-reach of nursing. The nursing-world for pragmatic students had only recently become a zone of primary relevance, moved from a situation of relative or absolute irrelevance.

The account of Glenda, although a vocational student, confirms this analysis. Glenda was vocationally orientated in that she had given “birth” to the idea of becoming a nurse for many years, but the idea had not been developed. This is seen in her identification of the real, what can be done, and the unreal represented by what she thinks should be done on her clinical placements indicating the apparent novelty of the situation for her. Glenda's response is consistent with a lifeworld analysis in which she has not made the change to her lifeworld perspective. Her description of being in the clinical area is akin to a ‘leap’ into a different reality that points to a lack of previous lifeworld adjustment to the idea of nursing.

5.23 Conclusion

Vocational students fit into the nursing team more readily, especially in comparison to the pragmatic students. This is especially so in the early months of the nursing course when pragmatic students experience more contrast between the nursing and the non-nursing worlds. During the CFP vocational students focus on the task of nursing even if they experience conflict with nursing team members for doing so. Therefore fitting-in is not a major issue for them. In contrast, pragmatic students focus more on fitting into the nursing
team, of becoming a member of the nursing in-group. Pragmatic students use bodily metaphors to understand the role of the nurse, a means of symbolically describing their presence in the nursing situation. They experienced nursing, more as a leap between worlds, an experience not described by the vocational students. The lifeworld may be used to understand the experience of students. Pragmatic students do not possess the idea to be a nurse until their recent entry to the course. Therefore, when they enter the nursing course, they do so without the preparation of their lifeworld structure that is apparent in the vocational students. Vocational students have already dwelt with and matured the desire to become a nurse and the nursing course is their expression of this desire. Their lifeworld structures, such as their zones of relevance, their stocks of knowledge, their inner and outer horizons, have all been adjusted towards the nursing course. The changes in the vocational student's lifeworld may also be seen in the context of their world-within-future-reach that has been defined for many years as nursing. With this 'frame' of meaning the nursing course is interpreted in terms of their world-within-future-reach. Pragmatic students have not made adjustments in their comparable lifeworld structures. Without the long-term, world-within-future-reach of becoming a nurse as a template for their interpretations of the nursing course, they are subject to the contingencies of which clinical placement they happen to be on. Their way to deal with these contingent circumstances is to become a member of the nursing team in-group.

Failing this, one method used by pragmatic students was to avoid the problem of needing to be a member of the nursing team. They used the tactic of talking to patients as a diversion to avoid the pressures of trying to fit into the nursing team. Recursive phenomena operate so that as the student feels an outsider, they act like an outsider and are defined by the nursing team as an outsider; they are then treated as an outsider. The same argument applies in relation to an enthusiastic vocational student who wants to be involved and is then involved by the nursing team. Both students help to create the social situation they are a part of.
Fitting into the branch was easier for both vocational and pragmatic students as they felt the nursing team identified more closely with them, defining them as "one of us" as following their "way of life."

Being accepted, like fitting-in, was recognised more in the students' entry to the branch programme. The account of the pragmatic and vocational students differed widely. The pragmatic students used neutral words to describe being accepted, whilst the vocational students used superlatives. As mentioned above, these differences in language refer to the symbolic systems of the student. The word "brilliant" points to the student's interpretational frame, not an externally good placement. The interpretational frame of the world-within-future-reach of being a nurse has been defined in this chapter as the "always wanted to do nursing" desire.

The next chapter moves the focus of the research out of the staff-student relationship into that of the student-patient/client relationship.
CHAPTER SIX
BOUNDARY EXPERIENCES

6.1 Introduction

The last chapter was about how students related to the nursing team in terms of their lifeworld structures. This chapter moves the location of the students' encounter into the clinical domain of patient/client care. The word 'patient' is used to refer to someone who has physical illness and the word 'client' indicates the recipient of nursing care for psychological or mental health reasons.

Nursing is concerned with the care of people who are experiencing, what Jaspers (1986 [1932]) called limit or boundary experiences\(^1\). These experiences occur when individuals confront situations of suffering, struggle, guilt and the recognition of impending death. A confrontation with boundary events is common for nurses who, by the nature of their work, are present with individuals who are dealing with these experiences. Nurse authors, Benner and Wrubel (1989), adopting a Heideggerian perspective, note how nurses deal with situations in terms of their own meanings and are "involved participants" (1989:42) in the care they provide. Therefore, as students enter the clinical areas they encounter different degrees of suffering, and this chapter focuses on how they manage their participation in this aspect of clinical life. Therefore it is about how students deal with the world of pathology that patients are experiencing as they (the students) become involved with these experiences and their own meanings are subjected to re-appraisal. Such re-appraisal leads to a range of effects in terms of their own meaning systems and interpretation of life.

The term boundary experience also includes circumstances where students themselves meet their own boundaries to coping and experiencing life, such as when clinical experiences are unfamiliar and difficult for them to deal with, occurring in situations that are different from the students' usual range of experiences. For example, some students encounter difficulties in being in learning disability or mental illness settings, or they may feel unable to cope with

\(^1\) The terms boundary experiences, boundary events and limit experiences are taken in the practical sense of this thesis to be synonymous and are used for variety only.
extreme physical changes in very ill people. The issue here is not the suffering of the client, but the experience of the student who has to adapt to an unfamiliar and occasionally threatening situation.

6.2 The Structure of Boundary Experiences

A defining feature of boundary experience is the students' ability to remember distant clinical encounters, such as when, in their final year, they provide accounts of early Common Foundation Programme (CFP) placement experiences. Memories of boundary experiences remain with students and exert an effect upon them, well beyond the horizons of the incident itself. In this respect, boundary experiences leave a mark (Denzin, 1989a: 70) upon students by constituting a reference point – an indicator of a significant and meaningful event.

For student nurses, clinical nursing experience is "event-rich" (Hastrup 1995) in that it contains more happenings than the students' non-nursing or ordinary experience. For example, entering a hospital ward, or a patient's home in which illness is present, precipitates a series of events which are charged with life or death potentialities. The student's encounter with boundary events often involves a crisis – such as a cardiac arrest or some other medical emergency, but this is not always the case, and less dramatic clinical experiences are still defined by students as of exceptional significance. Dealing with different interpretations of life or ways of living is an example of such continued experience.

When crises do occur, they take place as social dramas (Turner, 1974) during which different social actors, such as fellow professionals, or patients and their relatives, make varying demands upon the time and abilities of the students. Therefore the social role the student adopts becomes significant as to how such crises are remembered. Also, social dramas are characterised by the students' confrontation by an alternative reality or perspective which they had not witnessed previously, and a change of direction or perspective occurs. This change of perspective is the recognition that reality is different to what it was previously thought to be. This is an important feature of boundary experiences, in that not only is the experience held in memory, but also it makes an active difference to the students' interpretation of what
constitutes their perceived reality. As Turner (1974) notes, not all social dramas enter a resolution phase, and this is the same in the clinical areas, as often students are left with questions and doubts about the outcome of their experiences. Sometimes students do not know if their contribution to the crisis has been effective or not and the simple fact that during the CFP they do not know the actual outcome may add to the intensity of the incident for the student. Students' time in clinical areas is short in comparison with the permanent staff, and so they experience a much reduced level of clinical experience. The implication of this is that students do not become habituated to the experiences they encounter.

Boundary experiences were elicited in reference to the question: "Do any of your clinical experiences stand out as significant in some way?" The students' response to this question is the focus of this chapter. In this, as in previous chapters the term, home-world will be used to refer to the world that students bring from their home and personal life. Often, more than vocational, pragmatic students used the home-world values and meanings longer than did vocational students.

6.3 Types of Boundary Experience

Boundary events are of three main forms. Those concerning the psychological aspects of experience as in mental illness and learning disability that comprise an encounter with strangeness. Those involving the physical aspects of nursing experience referred to as dealing with pathology; and a type not mentioned before called fulfilling experiences which occurred when a small number of students defined boundary events as positively memorable and pleasant. The plan of this chapter is to explore the students' responses to boundary experiences with these three headings. Each will be discussed as a preliminary to considering the student accounts.

6.4 The Encounter with Strangeness

Some students define their clinical placements as strange, as being fundamentally different from their previous life experiences. Learning disability and mental health placements are experienced by some students as a different finite province of meaning (Schutz, 1974) or a
strange small lifeworld (Luckmann, 1970). In these small lifeworlds, according to students, different meanings and orders of reality are present (Schutz, 1974: 22) and the students concepts of human living are challenged as they are presented with the necessity of either adapting or leaving the nursing environment. This encounter often occurs on the students' initial visit to a clinical placement and results in an awareness by the student of the difference between their taken-for-granted life assumptions and the life that is experienced in the clinical situation. In subsequent visits, students make varying degrees of adaptation to the clinical placement. The interpretation of these small lifeworlds as strange is more commonly a pragmatic student experience and only one vocational student reported a boundary experience in these settings. This may be explained by reference to the difference seen in chapter five between the pragmatic and vocational students. The vocational students have rehearsed what it will be like to be a student for long periods of time before they join the course and are quite familiar with what it will be like to be a nurse, that is, to take a nursing role. Two parts of this concept are explored: the experience of bodily effects and the clients' psychological states.

6.5 Dealing with Pathology

In dealing with pathology, students' encounter patients who are suffering severe physical illness, are dying, or actual death. This boundary experience is about how the students cope with these occurrences in the people they care for and in which suffering is extensive, or the death, dramatic. A difference is identified between the pragmatic and vocational students in boundary experiences, in that pragmatic students define clinical reality in polar terms - such as being right or wrong, good or bad, whilst vocational students interpret their experiences into their overall life project of becoming a nurse. For example, "this death was terrible" could form a pragmatic account, whilst for the vocational student the account could be, "everything was done for him." Both record similar experiences, but contain fundamentally different interpretations.

6.6 Fulfilling Boundary Experiences

Whilst the majority of boundary experiences are unpleasant four students report pleasant outcomes from these experiences. Two students are from the vocational group and two from...
the pragmatic group. Whilst this is not a large proportion of the students interviewed, the fact that boundary experience can be positive and life enhancing is seen as important in the total context of the research.

The immediate difference between the two groups of students is that three times as many pragmatic students give boundary experience accounts. All students encounter suffering in patients of some form, but only about half define them as significant. The following diagram illustrates this situation and shows how differences between the two groups of students varies:

![Diagram 6.1: Differences in amount and frequency of boundary accounts](image)

This graph is not meant to depict mathematical elements, it is about qualitative trends. This diagram depicts how all students experienced boundary events of some kind. There is also a variation in the types of boundary experiences. The height on the y-axis represents the number of accounts of boundary experiences. All students encountered boundary events although the reporting of these experiences was greater in the pragmatic students. The x-axis represents the qualitative nature of the boundary accounts. The further to the left indicates more significant experiences for students. For example, "It was a terrible death for them and I could not forget it" is different to, "Oh she died, well it was the best thing for her really." Both accounts are boundary experiences, but the latter would be further to the right.
on the x-axis. In terms of the x-axis, both pragmatic and vocational students reported a range of boundary experiences but their amount and type gradually converged. Therefore, some pragmatic and some vocational students reported significant boundary experiences, but the pragmatic group had more and stronger experiences, although a convergence was present for the overall sample of interviews.

6.7 Interpretations of Strangeness

The learning disability and mental health placements are the only areas defined by students as belonging to a different order of reality. This may be related to the different social expectations of nursing that usually portray adult nursing in terms of medico-technical competence and mastery. Nurses in these fictional accounts are employed in hospital settings in which physical illness is treated. Kristiansen (1985) found the image of medicine commonly portrayed in the British media "... stresses its scientific base, its technological sophistication and its triumphant conquering over the scourge of disease" (Rogers, 1991). Fox (1993) cites the US Cultural Indicators that found that during 17 years, over 40% of dramas depicted incidents of physical illness. Rogers (1991) argues that the public image of medicine is an all-powerful medical technology that can produce cure for physical illness. The public image of nursing lies alongside these medical situations portraying nurses as aids to doctors who treat physical illness. Learning disability and mental illness are not frequent public images. Students, who join the nursing course and have not received accounts from others in the profession, can therefore only rely on the media presentation of nursing that defines the nurse within the adult nursing context. Even for students with some nursing experience, the extremes of behaviour met in the learning disability and mental health contexts can be challenging and it is this movement of behaviour to the limit of acceptance that the students found difficulty understanding and coping with.

The reactions of students to the situation will be provided in order to arrive at an understanding of the essence of the accounts and will focus on issues concerning the body, and psychological experience.
6.8 The Body

This section is about the body as it entails issues in which the physical presence of the patients-clients produce effects on students.

Laura experiences a reaction of fear when learning disabled clients come closer to her than she expects. She finds this form of body language very difficult to bear:

_in learning disability they don't seem to have any relation to body language. They come up really close to your face and I find that really frightening - but actually that one thing of them coming too near - you think you're all set - but it's like a strange environment you're sat there in front of - all these people and you think - "Oh my God" - they don't have any concept of body language - it wasn't their fault. And you have to compensate for it…_

Laura is describing here what Schutz (1974) defines as a "vivid present" in terms of her notions of bodily distance. Her "natural attitude," that aspect of her life that is previously unquestioned is questioned, as what was previously taken as the routine of bodily distance is converted into a problem. Laura has to:

... "Stop and think." Reflecting ... no longer drawn along by the stream of consciousness; [not living] in the actual phases as such ... rather "outside of them" and look[ing] "back" (Schutz and Luckmann, 1974: 53).

Laura breaks the link to her flow of temporal experience as she encounters this problem. It demands she carry out a process of reflection to try and gain some understanding, to solve this process. The "meaning-context" of the situation relies, according to Schutz (1970, 1974) on the:

... temporal relation between actual experience, post experience, and anticipated experience. The idealisations of the "and so forth and so on" and of the "I can always do it again," ... belong to the structure of this temporal meaning-context (Schutz and Luckmann, 1974: 55).

This same phenomena, in which a break in the temporal flow of the lived present when students encounter problems, is characteristic of experience on the nursing course. This is the process that Giddens (1991) describes in which the individual conducts a "self-interrogation" but differs in that this self-interrogation is characterised by a break in the constant flow of reflexivity described by Giddens. Laura's "natural attitude," that aspect of her life that is previously questioned is questioned; what she takes as routine does not apply in this situation. Fear is Laura's immediate response as she "did not know what to do." In Schutz's terms her previous 'recipes' of how to act are not provided with the past experience stored in her stock of knowledge and experiences (Schutz. 1974: 11).
Laura previously worked as a medical assistant in the armed forces so, whilst she has experience of the physical aspects of patient care, she has not encountered learning disability clients before. She is unable to refer the learning disability experience to what she already knows, so it is a “shock” to her. This situation in which previous biographies intersect with current experience is a constant feature of all the boundary experience accounts. Schutz (1974) explains how problems emerge in terms of the articulation of in the past into the present:

... how is this routine succession of unproblematic experiences becomes interrupted and how is a problem set off against a background of self-evidency ... the current experience may not be simply classifiable into a typical reference schema conforming to the situationally relevant level of types (Schutz and Luckmann, 1974: 10).

The “self-evident” nature of reality, of how people manage bodily distance is subject to doubt. Laura cannot classify this experience as typical because it is not so for her. Also, if one zone of self-evident knowledge is open to doubt then more may become so. Therefore, the world itself, in its wider context becomes open to doubt.

Similar issues of being with clients who breach the student’s taken-for-granted world are identified by Dawn, who does not want to be present when clients are eating:

It’s really stupid things that get to me. People’s eating habits. I cannot bear it, if I’m eating a meal and someone else is eating. I just can’t, you know, eating with their mouth open and being messy. It’s really silly, but it’s just me, and for me to just be able to sit down, at first I could feed someone, or I could sit at the table with them while they were eating ... I felt quite physically – I was – I felt nausea...

The presence of unsightly mouths open with food produces the reaction of nausea for Dawn, indicating her bodily response to this experience. Dawn’s social situation in this environment confirms the interrelationship between social life and individual\(^2\) embodiment (Merleau-Ponty (1986[1962]). Both in Dawn’s case are combined in her embodiment in the situation and the integration of the symbolic aspects of the situation that is physical manifested.

Lorna who also has a strong physical reaction on her learning disability placement identifies the physical dimensions of experience and has a strong reaction on her learning disability placement:

\(^2\) Burkitt (1991) is discussed in chapter two in reference to Mead’s (1934) concept of the social constitution of the self in which a clear separation between the two notions is not possible as the self is socially created.
But the difficulty arrived on the second day. I was asked to get this child up and I got this kid up and she was something like 4' in height. She looked like a nine-year-old in physical stature, and she had obviously messed, so she obviously needed to be bathed. She was so messy with faecal matter all over her - when we eventually got this like nappy thing off her, she sat on the loo smearing it all over her and licking her fingers. Now that really did make me retch and I could not; I was not prepared for it. I didn't think there were people like this about. Perhaps if I really thought about it, I knew there would be, but I'd not come into contact with that. And the first time it was just horrendous, and to cope with that was not doing her any good, and it certainly wasn't doing me much good. To top it all, the care assistants there thought it was hysterical that I should be retching in the sink so I had no support.

Lorna adds that she "... didn't think there were people like this about" referring to the absence of similar experiences in her past. Her stock of knowledge contains no references on how to cope, on how to respond. Like Laura, Dawn responds to the situation with a physical manifestation, retching being a way of emptying the self of the offending substance that has symbolic references along with its physical actions.

This situation of previous contact with this form of behaviour has been encountered before by the nursing assistants and is to them routine. The care assistants laugh at her response and this brings into question one of Lorna's systems of 'self-evidences' that people respond in typical ways. The laughter of the care assistants brings into doubt the typical definitions of 'carers' held by Lorna. In this drama, Lorna is responding centrally to the faecally contaminated child and experiences what Douglas (1966) defines as a "pollution reaction" in which she has a:

... reaction which condemns any object or idea likely to confuse or contradict cherished classifications ... (Douglas, 1966: 39).

Lorna responds with shock because her classificatory system of clean and dirty is brought into doubt saying, "I didn't think there were people like this about." According to Douglas, it is not that some objects are dirty, but their location. So clean-dirty classifications are about the location, not the intrinsic nature of objects. Lorna is upset because the faecal material is smeared and licked, placing them radically outside her structures of classification. The care assistants, by laughing at Lorna's response, appear to contradict, to hold in question her clean-dirty system. They class this incident as a normal or routine event in terms of their experience. The laughing, of making Lorna the subject of ridicule, appears as a form of humiliation (Douglas, 1968).
Bodily issues also arise for Hazel who, like Laura, uses the term "Oh God" when referring to her contact with elderly patients suffering from dementia. These patients constitute for her a different 'universe of meaning,' (Schutz, 1974), unlike any of her previous experiences of people. Hazel explains:

> What was the point of these people staying alive really - that was the crux of the thing. I just thought, "Oh God." Because there was a particular patient there that couldn't do anything. Could hardly swallow. And I thought, if they were just left, they would die. And surely nature's way is, when you reach such a point, nature says to you, death is the way out .... It was all to do with shock, and everything all mixed up. Maybe, it was a very defensive reaction to the placement. I began to realise it was my own fears and my own disgust. Feeding somebody who spat it back out and couldn't swallow. I admit it, I don't. I can't - I am sometimes disgusted and think "yuk." And don't want to go near him, and it was an element of that, an element of my own fears, an element of my own embarrassment. I was just hit emotionally by it.

Hazel describes what other students’ encounter – an urge to escape, but such escape is not possible unless the clinical placement is abandoned. Her experience of "disgust" is similar to Dawn’s description of nausea and Lorna’s retching. With all these students the issue relates to different forms of embodiment, of how human life is lived in it's bodily form in their clients-patients and how they react in terms of their own physical responses.

Heather similarly describes her feeling of "shock" about some learning disability clients in similar terms to Laura:

> I got there and first day it was all a great shock - for one and a half days. People with severe Learning Disabilities behaved in antisocial behaviour. I just wasn't expecting it. I had no contact before with it - quite a shock to start with. I didn't know what I was getting myself into. It's made me realise how little I do know in a lot of areas - I don't know. And made me realise you shouldn't assume. Certainly the Learning Disabilities placement. I was really looking forward to it, not worried about it at all. I just wasn't expecting it. I had no contact before with it - it's not the saying it's the doing of things.

Heather identifies the physical elements of this experience that she describes as the "doing of things" as more significant than the verbal aspects of interaction. Her use of the word "shocking" indicates that her "taken for granted" beliefs are thrown into doubt. For Heather, a world in which actions take precedence over the verbal is difficult to deal with and is not held in her stock of knowledge as a form of typical behaviour.

For these students the bodily functions and the presence of the individuals they encounter is experienced as a challenge to their previous, 'self-evident' beliefs about human behaviour.
The experiences of the clients are bodily and so are the students' reactions. The existential phenomenologist Merleau-Ponty (1986[1962]) discusses in detail the notion of embodiment writing:

... the experience of perception is our presence at the moment when things, truths, values are constituted for us; that perception is a nascent logos (from Moran, 2000: 418).

Experience is tied to sensory perception that entails making sense of the world in which the logos is the element that brings about reason or understanding. As the students experience the bodily presence of the clients, their own bodies respond accordingly and, with no previous experiences to call upon they want to escape. When they have to stay in the situation their own bodily processes evoke a sense of fear, nausea or retching. The issue of bodily responding does not occur in the following students who experience strangeness primarily as a reaction to their clients' psychological states.

6.9 The Experiences of Client's Psychological States

David reports his first contact with a suicidal patient, when on the acute psychiatric unit. He explains his reactions in similar terms to Laura:

Yea, it was - on a lady. I was on the morning shift and this lady I helped to admit the day before, she came in with depression and this morning I was stood by the nurses' station with a few other nurses. We were talking over somebody's notes. And this woman came up to me and she asked me if I would possibly be able to have a chat with her, which I did. We went away and had a chat in a nice quiet area, and she broke down and told me that she'd just taken an overdose of pills on the ward, which she had not handed in on admission. You know, there was nothing to suspect that she was hoarding anything because she did hand some in, but she'd kept some and she'd taken them that morning and I thought "Oh my God, what do I do now?" I tried not to react, really tried to keep myself in control.

David, similarly to the students just discussed, uses the phrase, "Oh my God" to indicate the intensity of his feelings. He has not confronted this form of behaviour before and does not know what to do; he has experienced this level of despair before. In addition to his expression of shock, David explains his deeper reactions as he reflects on this experience:

It worried me. Some people might think it is a bit cynical but - the futility of it all, of this thing depression. I don't really understand it, and I can't really relate to it, because I don't think anybody who hasn't been deeply depressed can relate to it. What it feels like to feel like you've got no self worth at all, it must be absolutely horrific. I don't know umm. It did leave me doubting an awful lot but, values what it is, I don't know, but this like a, "feeling that there is something wrong somewhere" when people can get like that - it's not something you can put your finger on.
David is planning to enter the mental health branch, so this episode is one which he could have predicted, but the actual experience of the patient's depression overwhelms him. David's use of the phrase, "something wrong somewhere" is his attempt to understand, and suggests that he is not prepared for this type of experience. He is brought to the point of "doubting an awful lot," in terms of his career project to become a mental health nurse. David continues his account, striving to understand the meaning of the situation:

She just doesn't seem to see the point of it all. Why bother. I mean if everything is such a hassle to her that she just can't cope. I'm not saying this, this woman is, you know, is mad in the sense of the word mad, but there's nothing, you know when she talks to you she is very illusive, she is able to explain things. It was really quite difficult.

David is unable to solve this experience as a problem in terms of his current worldview that entails certain principles of human living. His sedimented experiences within his stock of knowledge do not provide him with the means to understand and deal with this experience. He is unable to arrive at an explication of the event and the world remains, at this point inexplicable and does not carry on 'as-it-was-before' (Schutz, 1974). David later transfers to the adult nursing branch, perhaps as an indication of his inability to deal with this form of experience.

Catherine explains how, on her learning disability placement, she does not get "feedback" from the clients:

I just felt silly talking to somebody and not getting anything back. And it took me a while to realise what it was that was causing the problem and once I had realised what was the problem was I didn't quite mind it so much. I think perhaps my expectations were too high. It's a very slow process and I think I wanted it to go quickly.

The issue is that in everyday conversation the convention exists of reciprocal speech between speakers. As this does not happen for Catherine she at first "felt silly" but then, unlike David, is able to draw upon her "stock of knowledge" and locates the reason for the discrepancy between reality and her expectations. Her comment that her "expectations were too high" is a factor in all these accounts. All students enter boundary areas where the extremes of human living take place and, when these extremes are reached the students have problems. Expectations that everyday communication can take place in people experiencing learning disability is a high expectation given the circumstances in which the interaction takes place. Similarly, working in an
acute mental health area and not expecting overdoses by clients who express feelings of hopelessness appears an unrealistic prospect.

6.10 Summary: The Students' Experience of Strangeness

Pragmatic students appear more idealistic in that they possess higher expectations than their vocational counterparts who provide only one example in these clinical areas. In terms of expectations Kate, working on an inpatient unit, expresses surprise that she has been targeted by a patient who exposes himself to women, "In fact I - I was shocked." This client is known to target young women and so his targeting of the student appears within professional, but not in Kate's, expectations. The reason expectations are inappropriate appears related to the "definition of the situation" (Thomas, 1969) that students make. With little prior knowledge of nursing, nor the long-term lifeworld adjustments that vocational students make, situational definitions can be inaccurate.

Several issues have been considered in the students' encounter with novel or strange situations. The notion of bodily difference and bodily responses in the students explains the reactions that occur. The concept of the students' biographical insertion into the present of the clinical situation explains the reasons that strangeness is more an issue for pragmatic students over their vocational counterparts. This is because, as seen in chapter five, pragmatic students have not lived nursing as a world-within-future-reach for the length of time of the vocational students. Vocational students have in some way already worked through the problems they are likely to encounter. However, this same observation may also be used to argue that the expectations of the clinical experience are higher in the pragmatic than the vocational students. Pragmatic students may therefore be more idealistic than vocational students who have made long preparations to become nurses.

6.11 The Experience of Pathology

This section will consider the two main boundary experiences of dealing with death and physical suffering. Dealing with death and dying is explored first.
6.12 The Encounter with Death and Dying

Three quarters more pragmatic than vocational students reported this experience, perhaps confirming the observation above that pragmatic students may be more idealistic. Featherstone (1991) is of the opinion that due to the influence of modern aspirations to maintain youth and vitality:

> Within consumer culture it is hardly surprising that ageing and death are viewed so negatively – they are unwelcome reminders of the inevitable decay and defeat that are in store, even for the most vigilant of individuals (Featherstone, 1991: 186).

This statement describes how death and dying may be publicly avoided events but experiences that many vocational students were aware of. This was not so to the same extent with pragmatic students for whom death carried “existential” (Shilling, 1993: 177) dimensions that were often defined as unpleasant and memorable long after their occurrence.

This chapter is concerned with boundary experiences and death and dying have been defined in these terms, Shilling (1993) writes:

> It is worth recalling her Berger’s and Gidden’s point that the individual experience of ‘marginal situations’ or ‘fateful moments’ makes the subjective deferral of death inevitably contingent and problematic (Shilling, 1993: 192).

Therefore death is confirmed as a boundary experience and so may act to illustrate the differences between the pragmatic and vocational students:

Student accounts in this section are mixed to allow contrasts to be focussed upon in a different way to the previous chapter. A major part of boundary experience begins in the breaking of news of a patient’s impending death and this event is often the origin of the students’ contact with a boundary event.

A contradiction occurs for Lucy, a pragmatic student, who is unhappy about keeping information secret from a patient and her relatives about a terminal diagnosis. This is, according to Lucy, for the convenience of the staff who are reluctant to confront the patient and her relatives with the news:

> ... nobody was going to tell her and nobody was going to tell the family either. I found that very difficult. I’d been there three hours in the morning so I knew all this information about this lady and nobody else who it was actually going to affect knew about it. I found that really difficult ... This family was being kept in the dark the whole time and I found that terribly wrong. I just felt that somebody should have said to them that there is more
to it. Even if they didn't come out with the diagnosis they should have said there is more and we are doing tests... they felt there was something wrong and they were right.

The problem for Lucy is that although she is a newcomer to the patient, she is granted privileged information that is denied to the patient and her relatives. Lucy explains that the family then learns the news by "eavesdropping" on conversations between professional staff. Lucy is powerless to intervene, thus experiencing a conflict that she cannot resolve. She experiences a binary professional structure in which professional distance is maintained between staff and patients, in this case with their relatives (Goffman 1961). Lucy explains her feelings of shame in terms of being identified with the staff:

"I actually felt ashamed to be a part of that and when the family were talking to the nurse that I was sat with at the nurses' station I just sat with my head bowed. I thought, "I can't even make eye contact because I know what is going on and I think it is wrong that I know and they don't." I just felt utterly bewildered because there is nothing I could do, nothing I could say... The nursing staff were having to, not lie, but be deceitful by knowing but not being able to say anything."

Lucy locates wants to distance herself from the deceit that is happening, she's ashamed. The experience is about a conflict of perspectives that Lucy wants to resolve. The problem concerns the professional management of this impending death and Lucy learning about the actuality of nursing that is a difficult process for her.

In a similar context problems regarding the breaking bad news arises for Jayne, who is a vocational student, and reports that whilst a patient's family is told the patient will die, the patient is not told. Jayne, like Lucy, disagrees with this decision:

"The doctor told the family that this woman had got a brain tumour and that she had only got more or less five months to live. That did cause quite a lot of problems for staff because they really did think that the patient should be told, which is true. I know a lot of people say that you don't know how a patient is going to react, but then that patient might not want their son or daughter to know because they know that they won't be able to cope with the news as well. There have been a few incidents like that."

A major difference is present in these two accounts. Jayne the vocational student is aware of both sides of the argument stating, being aware of the need to tell, and also the need to keep the news secret. In this case the relatives are aware and the patient is not aware. The comparison between Lucy and Jayne's accounts indicate a wide difference in how they see the situation. Jayne takes the side of the professionals, "you don't know how a patient is going to react" and then, despite the problems of keeping this secret Jayne does not enter a
conflict. Even though she is keeping a secret she is not “ashamed” in the manner of Lucy accepting that health professionals keep secrets so justifying the secrecy process.

Lucy takes an idealistic stance to the truth telling process that is unlike Jayne’s who places more allegiance to the professionals she works with. Jayne is therefore acting like a professional and Lucy, within her pragmatic orientation, is acting more upon the basis of her home-world values, the values she brought into nursing.

Two more accounts of dying patients are given; one from Susan, a pragmatic student and one from Ruth, a vocational student. Susan describes how she enjoys caring for dying patients, providing the following account:

Well the person herself she was elderly, riddled with cancer, but she was the life and soul, she never complained, she’d always got a laugh and a joke she was a fantastic lady to know and although she would never admit to pain. You knew when you was washing her that she was in extreme pain and in the end the doctor said, ”Enoughs, enough, we are going to administer this MST3.” Because it was just not - and she was like this right up till the day before she died. The day before she died I went in to bed bath her as usual all laughing and joking and she just said, ”Can you leave me alone today I don’t want anything doing I want to stay in bed.” And the following morning she died, just as we’d gone on the early shift and although I found it sad I was quite relieved that the suffering was over.

Susan laughs and jokes even though the patient is dying. The patient then takes control and asks not to be washed. Susan interprets this as a precursor to the patient’s death the next day. She does not mention being upset at this patient’s predicament whom she describes as the “life and soul.” This metaphor can be lengthened to its unabbreviated form – “of the party,” although Susan does not add this latter section to this saying, the metaphor is nevertheless still present, perhaps a denial of the “inevitable decay and defeat” (Shilling 1993 cited in full above). This patient is not in a situation of happiness but nearing her death. Putting on a front, a role of joviality to facilitate the social functioning of the ward team, may be identified as an explanation for much of this account which indicates a process of defence that is used by the staff to cope with the reality of a dying patient. Lyth (1988) in her psychoanalytic study of nursing found a variety of systems of defence that are used to counteract anxiety provoking unpleasant clinical reality.

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3 A morphine mixture often given to alleviate severe pain and is often used in terminal illness.
The comical interpretation of this patient in pain and dying appears to fit the interpretation suggested by Lyth. On the day of the patient's death, Susan is involved in carrying out the last offices\(^4\), she gets a blanket to cover her up saying, "I thought she was in a draught," indicating Susan's failure at this point in time to realise the patient is dead.

Ruth explains in the following extract that dealing with dying patients is "one of those things" a statement that acknowledges the reality of the nursing role in these situations:

\[
\text{I've got used to it. I find it hard sometimes. I was on the district and there was a lady the same age as me who had breast cancer and was dying - I found that hard, but I could deal with it. I did find it difficult because she was a similar age. She has now died. She died a couple of days after I had seen her and it really upset me because she had children the same age as mine. I dealt with it but it just brings things home that it could be me in that situation. [How did you deal with it?] I just have to think that it is just one of those things. I know it is not very nice but it happens and there is nothing you can do about it in some ways. She has died and she has got no suffering any more whereas she was suffering quite a lot really.}
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Ruth makes a typical vocational statement that acknowledges the suffering she witnesses. In this account the first statement that Ruth makes is, "I've got used to it," meaning that she has been able to routinise the dying experience, it is what nurses do. She adds that this type of situation does not depress her:

\[
\text{I think I worry a bit and think that it could be me but no it doesn't depress me. It just makes me think more - how lucky I am myself. I think I'm lucky to have three healthy kids and my husband is healthy. We are lucky and when I think of the people that I've seen and some of the problems that they have it makes you value your own life really.}
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Ruth therefore converts her experience of the care of this dying patient into the professional role of being a nurse, recognising the value she places on her family.

In these accounts Susan operates a process of denying the reality of the dying process she witnesses. She makes no statements about accepting the reality of death and dying. In terms of lifeworld terms, dying and death are problem situations that do not exist in the Susan's stock of knowledge. Her 'recipes' of how to act in terms of these encounters has not yet been made the subject of a routine experience. This is in contrast to Ruth who makes an addition to her stock of knowledge in line with her expectations of what nursing is about.

\(^4\) This is the washing and preparing of the body for transfer to the mortuary.
Gemma, another pragmatic student, explains, how when a patient has just been told he is going to die, she offers him a “chat.” The result of this chat is that Gemma becomes involved in offering advice to the patient, a response she does not want to provide as she feels unskilled to do so. Then like Susan, she converts the situation to one of humour:

I was really worried that I would tell him the wrong thing, and perhaps give him some false hope, or something like that. In the end, we ended up joking about the situation, and he said he wanted to go to the football finals, the FA cup or whatever it was, and I said “don’t worry, you’ll be there.”

Both Susan and Gemma, pragmatic students mention the tactic of humour to deal with the unpleasant. In the face of death the use of humour can be understood as a coping mechanism, a way to avoid the frightening meaning of the situation. Also, when this humour forms a means of escaping the reality of death then defence in opposition to routinisation is occurring. This is not to argue that making the unpleasant routine is the preferred coping mechanism, but that the vocational and pragmatic orientations are different. A different form of death experience takes place in the next accounts in the form of sudden death from myocardial infarction.

Karen is a retrospective vocational student who becomes involved in a resuscitation attempt following her discovery of a heart attack victim in the ward toilet:

I found someone with a heart attack in the toilet that upset me. I just heard a bang and found a man lying on the floor and checked his pulse - there wasn't any - so I set the alarm and everyone came. We lifted him and put him on the bed. Tried for 40 minutes to resuscitate him, he was about 70 and going home that day - he didn't make it.

Karen’s comment that “he didn't make it”, appears as a summary to her experience, a final statement that it is over. She uses the personal pronouns “I” and “we” throughout this passage, indicating her involvement in the resuscitation. Karen worries later that day about her own actions in this incident:

I just felt worried, I hadn't done the right things.
[Did the staff talk to you about that?] Yes, but it was the first time I had come across it really.

Myocardial infarction is the technical name for a heart attack.
Karen's concern is focused not so much on the upset of the death, but more her own role in the resuscitation procedure. The motive to be a good nurse, is her main concern - the outcome, such as a patient dying takes a lower order of priority in this account.

This account is very different to that of Helen who is a pragmatic student in the same student group as Karen. Helen is working on a ward when a patient collapses with a myocardial infarction following an endoscopy. Helen explains:

*There was a cardiac arrest on a ward and I didn't feel adequate to the situation. I had to get the trolley and apart from that I felt totally inadequate to assist or do anything as I don't think my training had given me enough experience to handle that kind of situation at all.*

Helen blames the School of Nursing as the reason she is not technically competent to assist in the resuscitation procedure. This appears her way of explaining her inability to act in terms of the narrative process, to make sense of her experience. As a result of her non-involvement Helen is asked to reassure the rest of the patients and to give out their meal. She describes her provision of the meal as in stark contrast to the medical emergency that is taking place on the ward:

*I just shook - I was just shaking. Everybody was behind the curtain and I was basically expected to reassure the rest of the patients on the ward. It was funny, not funny - but they were serving dinners at the time, or the dinner trolley had come onto the ward and I was actually expected to carry on giving the dinners out! I just didn't think that it was right that these lunches were getting served, this gentleman's life was coming to an end as it was and I was shaking trying to be in control of everything.*

That Helen "just shook" appears a more likely explanation for her non-involvement in the resuscitation process. Helen serves the dinners, but interprets that the patients who are witnessing the struggle for survival of the cardiac arrest patient do not want their meals. Helen wants to make public to everyone that someone is dying to bring his or her attention to the medical drama that is taking place. She sees the giving out of the meal as a denial of the magnitude of this event.

There are several differences in these accounts Karen uses the personal pronouns "I" and "We" in her narrative indicating her use of the "We-Relation" in Schutz's (1974) account. In the "We" relation, people are identified as individuals. In the "They-Relation" people are

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6 A procedure to examine internal organs with a flexible tube.
defined in their "typicality," their common attributes. Helen uses "they" to refer to the refer to the resuscitation team, perhaps indicating her sense of alienation from the events she witnesses, feeling she is a spectator who is carrying out the mundane task of providing meals. Karen is also more concerned about her technical competence that contrasts with Helen who is upset that someone is dying.

There exists a major difference in these two accounts that comprises the students' fundamental difference. Karen focuses on how she carried out the techniques of resuscitation, which is about becoming a technically competent nurse. Helen focuses on the drama of the event and the significance of the death. Vocational students differ in this research to the popular notions of sacrificial carers in that, like Karen, their major orientation is to practise nursing over providing care and sympathy. Pragmatic students arrive at nursing with more of their home-world views that defines the drama of sudden death as tragic.

6. 13 The Experience of Physical Illness

Rachel, a pragmatic student in her final year, provides the following account when she worked on a surgical ward. The account concerns a patient who has to undergo a bilateral mastectomy for cancer of the breast:

So she was admitted very tearful, very frightened, and I actually went with her, actually went with her for the pre-med. etc. Went with her to theatre, and saw the operation, which involved two male surgeons, one on each side, one for each breast. And I mean I know in theatre that they all have to adopt this kind of thing, because they are cutting people up. But they, I mean it was really harrowing when they each, one surgeon on each side, and they each removed a breast and they had different ways of working. One surgeon was drawing where he was going to cut, and was more deliberate, and the other surgeon just kind of picked up the breast and asked for a knife. I couldn't believe what he was going to do.

Rachel uses the word "actually," emphasising the reality of her account, now part of her biography. She says that she, "could not believe what he was going to do," and this response is central to her interpretation of this event. Not only is the body to be cut, but the zone of cutting is the intimate area of the breast and both breasts are to be excised. The surgeons are also male and Rachel's reference to this means that this fact is significant in some way, possibly a symbolic reference to male power over the female. Also, that the patient's body is
being treated as an object of surgical intervention adds to Rachel's distress. Good (1994) comments:

> Within the lifeworld of medicine the body is newly constituted as a medical body, quite distinct from the bodies with which we interact in everyday life, and the intimacy with that body reflects a distinctive perspective, and organised set of perceptions and emotional responses that emerge with the emergence of the body as a site of medical knowledge (Good, 1994: 72).

Rachel takes her home-world to the operating theatre so a conflict occurs between her personal values which relate to intimacy and the world of surgical technique. It is the collision of perspectives that makes this event unpleasant for Rachel. To the operating staff this is a routine event, to Rachel it is a single event in time that leaves it's mark upon her. Rachel is shocked at what is happening and the fact that this is an attempt to save the patient's life is lost in the visual brutality of the spectacle in which an incision becomes a cut. Rachel provides more details of the operation that confirms her interpretation of the surgeons:

> They removed the breasts, and they put them on these silver kidney dishes. And this woman's breast was sitting there on these kidney dishes. And then one surgeon said to the other, "How would you do such and such, you know, how do you stitch up the wound, or clamp the wound?" And the other one said, "Oh well I usually do that, but it doesn't matter", and the theatre sister said "Well excuse me, but it might matter to the woman afterwards, I think you should both do the same." I thought, this woman had this horrendous disfiguring operation, and they are saying "You do what you want, and I'll do what I want, and she's got to live with it afterwards."

Rachel here confronts the actual pathology, the removal of body parts that are placed in kidney dishes. The previously intimate is transformed into the inanimate as the patient's breasts are placed into the inorganic realm of the kidney dishes. Rachel describes the kidney dishes as "silver" emphasising their metallic state - as though a more appropriate container should have been provided, perhaps a denial of the reality of the spectacle. Then Rachel describes the breasts as "sitting there, on these kidney dishes." Rachel identifies this experience in polar terms - as animate (the live intimate breasts) being removed and then located within the inanimate world of metallic kidney dishes. Wound closure is about clamping and stitching, not about suturing. Sexuality becomes the asexuality of absent breasts. This account is a confrontation with pathology that does not reach any resolution for Rachel. The damage of the surgery is plain and stark, the potential of a life saved appears a remote concept, located for Rachel in a world of only potential relevance.
Lynn who is a vocational student interviewed shortly after starting her specialist adult branch gives the following account of extensive pathological experience. Lynn provides two accounts, one concerning a patient she met whilst on a community placement the other an in-patient she cared for.

Lynn describes how she is introduced to a patient in the community who suffers from severe leg ulcers. She is warned about how difficult it will be to see the patient’s leg ulcers but despite this warning the actuality of his pathological changes shocks Lynn:

*I think I've gone to a patient and I've just been unprepared for just how bad they've been physically and psychologically - how poorly they've been. I don't think I was really quite prepared for that - I mean the district nurse told me what sort of condition they had, but it was not the same as seeing it first hand.*

Lynn reports that being told about something is different to the experience of the actual situation and feels revolted by the pathology she witnesses:

*Sometimes I took a step back and looked away for a minute - [he had] horrendous leg ulcers - practically from knee to ankle - and it's been quite smelly and I just wasn't prepared for that.*

The experience of seeing these pathological changes is difficult for Lynn to confront so her tactic is to withdraw, to place a distance between herself and the pathology she is witnessing. That the ulcers smell is an additional problem that threatens to breach her sensory boundaries. This account has similarities with the topic of body that was discussed in the concept of strangeness. Also, like those accounts a bodily reaction occurs for Lynn who takes an involuntary step backwards and looks away, also being unprepared for the smell that she cannot avoid. This is not the only time that Lynn recoils from the unpleasant realities of nursing:

*And I've seen another patient who - [had a] sort of degenerative thing - similar to Parkinson's - but not Parkinson's. And I wasn't prepared for how he'd look. He was a very tall man, and as I walked into the house I could see photographs of him, how he was a few years ago, he was a very tall man. A few years ago he was a very tall and sturdy man. But when I went to see him in his bed - he was an empty shell of what he was. And I found that quite shocking.*

Lynn repeats three times that the patient was previously a "very tall man." This phrase explains the extent of the pathological changes she experiences. From being "very tall and sturdy" the patient had become an "empty shell," the opposite of what he has been. Both vocational and pragmatic students describe the experience of pathology in terms of opposites.
A system of opposites at the present time includes, death versus life, animate versus inanimate, intimate versus inorganic, horrendous illness versus health and sturdy versus weak. How states of opposites are resolved for Lynn is explained in her account in reference to the patient with the degenerative type of illness:

I took it home with me - this gentleman that I saw. All that night I was thinking about it. Because apparently he was very poorly that day and he came into this hospital as an emergency admission. So I really saw him at the worse he could be. So I couldn’t stop thinking about that. Then other things go on and I sort of push it to the back of my mind.

Lynn takes home the images of her patient, but then she undergoes a process of distraction in which the unpleasant thoughts and images recede into the background. In Schutz’s terminology, there is a shift in the order of relevances, so that what was relevant moves to an adjacent or secondary zone of relevance. However, although this pathological experience is significant for Lynn it does not result in any questioning of her nursing career:

Yes it was a shock for me to see them but I don’t see that as a negative side to nursing - it's still an opportunity because you are working with them to help them - to keep them as comfortable as they can be, and if necessary keep them as comfortable as you can do until they die.

What is shocking for Lynn is converted into an opportunity to carry out her vocational role. This response is not mentioned by the pragmatic students who appear to witness the event and then stop at the memory of the experience. Conversion into the project of being a nurse is not mentioned. This same vocational stance is present when Lynn cares for patients who have died:

Well obviously I was sad, but - I never thought that we'd failed them. I thought that everything was done that could have been done. And that they went peacefully.

Lynn's approach is to accept the suffering that she encounters. A conversion of the care of a dying patient into the project of nursing occurs when Lynn explains that all possible care is given.

A similar, if different, outlook is provided by Sarah, another specialist student, who describes her own philosophy in relation to caring for patients with extensive pathology:

Since I started nursing I've really realised that you've got to enjoy what you've got and sort of continue and live life to the full really. At the moment, I only started yesterday on a new ward but there are people with muscular dystrophy or multiple sclerosis and have led normal, in inverted commas, lives and then of a sudden are so disabled it is quite scary. There is no underlying factor, no known cause, no known cure. It is so scary and I do really make a point of going home to my parents and telling them that I
love them and going out and enjoying myself. It seems a bit selfish but if I don’t go out now and do it who knows what could happen.

Sarah adapts by living a full life because; she reasons illness can strike at any time. Her response is to enjoy life which she links with the need to “continue.” To be a nurse, in Sarah’s philosophy, is to recognise the unpredictability, unfairness and suffering in life and from this basis to live life to the full. As a professional nurse Sarah recognises that dwelling with pathological experience will not assist her to be a nurse so, like Lynn, she learns to push unpleasant clinical experiences of care into secondary zones of relevance when she can.

6.14 Summary: The Experience of Pathology

Differences in the interpretations of the pragmatic and vocational students are present in these accounts. The pragmatic students tend to be more idealistic, using defences such as humour to deal with the unpleasant realities of nursing, as in the accounts of Lucy and Susan. This compares to the approach based more on realism and acceptance of pathology in the accounts of Jayne and Ruth. Vocational students tend to want to convert the unpleasant realities of nursing care into the routine nature of professional nursing. Death in the pragmatic accounts retains its dramatic qualities that contrasts to the vocational accounts, where technique and the statement that “everything has been done that can be done” is made. This is a process of the conversion of what is unpleasant into an action, a technique that has symbolic meaning. This is because, when a boundary is met in patients, such as death or severe suffering, then the vocational nursing technique is to remove some of the unpleasant realities, the suffering of the situation. This is done by carrying out nursing care that at some symbolic level neutralises the actuality of suffering or dying in that “everything was done” therefore all is well. Nevertheless, despite any techniques to deal with the boundary experiences of patients, time is needed to move what is of primary relevance into more peripheral zones. The vocational students refer to this effect in symbolic terms such as, “I live life to the full” meaning something really unpleasant happens and it is necessary to forget it.
6.15 Boundary Experiences as Pleasant

Some students encounter boundary events and are pleased to have done so. There is little difference between the experiences of pragmatic and vocational students in these experiences.

Thomas who works in the community psychiatric department and is involved in counselling a client who is experiencing a grief reaction identifies a different form of positive contact with the boundary event of death. Thomas experiences considerable satisfaction in this interaction:

*But at the end of it, I was appreciative as well, because it had proven to me, that I was of value to somebody else, which did my self-esteem, you know it took it up remarkably.*

This experience possesses long-term effects for Thomas in that he experiences an increase in his self-esteem. Thomas continues his account:

*Yes, I learned no end. It was a fantastic experience.*

[Have you had that type of experience since?] I've had it in other care situations, probably not in so much a profound way because that was the first. I think I can imagine that most nurses will probably tend to remember their first care experience. Their first patient as such, if it has that type of profound effect - that sort of realisation that this is what it is all about, this is why I'm doing it, and I can do something here.

Thomas defines this experience as possessing lasting positive effects for him. This is a boundary experience because it involves not a direct contact with a patient who dies, but an indirect contact. Thomas uses the word "fantastic" to explain the magnitude of the experience as a transforming event. He sees the world differently due to his change in self realisation that he can act as a therapeutic agent. This change for Thomas takes place in the context of a grieving client and Thomas continues his account in which he describes how he as been therapeutically used:

*Yes. I suppose I was being used as a nurse. And I was using as a patient this other lady, but by the end it wasn't that, it was - it wasn't even as if I was being used as a person or I was using the other person, the relationship was being used. I don't like this term of being used as such, because it infers somebody gaining something over the other. We each, both of us gained something out of it, and by the same token we both lost something out of it, because we had to separate again. But the gain was more than the loss which may be the secret - I don't know. Yes, nothing can change that, nothing can change what we achieved and the way we worked with each other and we can both draw upon that experience to have a positive effect on our futures. Myself as a professional, and the other lady to enable her to get on with life, and not think that life had come to an end.*

Thomas considers he changes from not possessing to possessing therapeutic ability and consequently feels empowered. The experience is transformed from being about client suffering
to being about Thomas (although the client is helped as well), about his own use of the experience. Thomas undergoes a transformation in his lifeworld perspective in that he sees himself differently. The "as-it-was-before" motive is changed to integrate the new self of Thomas as a therapeutic agent and as will be seen in the next chapter, life does not carry on as-it-was-before.

Using boundary experience for the self is also seen in this account from Catherine who watches an operation to amputate a patient's leg:

[You mentioned about you went to operating theatre - can you tell me what that was like?]
I had to stand up for three and one half-hours! It was wonderful. Initially when I got there they were very, sort of - this one particular nurse I didn't think was very accommodating, but later on she was fine. I think she just had a lot on her mind. I actually moved my position - I wasn't actually in the theatre room, but I was watching from just beside the door, because it was a better view. The surgeon had his back to me while I was in the room. It was fascinating! I saw an amputation below the knee. I'd never been in an operating theatre in my life, and the first thing I see is an amputation (laughter) I don't know whether I was expecting him to just chop it off, or what, but they didn't. It was amazing. I do know that this particular surgeon was taking his time over doing what he was doing.

Catherine is still excited by the memory of this experience as she describes it during the interview. Despite some negative descriptions of having to stand for a long time, and a possibly unfriendly theatre nurse, Catherine enjoys the experience. Her use of the word "amazing," is similar to Thomas's use of fantastic, and indicates her enthusiasm and the nature of this experience as an epiphany event, as leaving a mark upon her. Catherine describes the operating room as a "set" with different props and lighting that transforms this experience into one of theatre:

I mean he (the patient) was mostly covered anyway, except for his head with these tubes coming out of his mouth. There was so much green, and lights, and what have you. It was very - I was more interested in what the surgeon was doing anyway because it was something I'd never seen before. And the nurse asked me to stand there anyway, so I moved round. I was looking forward to going down and seeing this leg being chopped off! It was very fascinating.

Catherine focuses on the spectacle represented by the surgeon's activity. This is a theatre experience in the form of a concentration upon a central actor the surgeon. For Catherine, this event is important, as it is her first witness to an operation - a usually closed field of access. The dramatic nature of the account is evident in that she describes the leg as being "chopped off" instead of being amputated, akin to Rachel's description of an incision as a
"cut." This account, like Rachel's, uses the language of the home-world. The account of Thomas and Catherine are linked by one common feature in that they are not directly involved in the central action. Thomas views the grieving widow but not the actual death of her husband, and Catherine is also an observer not involved.

Thomas and Catherine are pragmatic students whilst the next students are vocational. Elizabeth witnesses an eye operation, but as she is able to be involved, is different to Catherine's:

[What was it like being in the operating theatre?]

*Interesting, very interesting. The surgeon was on the ball all the time. He kept asking me questions. The staff had warned me that he would ask questions about the eye and what he was doing and everything and it was good. Because he was firing questions at me it was making me learn, even though he asked me some things I didn't know - it was interesting being in theatre. Another thing was that most of the patients only had a local anaesthetic so they were awake and you could tell them what was going on.*

Elizabeth explains that the surgeon "kept asking me questions," and it is this that involves her in the procedure. Another difference is that the patient is also awake, so the conversations in the operating theatre have to take this into account. There are also no large wounds like that seen by Catherine. Elizabeth was however apprehensive of attending to watch this eye surgery:

*It wasn't as bad as what I thought actually, I thought it was going to be all horrible. They have to inject into the eye and I thought I would cringe at that, but it wasn't too bad. I enjoyed going up there. That is a positive thing, I ought to think about that and it will keep me going.*

For Elizabeth this experience is both memorable and positive. Her last comment, that if she thinks about her experience it will "keep me going," confirms the effect that this experience has for Elizabeth. These operating theatre experiences possess for students the nature of being epiphany events (Denzin, 1989a) as they become markers to another form of experience, a memorable occasion. A similar comment that the memory of an event will be retained occurs for Jenny who helps at the birth of a baby:

*One experience that really stands out is when a midwife and I assisted in a birth. That is something that stands out. Even now I think about things like that, they come back to me.*

Two features are present in Jenny's account; one is that the event "stands out," the second is that the experience is retained when the memories return. These statements have similarities to those of Elizabeth who described her theatre experience as able to "keep me going."
6.16 Summary: The Experience of Boundary Experiences as Pleasant

For these students boundary experiences stand out as important, as epiphany events that become incorporated into their biography. The dramatic account of Catherine indicates that she will retain her memories of the operation, and Thomas describes being transformed. If differences exist in any degree in these accounts the experience of involvement by Elizabeth and Jenny, both vocational students may be different to the pragmatic students who appear more outside of direct contact. However, although Thomas is not directly involved in the death of the husband of the grieving widow, he is directly in contact with the widow, so this distinction does not fully apply.

In terms of lifeworld sociology, transformations in the lifeworld perspective has occurred in that all students see the world and themselves, differently. For the students who witness surgical operations the human body will be seen as different. Thomas defines himself as a therapeutic agent. Jenny has experienced the boundary event of childbirth, an experience she is unlikely to forget. Like all boundary events these experiences at the interview were integrated into the students’ narrative constituting part of their biographical experience, residing in their stock of knowledge.

6.17 Conclusion

These accounts confirm a difference between the two groups of students. Pragmatic students provide a different description to those of vocational students, and this difference can be explained as arising from their lifeworld structures. Pragmatic students encounter boundary events as new experiences and so adjustment is needed. Vocational students have to a considerable extent pre-adjusted to boundary events in their rehearsal for the world of nursing during their long-held world-within-future-reach of nursing. The world of nursing has been a relevance structure, sedimented in their stocks of knowledge and so matured by the time the vocational students join the nursing course.

Vocational students appear more idealistic in terms of what they expect from nursing. This is seen in several areas. Patient deaths and illness are described in terms that are more
dramatic whereas the vocational students appear to accept what is happening and to provide nursing care as a symbolic transformation of their experience of the patient's suffering. More pragmatic students provide boundary event experiences which indicates their different interpretation of nursing experience. Vocational students have procedures, such as "living life to the full" that are designed to gain a sense of separation from the nursing course and reducing any colonising effect of the nursing-world.

Vocational students have accepted that nursing is about dealing with the unpleasant and tragic nature of human life. Pragmatic students take more time to accept this.
CHAPTER SEVEN
LIFEWORLD PERSPECTIVE TRANSFORMATIONS

7.1 Introduction

This chapter explores the changes that occur in students as a result of being on a nursing course. The concept of Lifeworld Perspective Transformation (LPT) refers to changes in how the students view themselves and the world since being on the nursing course. The influence upon the students is wider in this chapter and includes effects from the educational areas of nursing. The main focus concerns the students' response to the question: "Do you consider that you have changed since being on the nursing course?" This question leaves students free to respond according to their own interpretation of the question. The chapter's main structure is in two parts comprising the pragmatic and vocational groups.

This chapter explores the concept of LPT's that are explored in chapter two. All such significant transformations occurred in pragmatic students who therefore form the bulk of this chapter. Chapter sections are arranged according to the names of the students who experienced these transformations. This is because the time the student spent on the course was of less meaning in this context, because a precipitating event could occur at any time or with a momentum of its own. The accounts do however run concurrently, beginning with student accounts commencing at the initial stage of the nursing course. The main division in this chapter is between the pragmatic and vocational students.

Whilst the previous chapters concentrated more on the structural features of the lifeworld this chapter focuses on the dynamic features within the lifeworld perspective. Theoretically this means a movement to writers who have developed upon Schutz basic ideas, such as Merizow (1978, 1981, 1985), Wildemeersch & Leirman (1988) and Habermas (1981, 1992[1985], 1987[1968]). All of these authors have been referred to in chapter two.
7.2 Pragmatic Student Accounts: Lifeworld Perspective Transformations.

7.3 Catherine

Catherine, an initiate student, begins the transformation process when she explains how she is:

... more confident within myself. I don't feel so silly asking questions that I don't know the answer to, even though I quite often get some comments back. I don't take everything for granted like I used to do and I feel myself being more assertive to other people. I suppose in that respect I'm more confident.

Catherine describes elements of a transformation in that she is more confident and importantly has recognised that she does not take “everything for granted” according to her previous pattern. She is able to receive what may be negative feedback from others. She attributes these changes in part to her increase in confidence. Integral to Catherine’s changes in perspective is her gain in knowledge:

I think, as I become more knowledgeable about things. If I know something to be true and somebody tells me different, I don’t mind saying "Hang on a minute, that’s not quite so"... I don’t mind talking to people and asking questions ... I’m labelled as a student so it’s OK for students to ask questions.

These responses of Catherine constitute a movement to a more dialogical orientation, an emancipatory stance (Mezirow, 1981) where she can express her feelings in a changed communicative style. Catherine summarises her changes:

I’ve changed my - I’ve got a very close friend who I’ve had since I was at college and I saw her and she’s recently going through hormone treatment so I gave her all the information I’d found out about this particular drug. When I was talking to her she said "You actually sound like a nurse" [laughter]. I did my ‘A’ levels with her and all she said was that it was really nice to see me actually sticking to something because I’ve - haven’t been an under-achiever but I’ve always just managed to get away with as little as possible. I’m not doing that this time and she’s probably the only person who has seen me before and after.

The significant findings in this account are seen in the relatively small changes that were originally made. Becoming more “confident” leads to the social effects which are seen by others. Catherine explains her narrative as starting from herself, from her gain in confidence, but the recursive (Giddens 1984, discussed in chapter five) nature of her experience is seen, as one event leads to another. Others, so creating consolidation of her changes notice Catherine’s changed outlook and questioning style.

7.4 Esther

Esther is a Christian who, before the course used to attend prayer groups and was involved in Church life. She begins to question her faith as she meets new people and has different
experiences on the course. In the extracts that follow she describes the harrowing and painful
death of a patient she is nursing and how this “disorientating dilemma” (Mezirow, 1981) initiates
a re-examination of her beliefs about her Christian faith:

And damn it, five days later before she was discharged anyway she had, her stomach
actually perforated and her bowel and I - I went on duty one day and I heard her
screaming and from the nurses’ station. And I went to her and they were trying to get a
doctor - it was hand-over time of course and no doctors were available. And I sat with
her and just, just held her hand put my arm around her and sat with her until they filled
her full of diamorphine. They shown me the x-rays, and I said what are you going to do
and they said they were going to put her on a diamorphine pump until she dies which
won't be very long. I said goodbye to her at the end of the shift. She died only an hour
or so later. I thought “Damn, damn, damn, damn, she was such a nice lady and it
happened like I didn’t want it to happen for her. It happened like - I wanted it to be good
for her as good as it could be. Because you know I’ve seen people who have had better
deaths than that. And I didn’t want it to be that way for her and it was. I was, I was cross
about that. Not with anybody or anything I was just frustrated that that had happened for
that particular person who I liked and I didn’t want that to happen to her.

In a previous conversation Esther had promised this patient that she would not die in this way.

Therefore this medical drama means that Esther’s predictions have been proved wrong. The
patient’s death was both unavoidable but was unexpected in the manner in which it occurred,
possessing significance for Esther who questions the meaning of the situation. She is unable to
make a satisfactory “definition of the situation” (Thomas, 1976) and as a result this experience is
disorientating. Also, Esther cannot refer to her previous stocks of knowledge or experience to
arrive at an explication of the experience. She therefore begins a process of questioning her
taken-for-granted lifeworld assumptions:

I have been questioning lately the Christian perspective nobody has - nobody is given
more than they can bear. I believe many people are given much more than they can
bear. Where people slash their wrists or do themselves self harm - take a bottle of
paracetamol. Go and sit in a car with a hose pipe in. Or just - that's those that can do
something about it. Or like that lady to have to - to sit tight and go through it and I do
think some people are given more than they can bare.

[Does that throw doubt on your Christian perspective?]
The last few weeks or so I've actually been able to get some clarity if you like - get my
head round some kind of belief system again. Umm, by thinking well whatever our -
coming to the realisation that whatever our perspective of God is or our idea of him. We,
we, we've - you know we everybody I think we look at people and say right you're living
like this or you've got this set of circumstances you're experienced this kind of pain or
sorrow or whatever, and God would say this to you. And I have a problem with that now
because I don't think, I think God is bigger than that - I think our ideas are little ideas of
what God is thinking or would do, or would say or would feel - its presumptuous. I think

1 Disorientating dilemma's are discussed by Mezirow (1981) as precipitants to a lifeworld
perspective transformation.
God has His own ideas. And they are much bigger and wider and much more all embracing than ever our human minds or spirits can understand.

There are two elements in this account. One is that Esther has witnessed suffering that she defines as beyond the capacity of people to deal with and the second is an attempt to make sense of her experiences. It is in trying to understand her experiences that leads Esther to question her previous interpretation of Christianity, her belief that no one is given more than they can bear. Esther rejects this concept in favour of her own definition of God. Her previously unquestioned Christian perspective is subjected to a process of doubt and as Giddens (1991) explains: “Even the most reliable authorities can be trusted only ‘until further notice…” (Giddens, 1984: 84) and the Church that was a fundamental authority for Esther is opened to doubt.

Giddens mentions how religious fundamentalist beliefs are prone to the process of radical doubt in modernity, a situation that is reflected in Esther’s description of her changed Christian outlook. Giddens writes:

Radical doubt filters into most aspects of day-to-day life, at least as a background phenomenon. So far as lay actors are concerned, its most important consequence is the requirement to steer between conflicting claims of rival types of abstract system. Yet it also probably generates more diffuse worries. Adherence to a clear-cut faith – especially one which offers a comprehensive lifestyle – may diminish such anxieties. But it is probably rare for even the most fundamentalist of fundamentalist believers to escape radical doubt entirely (Giddens, 1991: 181).

Esther questions her Christian worldview not only as an occupant of modernity, but as someone in contact with the boundary conditions of life, including suffering and death. Esther steers a course between the abstract systems of Christian faith and the nursing system with the result that her experience of nursing takes precedence over the more abstract system of Christian faith. Part of the explanation for this, is that although nursing possesses its theories and models, it is also engaged in the reality of human experience and suffering.

Esther revises her ideas, re-framing them within her experience and ideas of what the nursing course is about:

[What made you revise your ideas?]

The course I think. We each come to a place where I’ve been jogging along. Kind of taking everything per se. Things, beliefs that were fundamental if you like, the fundamental view of Christianity. Umm I was inclined to say, “This is wrong, is an abomination, no you shouldn’t do this you should have done that. You should have lived
this way - this is the Christian way, that's not the Christian way. So therefore it's not the
Christian way - its wrong. And coming on the course I've been living at home as a
housewife going to church - going - being involved in prayer groups and all the rest of it.
And not really being in the world. But I came on the course and the world was brought
into me. And that started me questioning.
[So this questioning has brought you a different perspective?]
Yes. I think so. I'm just at the beginning of this part now. Before I would have, when
anybody asked if I was a Christian six months ago I would have said “Well I'm not sure,
but don't look at me as a witness, because I'm not living the Christian way, so please
don't look at me.” I will still say that now but I would also say I do have my belief, and yes
I do believe.

As Esther experiences the course as the, “world ... brought into me,” her current Christian beliefs
are doubted. The nursing course is not an abstract system of knowledge or techniques but a
“world” that penetrates Esther's experience. She is not only in this world, but it is in her, in a
reciprocal relation. Burkitt (1991) summarises the experience of the self and the world from
Mead's perspective:

Mead has shown to what extent the inner organisation of the self rests on the dialectical
interchange with everything that is outside it: that is to say, its material environment as it is
mediated through social activity and communication. It is always possible to make a
distinction between internal and external experience in an analytical sense, but we can
no longer believe there is a natural and invisible wall that divides the two in reality. To
think of the personality as a monad, a pre-sealed primary reality out of which emerges
social relations, is to cling to a supernatural notion of the self (Burkitt, 1991: 48).

The self in this account is defined as part of the social environment. When Esther joined the
nursing course, she became a part of it, not an isolated individual who related to course
experience. When Esther described how the world was “brought into me” the reciprocal effect
was that she brought the world (via the nursing course) into herself. Esther was not ‘on’ the
course but constituted the course by her own actions of being a student. Esther’s unique
biography, her sedimented stock of knowledge marks her out as an individual, but part of her
individuality is established through her social experience, the world that enters her, producing
change in her self. As Borenstein (1978: 30) writes:

In inner life, each of us is solitary ... whenever one begins, the task is always the same:
to follow the labyrinthine corridors between inner and outer reality without losing one’s
integrity, one’s selfhood, in either (Quotation from Plummer, 1983: 7).

The paradox is, that individuality is social creation but an individual experience. Esther follows
the “corridors” between inner and outer reality as she follows her pre-established sets of
meanings sedimented in her stock of knowledge and then steers out of these into the world of
nursing and back again. She believes, six months before this interview, that she was doubtful of her Christian faith on the basis of her experiences, but she then changes perspectives to her own interpretation of Christian belief. In her modified belief, Esther describes herself as being less judgmental in that she previously carried out, as a fundamentalist Christian, a form of judgements, which she has now abandoned. Being less judgmental means that Esther's lifeworld horizon change, revealing in Schutz's (1973) terminology the inadequacy of her previous world of self-evidencies.

Esther considers the mechanism by which the course produces these changes is her contact with the secular world of nursing as well as contact with different knowledge areas:

> [How did the course produce these changes from being a fundamental Christian to questioning, to arriving at a different perspective].
> A broader knowledge base I think. And coming into contact with others who are secular. For ten years my friends were Christian and you know my social outlets were Church based. Umm they think about - you are in the world but not of it. You know almost like a little secluded pouch, all the Christians are in and out there is the big wide world and now I am in the big wide world. And I'm - I'm not in the pouch anymore.

In the lifeworld terminology explored in chapter two Esther is emancipated from her previous ties, dependencies and beliefs. She takes a critical stance towards reality, assisted in the quest in her "We" (Schutz, 1974) relationship with others, in which others are related to on an individual and unique basis, on the nursing course. Esther uses the metaphor of a "big wide world" to describe these effects.

In religious terminology, Esther experiences a conversion, from the faith she had that depended upon institutional authority to a more secular belief system of her own creation. This is not merely a knowledge issue but includes Esther's total experience of the course.

The disorientating experience of the patient who died, suggests important aspects of narrative and biography. The patient's death acts as an epiphany event in that it leaves a mark on Esther and her narrative from this point depicts her liminal position, her existence between the two worlds of fundamental Christian faith and the secular world of nursing. Polkinghorne (1988) discusses Merleau-Ponty's understanding of language that:
... takes up the contingencies of existence, and the perceptual openness of life to the natural and intersubjective worlds, and moulds them into a meaningfulness that is greater than the meaningfulness they originally hold. One of the ways language does this is to configure these givens into a narrative form in which desires and aspirations are used to transform the passing of life into an adventure of significance and drama (Polkinghorne, 1988: 31).

Esther in the interview is able to talk about the contingencies she experiences, the death of her patient, her experience of the course, her religious faith, and mould them into a greater meaningfulness – her new synthesis of faith in which God is "bigger than that." This last statement is perhaps a metaphor pointing to her own sense of power since joining the nursing course in which she no longer needs her previous relationships and beliefs. Attributing her own power to 'God' may therefore be Esther's way of understanding her changes.

Many features of a LPT are present in Esther's account. She challenges her "psychocultural assumptions," which according to Habermas (1981) is a prerequisite to transformational processes. Her lifeworld becomes threatened by her experience and this threat leads to Esther's transformed worldview that is not limited to the issues of the precipitating incident but to Esther's total life context.

7.5 Dawn

Dawn provides the following account where she makes radical changes in her lifeworld experience:

I mean it's changed me as I say just personally in relationships and everything, I have altered ...and it took some re-adjusting I think at home. It wasn't an easy alteration but I felt it was worth pushing, I wasn't going to sort of sit back and that makes my husband sound awful, it wasn't, but it was just a change in the way our relationship had to work for a while. [And how did it change then the relationship?] I've never been a doormat because I've always had too much ...But now I am more likely to say - that I -. I want to do this. You, the children, whatever, might for a change have to come second. But this is something I want to do and I am going to do it. And whereas before I did tend to say well, oh I would like to have done that but never mind - maybe I'm a bit more selfish, I don't know, but it's that way.

Although Dawn refuses the label of 'doormat' and is unwilling to make her husband 'sound awful', she remains clear that the course has led to a halt in her previous biographical unfolding, and to her making a turn in another direction. She has changed by expressing her own wishes. She has now, through the influence of the course been able to free herself to live out her own needs, saying, "I
want ... and I am going to do it" pointing to a decision that is already made. Dawn's account appears as a significant development in comparison to Catherine who did not make the explicit changes described by Dawn. The lifeworld structures that took primary relevance, the precedence given to her children and husband have been moved so that Dawn's needs, her world-within-future-reach can take a more primary position. This change also has ramifications relating to her effect on others outside of the family:

"Oh yes, everyone sort of noticed it, they say they're getting quite frightened of me. I'm getting more assertive. In shops I complain more now, I never used to, so yeah, everything is affected I think.

Dawn's statement that she is more "assertive" in lifeworld terms may be read as "emancipated," (Habermas, 1981, Mezirow, 1981), that she is able to state her case. Habermas (1987[1968]) defines emancipation as, "consciousness liberated from archaic powers" (1987[1968]: 307) and may be applied to Dawn as her release from the conditions that led to her submission to the will of others.

Like Esther, Dawn makes changes in how she judges other people:

Umm, probably, I don't know how to describe, I'm more aware of things that might be going on because, to make them the way they are. Maybe I'm actually - probably broader, not broader minded, but more open to the fact that. Yes, there might be or probably is a good reason for the way people are behaving whatever way it is I now am more prepared, I think to think, "Well yeah, maybe if I'd had that or this done to me."

This is a description of a LPT in which there is an openness to the world, a freeing from the conditions that shaped how the world is seen. Dawn has developed a critical consciousness, in Habermas's (1981) terms, a different way of not only seeing, but also relating to the social structures of which she is a part.

7.6 Jan

Jan's account has similarities to that of Dawn, considering that the course has provided her with the ability an think differently:

I think it has been successful. The course makes you think about things - makes you think about people on a wider level I think. It gives you certain suggestions and contacts throughout the course that make you think about things differently than you would do before.

[What sort of things do you think about differently?]
Yes. I suppose it is about people as a whole really. It sounds a bit corny really but to think about people realistically, that is a big thing on this course especially in the first 18 months. I think it is very important. Instead of just thinking about people on one specific level, say on a theological level or something like that - to think about them on a different level. It is important really.

Jan uses the metaphor of thinking on a “wider” basis, which is similar to Dawn’s “broader” way of viewing the world. Both point to a widening of the student's horizons, both inner and outer, for each identifies changes in themselves and their view of external reality.

Jan uses the theoretical perspective she was given in the Common Foundation Programme (CFP) in terms of understanding others. Explaining that life does not carry on “as-it-was-before” but is changed in-line with the new perspective. As discussed in chapter two, the course can be seen in Schutz’s (1974) terminology as a “finite province of meaning” (Schutz, 1974: 23-25).

Finite provinces of meaning or small lifeworlds (also discussed in chapter two) are contained within the overall lifeworld of which they are a small sector. The province of meaning encompassed within nursing appears to be usable by students outside the small lifeworld of nursing, the nursing-world. Home-world application of nursing course changes are the main concomitants of the lifeworld transformations in these accounts which act as ripples spreading outwards into the students’ world.

7.7 Susan

Susan’s lifeworld changes; she gives detail about specific zones of perspective change encompassing beliefs about herself, women, and their place in society:

I very much lived the family life and very much again I think it was my upbringing because that is how my parents were. Yea, my dad’s word was law and mother would never do anything that would upset dad. And whatever he said was right and she'd just stay home and look after the family and - But now, and I used to feel really guilty that should my husband drive home and his dinner wasn't ready. I mean to me that was a cardinal sin, it was horrendous - because of the guilt that would be laid on by the family. And now I think “I don’t care you can say what you like.” You are quite capable of cooking a meal, but it doesn’t always work. [Laugh] I still feel guilty, but I know he’s [husband] not going to starve for cooking one meal - the argument is that he’s been at work all day. And I say “Well I have,” and he says, “That’s your choice.” I say “well I know, but it’s also your

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2 As explained in chapter two, finite provinces of meaning (Schutz, 1970, 1974), sub-universes of meaning (Berger & Luckmann, 1966) and Luckmann (1970) small lifeworlds, all describes essentially similar phenomena.
choice to work," and he says "Alright I'll give up work and we'll live on your income which is a bit pathetic." So then, I'm back to being intimated again - to make more of an effort.

LPT's entail not only changes in the current perspective but also changes in the view of one's biographical self. Susan questions how she has come to accept patriarchal authority, becoming "critically aware" of the "psychocultural assumptions" (Mezirow, 1981: 6) that shape the way in which she sees herself and others. The narrative process in which the self is articulated is both an account and a creation of the self. Susan's narrative helps to establish who she was, who she is, and who she intends to be, all referred to her course experience. Lifeworld perspective is related to the individual's self-understanding and experience of their biographical self, as Mezirow (1981) explains in reference to the idea of emancipatory action that includes:

... an interest in self-knowledge, that is, the knowledge of self-reflection, including interest in the way one's history and biography has expressed itself in the way one sees oneself, one's roles and social expectations (Mezirow, 1981: 5).

Susan identifies her history and her present, and locates her perspective change in relation to these two categories of being. The articulation of the present, of Susan's transformations, take place in her life context as a new perspective but also as a limit in her inability to pass beyond the barriers to her change which have been erected by her husband. But this human barrier does not alter the fact of Susan's perspective change, that life cannot carry on as-it-was-before because she has already opened her perception to a new sense of self-identity. Some movement towards implementing her changes has already been made in Susan's discussions with her husband. Nevertheless, he is unable to agree to her changes and imposes his worldview upon her, wherewith she feels, "intimidated again."

The ability of students to convert LPT's into action therefore varies, not only according to the students' ability to change, but also according to their social and personal circumstances. The important fact for Susan is that she has undergone an emancipatory process defined in the context of a LPT (Mezirow (1981).
7.8 Gillian

Gillian's account has many similarities to Susan's with the difference that she has a partner who is sympathetic to her changes in perspective. Gillian describes herself as being happier and attributes this change to the course:

*I know how I've changed but it is quite difficult to explain it. Things that used to bother me don't so much, and I'm much more open. My husband and I have discussed this as well. I feel as though I'm much more open, rather than bottling things up, I try to talk about things. I try to resolve some conflicts in my life. [How did the course help in this way.] I knew that these things were bothering me and the bits that we did have a conflict with they said "You can either do this, this or this" and I took some of that.*

Life does not carry on as-it-was-before, and Gillian is able to use the nursing course as a platform from which to address her personal problems and in addition able to exercise her new found knowledge. She feels she is able to confront conflicts in her life. Gillian use of the word “open” to describe her perspective change is similar to that of Dawn and Jan's use of “wide” and “broad” indicating, like Dawn and Jean, an attempt to understand her experience. These three metaphors indicate an expansion of lifeworld horizons in that more is seen. Gillian refers to both inner and outer horizons as she is “much more open” and in the account below describes changes in her self-perspective:

*It has made me value myself more. I am who I am. I'm the sort of person that I would choose for a friend. [That sounds a very positive thing to say?] Yes, but that is how I feel. It sounds really "I'm at one with the world" but I do like who I am. I'm not saying that everybody else should, but I don't want to change or to try and be something I'm not any more. I don't want to try and be the perfect mother, the perfect housewife - I am who I am warts and all. [Before you didn't go along with this?] No. [How were you before as a comparison?] I suppose I wanted to try and be the perfect mother, the perfect wife and that is not important any more, not to me anyway. [So the important thing is to be you.] Absolutely.*

Gillian describes being emancipated from her previous form of living, which was characterised by her adherence to social and family expectations that she now feels no longer apply. As in the
accounts above, Gillian experiences a sense of freedom from the biographical factors that led her to try and be "perfect" in different roles. She uses a bodily metaphor to describe her transformations:

The only way I can describe it is that I feel, and I don't know if I've said this before. I feel as if I've been taken by the ankles and shook, so that all my loose chains have fallen on the floor and there are all the people and things that you care for and I've had to sort it all through. I've picked up what I want and sometimes I've picked up double the amount and the other stuff I don't want is just left on the floor. That is the only way I can describe how I feel and it has made me look at myself, look inwardly. I'm not sure I'm going to get what I want, but at least I feel as if I'm more in touch with myself. That is the only way I can really describe it.

This is another bodily metaphor indicating the profound changes Gillian experiences. The metaphor contains a logic that combines the fusion of Gillian's course experiences with her pre-course self. The metaphor can be read as containing three elements. A beginning, middle and end. During the beginning phase Gillian is "picked up by the ankles" and this appears to represent the time when she started the course. The middle phase is entered when Gillian is "shook" and all her "loose chains" etc., fall to the floor. This corresponds to the emancipatory effects of the course in creating a critical stance in which psychocultural assumptions are questioned. In the end phase, Gillian takes back what she needs to carry on, having become a 'new self.' This metaphor helps Gillian to understand what has happened to her, to link her experience into a coherent narrative account. Mezirow (1978) offers what can be a summary of Gillian's experience:

... we undergo significant phases of reassessment and growth in which familiar assumptions are challenged and new directions and commitments are charted (Mezirow 1978: 101).

Gillian charts a new direction, which she is not certain she will attain, voicing a freedom to try and get what she wants from life. Gillian underwent significant changes in her lifeworld perspective and managed to keep her marriage intact. In the next account changes occur which become linked in part to a marital breakdown.
Thomas describes how he believes he has changed since being on the course through experiences which he describes as revelatory:

*It is almost a revelatory experience. Because I can recognise that I've grown and changed ...*

The word revelation is from the Greek *apokalupsis*, indicating an uncovering of what is already present (Vine, 1973). If this is the case then Thomas has been 'enabled' to see what is already present. The term also possesses religious significance, being used in Christian theology to refer to the unveiling of mysteries (Vine, 1973). In Thomas's following accounts, he again uses the word conversion to describe his experiences. He identifies a difference between how he used to relate and how he now relates to people, including his close significant others. Thomas continues his account:

*I think my philosophy of life has changed in that I no longer take many things for granted. I'm much more spontaneous and much more for the now, for the moment rather than the past or the future as such - because of the way it has changed. It has changed the way I relate to people, particular people as well, within professional and personal life.*

What was taken-for-granted is no longer so, and Thomas alters his way of living, attempting to live in the present, a condition that he understands will untie the connections to his past. This is a movement in his existential horizons, a feature of LPT's (Wildemeersch & Leirman, 1988). There is also a strong relationship or dialogical element in Thomas's account, again a feature of the lifeworld perspective changes:

*I mean the course was made for me to become aware of how to professionally relate to people as a nurse but at the same time because it has changed me as a person it has, I suppose, changed the way I relate in my personal life as well. Talking just now about the family unit that I've come from, three or four years ago I would never have said anything like what I've said. I relate in a totally different way to the family for a start. I don't think of them in the same way. When I'm with them I simply cannot relate to a lot of the things that they are saying. I find quite a lot of it very tedious and trivial. It has changed the relationship I have with my wife because I've changed as a person I see that I've grown as a person and evolved as a person, I'm not the person that I was four or five years ago when I got married.*

Thomas describes a reworking and re-setting of his lifeworld that includes his identification of a family culture that he no longer wishes to be a part of (generally the students above stopped short of wanting to leave their families). The lifeworld changes for Thomas include his inability to relate
to the conversations in his family and other close contacts. Thomas explains that he is someone else, in that, he has abandoned his pre-course identity:

To all intents and purposes I'm not the same person that she (wife) was able to relate to, or to put it more strongly I'm not. I choose not to relate in the same way, it's not that I'm unable to relate in the same way as such, it's more that I choose not to because I don't accept the same things as before. Because I've become much more assertive and much more - for the moment I no longer choose to put up with some of the ways we relate, topics of discussion or trivial worries or, you know things like that. It's very difficult to put your finger on it but - I suppose to her or to anybody else who related to me previously it must be almost like, not a semi-grieving process but very difficult for them. A plus B used to make C, but A plus B now - three years on no longer makes C. It makes something totally new, but because A is the same person as they were three or four years ago and B isn't - B being me - the equation is different, it has altered.

Thomas feels estranged from his wife and those close to him. His use of the equation is another form of metaphor, an attempt by Thomas to locate himself in the changes he is experiencing. He defines his belief as a 'change in self' which represents an extreme form of LPT. Thomas reiterates several times in this account that he is not the same person as he used to be. As noted above, Thomas's use of the word "revelatory" has religious connotations, for a conversion experience matches Thomas's as his old life is lost and he is a new person, a situation described in the religious context by Batson and Ventis (1982[1943]):

... involves dramatic change ... in the way the person sees the world and in the person's behaviour; each is reality transforming (Batson and Ventis (1982[1943]: 63).

The next question seeks to understand how Thomas is coping with the situation he has described:

... on the one hand it is difficult - most of the time. Home life is about 65% difficult but at the same time the other 35% is great, it is brilliant. You see, to me - I think too many people see home life and work life. They either mix the two successfully, or unsuccessfully, or they treat it as two separate entities. Now I love my work life because of the way my work life has changed me in the past three years. It doesn't mean to say I think more of my work than my home life - but it is very difficult for me to relate my work life to my home life because the people at home cannot appreciate - or are not going through the same revelation as I am.

[You talk about revelation, what do you mean by revelation?] Well, I use revelation to stress that it has had a very profound effect on me. I suppose you could say revelation in the same way as a sense of discovery. You know, God didn't come down to me in a vision or anything like that, it was more of an inward discovery. I was able to look within myself, or have been able to focus within myself for the past three years, and discover new things and re-awaken old things.

Again, the topic of revelation is used by Thomas and may be understood as a metaphor that he used make sense of his experiences which he describes as a process of inward discovery.
Thomas uses his experiences of the course to relate to changes taking place in his personal and marital situation. The nursing course becomes imbued with meaning by Thomas who joins together his professional and personal life. This break-down in separation between professional and personal life is explained in the concept of role-person-merger in which his nursing role becomes so central that he uses it in most areas of his life. Heiss (1990) discusses Turner's (1978) notion of this concept whereby:

...a single role becomes so central that an actor is inclined to use it in a wide variety of situations. In fact it is likely to be used, "despite available, advantageous, and viable alternative roles" (Turner, 1987:3) (cited from Heiss, 1990:115).

Thomas's use of the nursing course role to deal with his non-nursing life produces increasing breakdown in his relationship with his wife, yet he carries on using it, eventually separating from his family and those close to him. Looking inwardly, Thomas discovers new perspectives, new ways of being with others, a situation that is shared by Rachel. However, despite a similar level of perspective transformation that includes at one time a threat to her marriage, Rachel's marriage is maintained through the changes she experiences.

7.10 Rachel

Being on the course enables Rachel to make gains of self-confidence and assertion – manifesting in the ability to express herself:

I feel more – compared to what I was I feel much, much more self-confident and much more that I have a right to be. Whereas before I would just fit in, I think I've always challenged things and always wanted to be different, but if that meant that I was going to be unpopular I wouldn't want to do it. Whereas now I feel much more able to say – to be me – but I still think, I've got a long way to go as well. I haven't finished yet.

All students in terms of LPT's feel a greater sense of authenticity, of being who they feel they are, have exhibited similar reactions. Rachel explains how her husband, an Anglican Minister finds difficulty adjusting to her changes and their relationship becomes strained until an adjustment is made:

My husband would, I think, now he's a bit happier but there was a time when he was very frightened about my different views to things and that he thought he was losing me. That's how he felt that he was losing me because I had changed and he felt very, very threatened and very scared. I think now he has come to terms with it and he's not frightened any more. He would also say that in some ways he has quite enjoyed it. Some parts he had quite enjoyed seeing the change but for the most part I think he
probably wishes that I'd stayed the way I was. I don't need him as much and that is not nice for him because I very much relied on him for everything really. I wasn't independent but now I'm much more independent.

This account contains three narrative elements that comprise Rachel changing, her husband's response, and his final agreement. The changes that Rachel makes result in social action that threatens her marriage. Polkinghorne (1988) discusses, in relation to narratives, the concept of "plot," which is the:

... organising theme that identifies the significance and the role of the individual events ...
The plot functions to transform a chronicle or listing of events into a schematic whole by highlighting and recognising the contribution that certain events make to the development and outcome of the story (Polkinghorne, 1988: 18-19).

The plot in this account comprises the transformations in Rachel (and similarly for all subjects experiencing life transformations), that threaten the taken-for-granted nature of her home-world.

In the plot described by Thomas, the threat to his marital home-world was realised. For Rachel the threat is real but different forces of "inertial drag" (Giddens, 1991: 93) operate, keeping the couple together. In Rachel's marriage, these forces "inertial forces' need to be seen in the context of the couple's Christianity. Rachel's changes therefore have significance for her husband in that their shared Church life comes under threat as Rachel begins a questioning process. Her transformation includes, like Esther, changes in fundamental assumptions and belief systems, seen as a questioning of what was her previously "self-evident" (Schutz, 1974, Habermas, 1987[1968]) lifeworld:

Yes, I thought I was sure of my values and things like how to bring up children. Things like women's role in society. Things like my belief in God and maybe, I'm not sure, but maybe politically as well. But definitely, as far as a woman's role and a woman's place in society, I thought I was very sure about.

[And what has happened to that particular belief now?] It's totally changed.

[From what to what?] Well, when I started this course my kids were 15 and 12 so my youngest child was just starting secondary school so I spent the whole of that time, 15 years, at home, and my role was as a mother and a wife. And I felt that a woman's place should be in the home and that my primary role was to make sure that my husband was looked after and all the washing was done and my ironing was done and the children's needs were all met by me. I thought that it was very wrong for a woman to step out of that role and when a woman got married then she had to lay down and sacrifice her career and put her children first. Now, I still have feelings that women should spend time with their young children and I still have views about that, but I think my views about women sacrificing

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3 This same structure was the basis of many of the accounts already discussed.
themselves have changed. I now feel that women get a rough deal and that women have rights whether they are married or not. I don't think it's a woman's role to do all that.

These changes are similar to those made by Esther who also described a Christian dimension to her perspective transformation. Rachel questions her religious assumptions putting into doubt her previous taken-for-granted world. With this questioning process her self-evident lifeworld (Wildemeersch and Leirman, 1988) is threatened and the “as it was before motive” (Schutz, 1974) breaks down. Rachel is asked the reasons for the changes in her beliefs:

[What in the course made you actually change those particular beliefs?]
I don't know whether I can say anything specific made me change them. I think it's being exposed to different beliefs and different values, and actually allowing myself to think things through, whereas before I was only exposed to one-way thinking. Now I've been exposed to lots of different ways of thinking and I've read a lot. I think it's been nothing specific, but just being exposed to lots of different things and lots of different people.

Rachel enters a dialectical process in which she questions different beliefs and values, being able to, “think things through.” This act of thinking is described as a different process to the “one-way thinking” she had become accustomed to in her pre-nursing world. Rachel does not identify the course as putting pressure on her to accept different beliefs and values but essentially as exposing her to them. It is therefore a form of seeing, of being a witness to a range of different perspectives that produces the changes for Rachel. As Esther remarked, it is that the “world was brought into me,” therefore exposure to a concept is at the same time an involvement in the concept. Bruner (1986: 106) discussing Toiman (1932) notes how:

... a cognitive map of a domain includes means-end readinesses for acting within it, else we would have a theory that “left the animal wrapt in thought ...”

This means that the introduction to different knowledge areas includes an action response for the knowledge recipients. This statement is congruent to the discussion on ideas in chapter two by Rapport (1997) and de Certeau (1984) that belief about something is an action about something, because the act of believing changes the person who believes. Rachel or anyone else passively encountering the diverse ideas of the nursing course is a fiction, for to encounter the ideas precipitates change in some way. Importantly, in the above account Rachel says that she has started the process of critical thinking. This is an essential requirement for LPT's to take place. Reality is socially constructed (Berger and Luckmann, 1987[1966]) so that as Rachel is able to
know about different interpretations of reality, she is able to construct for herself these same realities. For example, to discuss the concepts of individual freedom and autonomy (which are topics in the School of Nursing curriculum) means that these elements of reality are the more likely to be produced, at least in some degree, by the participants. Bruner (1984: 121) also comments:

Language – can never be neutral, that it imposes a point of view not only about the world to which it refers but toward the use of mind in respect of this world.

Rachel was able to grasp the point of view given and so changed her mind in respect to the world. Nursing education introduced Rachel to worldviews in which she took a stand, a perspective, and it was this effect that Rachel used to explain her personal transformations. This stance taking produces involvement implying a 'readiness to act,' so involving Rachel in the worldviews she witnesses. Also, the nursing course encouraged students to become 'reflective practitioners,' who take an 'analytical' perspective in relation to nursing concerns, and in written assignments to 'analyse critically' (Curriculum Document, 1990) the set topics. A dialectical framework was therefore pre-arranged and given for students to occupy if they were ready to receive it. The important feature of these accounts is that whilst all students changed, few made the radical changes seen in Rachel and Thomas. Therefore another process is operating. It is not that the course does things per se to students in their educational project to produce LPT's, but that students use the course to explain and understand the changes in their own lives.

The depth of Rachel's changes can be seen in the next extract in which she explains changes in her Christian perspective:

... my belief in the meaning of life. I'd very firm Christian beliefs that my whole life was structured around, and I had very set strong beliefs that I held about God and about what life was about and about what happens when you die and all that kind of thing, that were very, very firm. And I think they've changed to, and I'm not sure what they've changed to. It's been frightening really that things that I firmly believed and held don't exist any more and I'm not sure what's taken their place really.

Rachel describes these ideas taken from the course as a threat to her Christian worldview. This is a threat to the set of prior self-evidences that Rachel believed and lived by. Her connection to what was previously her self-evident Christian beliefs have collapsed and Rachel experiences
this as fear. A condition of a threatened and partially transformed lifeworld, according to (Wildemeersch and Leirman, 1988), produces anxiety responses in those affected. Rachel perceives the course as the cause of the doubts in her spiritual beliefs. And this is explored in this extract:

I don't know if I've been given some doubt but I certainly experience doubt now, whereas before I didn't. [Can you identify the reasons for this doubt?] I think one of the main reasons is that I allow myself now - I think before I was very controlled by the kind of groups I belonged to, I adopted their belief sometimes without thinking for myself and I didn't feel able to think for myself. Now I feel as if I have a right to think things through and I don't feel that I have to think or believe what anybody else thinks or believes. I feel more free now to doubt, but I still have a lot of hang ups about that too.

This explanation is similar to the accounts provided by Gillian and Thomas, in that it describes a process whereby self-opinion arises where it did not exist before or was suppressed. As she now relies upon and values her opinions Rachel is emancipated from the beliefs held by her previous group membership. Again Rachel explains the dialectical nature of her changes, her freedom to doubt.

The mechanism of perspective transformation therefore includes two aspects, a change in the individual's conceptual situation, and their assumption of a dialectical or critical approach to life. Rachel's change in conceptual situation occurs when she is introduced to the content of the course which proves to be different to her preconceived ideas. Again, there are two distinct parts to this conceptual movement. One is her introduction to the course concepts; the other is the process of distance that occurs from her previous beliefs.

The final section of Rachel's account illustrates the extent of her LPT in which she identifies the conceptual and relational distance she traverses on the nursing course: Yes, the biggest cost I think is, the biggest thing I said is, that if I was able to move out and away from people who I'm with - my family. I wouldn't want to move away from them. But if I were able to move away from them, and were able to move away from my friends, and the church, then I would be free. But I don't want to do that, so I have to do it within that. And so one of the costs is loneliness and the realisation that I feel I'm never going to be able to achieve the potential that I have within where I am, so that's frustrating.
I think it would be to develop. I feel the developing of a lifestyle more than anything else. Rather than - when I say potential, I don’t mean professional status or career or anything. I think I see it in terms of a lifestyle to be able to develop the part of me that I’ve discovered and like I would need to be free - but I can’t so I’m very restricted, but I get a lot of freedom as well.

Rachel’s transformation is similar in extent to that of Thomas, although, unlike Thomas Rachel does not put her desires into action. Rachel wants to change her identity, to leave her husband, family and Church to develop a different lifestyle. Like Thomas, this is a conversion experience, but as stated previously why this happened to Rachel and not the other students to the same extent means that unique factors operate for each student. The course exposed Rachel to the process of critical enquiry and new conceptual domains: Rachel used this experience as a focal point in terms of her own self-transformation.

7.11 Summary: Lifeworld Perspective Transformations: Pragmatic Students

Lifeworld perspective transformations alter the individual’s self and worldview. This is an active, not a passive process. Psycho-cultural assumptions are not just seen and old ties and dependencies are not just witnessed, but are acted upon, as Jenkins confirms, individuals are part of their social existence (1996). Features of the LPT include, critical thinking (Habermas, 1981, 1992[1985], Mezirow, 1981), and the "recognition of manifest contradictions" (Wildemeersch & Leirman, 1988: 23). What was taken-for-granted is subject to critical thinking and this implies a perspective to see the world and self differently. The change elements for Gillian were not contested by her family, but for Susan and Thomas opposition occurred and for Dawn, people became "quite frightened." This suggests that as students from a diversity of socio-cultural situations join the nursing course so these same situations will be mediated in an infinite range of possibilities by way of the student’s own social situation.

Students see this transformation as emancipatory, as a process of being freed from the psychological, social and cultural assumptions that were part of their pre-transformation life. All students show some degree of change, and all students met some level of resistance to their
changes. For example, Thomas and his wife separated, Rachel's husband reluctantly accepted her changes, and Dawn's husband refused to accept her transformations and Gillian's husband accepted her changes. All students experienced similar effects but without the same extent and intensity described by these students. The major mechanism by which the course produces these effects is described by students as their introduction to an analytical and questioning perspective of life. This perspective results in students subjecting their pre-course life to a questioning process. With the introduction of doubt students become open to different perspectives of reality and the process of perspective transformation occurs.

The two features of the lifeworld described by Schutz (1970, 1974), the as-it-was-before-idealisation, and the taken-for-granted assumption, lose their force, as students adopt a critical stance towards their life. The world-within-future-reach of being a nurse gradually takes precedence, as Susan explained when she realised that not preparing her husband's meal on time was not a "cardinal sin."

LPT's are described more frequently and in more depth in the latter half of the nursing course. This may be explained by the student's gradual accumulation of nursing course ideas and philosophies to their primary zone of relevance. As the course progresses student involvement increases as the student mixes in their world of consociates (Schutz, 1974) with nurses or student nurses to a greater extent. Nursing course predecessors are dropped in favour of contacts in the nursing-world that increases the course effects.

Already, reference has been made to the narrative structure of student accounts. The essence of lifeworld perspective change in the pragmatic students:

1. Nursing is experienced as a new zone of experience.
2. A difference is detected between the nursing-world and the home-world.
3. A critical stance in taken toward the home-world values and beliefs.
4. Lifeworld perspective transformation occurs.
5. Acceptance or rejection of the changes by others.

6. Adoption of the new perspective.

This is similar to the rite of passage model discussed in chapter two by Gennep (1960[1908]), but is different in that this model goes beyond the stages of Van Gennep and explores the types of experiences of the individuals concerned. A LPT may include a rite of passage but is more individually inclusive in that it is about personal emancipation over social structures.

7.12 Vocational Students: Towards Lifeworld Perspective Transformations

No vocational students provided parallel accounts of LPT’s discussed by the pragmatic students. However, this statement requires substantiation thus the situation of the vocational students is explored. The same procedure is adopted here, as with the pragmatic students, of listing changes according to the students’ names.

The main focus of vocational students was on gains in confidence, assertion and listening skills. The same question was asked for this group of students as the pragmatic students.

The first observation in comparing these responses is that they are much shorter and have less depth than that of the pragmatic students. No specific themes arise and little movement is made towards LPT. Changes in perspective are mainly referred to the nursing situation or personal relationships and no alterations in life philosophy are described.

7.13 Jean

Jean explains how she thinks other people see her since she started the course:

Whether it's to do with the fact that I'm growing up now. I was nineteen when I came on the course. But my dad says I'm more tolerant – more calm about things – more caring. [How is it they'd think you are more calm about things?]

...instead of me saying "I'm right all the time". In an argument I'll just say, "Well its OK – you’ve got your view, I've got my view." And then take it from there.

Jean is uncertain of the reasons for her changes and believes that they either stem from the nursing course or from her natural development. This uncertainty about the origin of her change is in contrast to her assertion, "I've got my view," in which the word "my" indicates a focus on her
self as not needing to be adversarial in order to state her opinion. Jean is a specialist student and so has had time to consolidate her experience of the course, however, her confidence falls below her expectations.

I probably haven't go as much confidence as I thought I would have - my confidence has increased but not as much as I thought it would after this length of time - but I'm trying to work on that.

With her sense of tolerance the confidence may be of less importance for Jean, but she is nevertheless aware of this issue. She has a set of expectations that does not match her actual experience. However, Jean does consider she is less shy than she used to be, although her confidence remains low:

I don't know perhaps, but I don't know, sometimes I often think of things that happened in the past would have influenced me because I've always been quite shy but I'm not as shy as I used to be now. But I don't seem to get the confidence that most people do. But I'm quite confident in my work. But actually doing things, I can't really explain it. I just haven't got the confidence in myself - like biology, just working in college, I think can really do it. I'm quite confident in the practice area.

This statement describes a limit to the gain in confidence relating to the nursing situation and Jean is confident of taking a nurse role. She defines the things that “happened in my past” as causing her shyness, so reducing the effect of the nursing course to produce changes in her public role.

The main feature in reference to lifeworld perspective change in this account lies more in its absence. As seen in chapter four, Jean has already made the necessary lifeworld changes as she has adapted over the years to the concept of being a nurse.

7.14 Karen

Karen, explains her changes in terms of taking on more responsibility, but like Jean who limits her confidence to the nursing context, Karen limits her increases in responsibility:

I take on more responsibility and I think people talk to me more in situations to do with their health.

The focus of Karen's changes is therefore restricted to nursing.
7.15 Cheryl

Cheryl considers she has become more assertive:

Yes, I think maybe it has really. I think I wasn’t – I am more assertive now than I was before, definitely. I wasn’t the “Sit down and not say boo to a goose” type, but I wasn’t very assertive either. I now, I think I am more so, I don’t let things upset me now.

Again this is a limited and brief account of change. Cheryl says that she does not become upset. Her use of assertion could represent a movement outward, towards her home-world but Cheryl does not say this happens.

7.16 Lynn

Lynn, in a completely opposite response to Thomas reports how she wants to leave work behind:

When I’ve finished the work I just want to try and leave it behind.

Lynn, like Sarah as discussed below, does not want to bring nursing into her home-world; she wants to place distance between nursing and her home-world.

7.17 Sarah

Sarah considers she has gained more autonomy in terms of defining and expressing her own ideas. She is responding to a discussion on the topic of reflection:

[In reference to reflection as a learning process:]
No it is something that I’ve never done before. I suppose it is a way of learning really because if I just went home and left it and then I go back the next day and pick up where I left off. I’d not be understanding why I’d done it. So to me it is a way of learning but I never expected it.

[Does that process ever become uncomfortable?] No because I don’t let it. I don’t really criticise myself – only to a certain extent that I haven’t got all my jobs done which is a bit like the old traditional nursing – it’s a bit task orientated really…. At the moment I block them out.

Sarah uses the reflection process to check out her performance so she does not have to think about the nursing when she arrives home. She adds that; when she is on the clinical placement she is able to “block them out,” that is, thoughts about her work. Again, there exist no hint of lifeworld changes but like Lynn, more a method to limit the effects of nursing on her home-world.
7.18 Sally

Sally provides a list of gains since joining the course:

_Better at listening to them now than I was. I'm more independent than I was - I suppose with moving away from home and with a new job and everything it comes with that. I think ... I've matured a lot since I started the course - I think so anyway._

These changes may be part of the maturation process, the fact of leaving home and taking responsibility for her life. No mention is made here of any effects from the course. Sally does however refer to changes resulting from the course in the next extract:

_I think I pay more attention to my family now when they are telling me things. I tend to listen better and pick out things in what they are saying. They don't come out with things directly but I can listen and think, “Oh yes, I know.” I think I've got a lot more time to talk to people now. I think the course has helped me to find out more about people._

This is a statement of change from being on the course, which emphasises communication skills.

All students attend a communication and interpersonal skills module that enables them to practice listening and other techniques. There is no indication that Sally has entered any significant lifeworld transformation. Life, as in all these accounts, carries on as-it-was-before, with no mention being made of changes in what is taken-for-granted.

7.19 Jayne

Jayne has an increase in confidence that she attributes to the requirement of attendance at different clinical placements:

_I think because having to go to all these different areas and it is a case of you have to, you know, get to know new people and things. I suppose I've had to get more confident in myself to be able to do that. So I have noticed in myself that I am more confident when I'm actually on the ward and not as timid and shy as I used to be. And if I didn't know what to do in a certain situation I wouldn't be frightened to ask now._

This is another circumscribed description of change that is confined to the nursing course. It is also an imposed change (Schutz, 1974) in that it is not voluntary. This makes this change different from those in which students are motivated to different experiences. Jayne continues her account in which she acknowledges that her boyfriend considers she has changed:

_My boyfriend mentioned that he thinks I've matured in that I look more logically at things. Before I suppose I used to, not panic, but if anything out of the ordinary happened I would I suppose panic in a way. “What am I going to do with that?” So I suppose in that way I have changed. I think about things._
Jayne does not expand on her description, "I think about things," the comment that she does not panic means that she is able to exert more control in her life. This is an important statement but again lacks the richness of description expressed by the pragmatic students.

7.20 Ruth

Ruth provides one of the longest accounts in this group, explaining that she feels she has changed by seeing "things differently":

Yes, I've altered as a person. I do look at things differently now. I look at people differently.
[Can you explain that?] I don't really know actually. I do look at them differently but I don't know how. I suppose when I came on I was a bit more naive really and I was looking at things in a different light. Whereas now I've got some knowledge behind me and I'm looking at it in a different light if you know what I mean.

This is a movement towards a perspective change in that Ruth's use of the optical metaphor of viewing the world in a "different light" indicates change. However, Ruth's statement that she does not know "how" she has changed places limits on this concept. Once again the rich description of change provided by the pragmatic students are absent in this account. Ruth confirms nevertheless, the magnitude of this change when she explains that her husband has witnessed the difference in her:

My husband thinks I've changed. He thinks I'm different. I'm outgoing which I always have been but I will probably stand up for things a bit more than I would have done. Yes, I'm a bit more certain of what I want, whereas before I would be a bit more easy going. Yes, I feel as though I've changed as a person and I think a lot of it is to do with the course, the way the course has been and the attitudes that we've had. And I find myself picking up on things people say and I sometimes think that they are right but I wont; let them think that I know it is the right thing ... the practical skills ... on the wards.

This final comment is directed at the clinical staff's attitude towards her on the course when they make comments about Project 2000 students. From a position of explaining some degree of perspective transformation, Ruth directs her account onto the clinical area. This is a reduction on the changes she experiences in that being "easy going" is about not responding negatively to the provocation of the clinical staff.
7.21 Summary: Changes in Vocational Students

There are no significant LPT's in the vocational students interviewed. They maintain a tighter boundary around their nursing work than do their pragmatic counterparts. The vocational students tend to establish distinct boundaries between the nursing and their home-worlds.

7.22 Conclusion

The two groups of students vary widely in terms of change during the course. There is a dearth of material provided by vocational students and an abundance of material from the pragmatic students. The pragmatic students make more changes and experience more differences than do the vocational students. The boundaries between home and nursing worlds are more permeable for the pragmatic students, and in some cases a merging process occurred between these two zones.

These accounts indicate that change is more profound for the pragmatic students interviewed. The explanation offered for this difference is that due to the vocational student’s longer period of conceptual preparation for the nursing experience, few changes are needed as their relevance zones are already in a state of equilibrium. Vocational students see the nursing course as one step towards the world-within-future-reach of nursing. They expect to fill their stocks of knowledge with nursing-world ideas and images.

The situation is reversed for pragmatic students to whom the experience of the course and nursing itself is relatively new in comparison to the vocational students. The relevance zones of the pragmatic students need to be adjusted to the nursing-world and their home-worlds. Often families of pragmatic students do not understand the dramatic nature of the changes that occur for students new to the world of nursing. The world-within-future-reach of nursing is a new concept for pragmatic students who have to make major adjustments. The stock of knowledge is relatively empty in terms of nursing matters, so nursing knowledge is a qualitatively different experience for the pragmatic students.

The thesis conclusion will bring together the themes of the different chapters to arrive at an overall understanding of the thesis with a link to the theoretical ideas discussed in chapter two.
PART THREE

The summary and conclusion to the research, reviewing key findings with reference to the sociological ramifications of the thesis.
CHAPTER EIGHT

DISCUSSION AND CONCLUSION

8.1 Introduction

This chapter will commence with a discussion of the research aims that were presented in chapter one that includes a review of the main research themes. The ramifications of the thesis are discussed in terms of sociological and professional implications.

8.2 The Aims of the Research

The research aims were to explore why students joined the nursing course in reference to either vocational or pragmatic orientations and then to investigate how these experiences were articulated during the course. The third aim was to arrive at a sociological understanding of the research. Each of these aims will be considered in turn and form the structure to this conclusion.

8.3 Reasons that Students Joined the Nursing Course

Reasons for entering nursing were largely explored in chapter four. Student explanations confirmed the presence of the vocational and pragmatic dimensions that were differentiated on the basis of the “always” statement made by vocational students. This statement was part of a binary structure in which strong desire to be a nurse represented one pole and its inverse the pragmatic motivation occupied the other. Younger, mainly adult branch students took a more vocational stance that contrasted with the typically older students who often entered nursing as a second career. Exceptions were apparent to both these latter statements as ‘desire delayed’ and younger pragmatic students who were uncertain what career to take also joined the nursing course on leaving school or college. The reasons given for joining the nursing course for vocational students was explained in terms of wanting to carry out the nursing role whereas pragmatic students described work unhappiness and ulterior (self-aspirations) as a reason to enter nursing. This did not mean that pragmatic students did not also have caring motives as well, and vocational students' ulterior motives, but only the first and major explanations were used to make pragmatic-vocational distinctions in this research context.
The differences between the student orientations in relation to students who joined the course are listed in the table below. The plus sign indicating an affirmative response and the minus sign a negative response:

<table>
<thead>
<tr>
<th>Vocational Student</th>
<th>Pragmatic Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Always&quot; Statement Made</td>
<td></td>
</tr>
<tr>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Age Close to 18-Years of Age on Entry</td>
<td></td>
</tr>
<tr>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Diverted From the Nursing Course</td>
<td></td>
</tr>
<tr>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Choice of Adult Branch</td>
<td></td>
</tr>
<tr>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Motives to carry out the nursing role</td>
<td></td>
</tr>
<tr>
<td>+</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 8.1: The ‘typical’ vocational and pragmatic student characteristics

This table lists the typical characteristics of a vocational and pragmatic student. Whilst accepting that exceptions are present, this table lists the components of what an “ideal type” (Weber, 1984 [1947]) of vocational or pragmatic student would be like. Typically, a vocational student would make an “always” statement, they would try to enter nursing aged 18-years unless they were diverted and would choose the adult branch of nursing in wanting to carry out the nursing role. This contrasts with the pragmatic student who would not make the “always” statement. Frequently they would be over 18 years of age and their choice of nursing branch would cover the whole range of nursing. Their primary reasons for entering the course would be other than carrying out the nursing role.
As Weber (1984 [1947]) however made explicit, ideal types do not in fact exist but can be seen to indicate what someone with all the typical characteristics would possess. The student exceptions in this thesis have proved that an ideal vocational or pragmatic student is an unlikely event. Nevertheless, understanding the structure of what an ideal type of student from either category would be like will help to provide insights into the essence of the career choice of nursing.

The effect of the “always” perspective was the most powerful determinant of the remaining categories in table 8.1. The “always” statement appeared to initiate and perpetuate the remaining elements through the desire to be a nurse. Without the “always” perspective, the world was seen as a more open place of career possibilities. Therefore, the “always” desire brings factors into operation that shape the life-path in terms of the intended and unintended consequences of career decision making (Giddens, 1984).

The metaphor of the birth process was used to locate the narrative structure of the acquisition of the idea to be a nurse and was found to be applicable for both vocational and pragmatic students. The metaphor of gaining a vocational orientation whose site or origin is held in the remote and undefined past describes the origin of idea to be a nurse. Like physical birth the actual event cannot be remembered but imperceptibly arises to form an organising framework for the student’s later interpretation of experience. Narratives used by students indicated how they interpreted specific events to confirm their decision to become a nurse. Undoubtedly, the student’s family was in part responsible in providing the conditions, the environment that gave birth to the idea in the student. As the nursing concept became established, the potential student interpreted their life narrative by reference to their nursing world-within-future-reach. The power that stemmed from the idea to become a nurse was rooted in its symbolic nature that was able to mediate experience across multiple domains of experience. The experiences of the pragmatic students were also described using this same metaphor. As in its biological counterpart, late or delayed conception of the nursing idea brought a range of experiences not met by the vocational students. For example, leaving the nursing course or changing branches may be interpreted as signs that
the development of the nursing idea underwent modification with occasionally an extinction of the idea.

The birth of the idea to become a nurse is integrally related to the concept described in this thesis as the world-within-future-reach of nursing. This concept, derived from Schutz (1974) includes the future orientation of students towards their goal to be qualified nurses. The world-within-future-reach of nursing provided the momentum that was able to overcome obstacles or 'diverted desire.'

8.4 The Experience of Nursing

In chapter five the concept of fitting-in indicated a direction outwards of the student towards other people, namely the nursing team. Again, differences between vocational and pragmatic students arose, with the latter being more concerned with the process of fitting-in and the former with carrying out the nursing role. The experience of fitting-in varied over time with pragmatic students experiencing more unhappiness during their early clinical placements. Diversion, mainly by talking to patients was used by some pragmatic students to avoid the problem of having to fit into the nursing team and this action reinforced their feelings of marginality. Self-definations of being marginal was a common experience of pragmatic students who used bodily metaphors to understand their experience with phrases such as "not standing out like a sore thumb." These metaphors were seen as the student's attempt to fuse the reality of the world of nursing with their home-worlds. Vocational students did not provide significant reports related to fitting-in problems in comparison with the pragmatic students, but focused more on carrying out the task of becoming a nurse.

Pragmatic students felt more accepted later on during the course than did vocational students. Again, the use of metaphors was seen with the vocational orientation expressed in superlatives such as "brilliant" and the pragmatic students more affectively neutral language. In terms of being accepted by the nursing team, if the orientation to nursing was vocational rather than pragmatic.
then being accepted by the clinical team was less relevant, because carrying out the nursing role was the primary task. Vocational students made the assumption that they fitted into the nursing team whereas pragmatic students questioned if this was the case.

Strangeness was mainly a pragmatic student phenomenon and can be seen in relation to their encounter with unexpected clinical experiences not worked out in their conception of nursing. Therefore, some of the clinical experiences appeared strange, as requiring a 'leap' between realities (Schutz, 1974). In this respect boundary experiences acted to interrupt the chain of self-evidences that the student used in understanding others.

Pragmatic students gave accounts of boundary experiences in relation to physical pathology that contrasted with the vocational students' approach. For vocational students caring for different levels of suffering in patients was simply a part of their role and was therefore seen in more routine terms. They also drew firmer boundaries between their home and nursing worlds that enabled them to separate the nursing from their personal life. Pragmatic students tended to suffer to some extent 'with their patients and consequently tended to create less rigid boundaries between their home and nursing worlds.

Pleasant boundary experiences were seen that involved the students' witness of dramatic clinical events such as operations. These were interpreted as epiphany events, as leaving a mark upon the student. No real difference between the two groups was identified. The common factor in these accounts (apart from one student) was the dramatic nature of the experiences such as being in an operating theatre or assisting in a birth. Applying the 'gift' metaphor seen in chapter five, fulfilling experiences can be interpreted as free gifts that were enjoyed by the participants.

Vocational students did not question nursing in the same way as pragmatic students and accepted more readily their membership of nursing. This was not the same for pragmatic students who began a process of questioning in their first clinical experiences by asking if nursing
was the right career choice. The stranger role, discussed by Schutz (1970), defines the stranger as the one who asks questions of the in-group. The questioning process of the pragmatic students then defined them as outsiders. This critical stance continued in the tendency of pragmatic students to subject also their home-worlds to the same questioning process. The issue here can be seen as the initiation of the pragmatic students into a questioning or critical stance, a process seen in chapter seven.

In chapter seven the topic of lifeworld perspective transformations (LPT's) was explored. Again, a difference between the groups was present, with no LPT accounts provided by vocational students. Pragmatic accounts described the dynamic aspects of lifeworld perspective change that was often expressed in metaphorical terms. LPT's varied and increased in magnitude in proportion to the duration of the student's time on the course, although some students described LPT's early on in the course.

The lifeworld perspective offers an explanation for the experience of pragmatic students in the transformation process. The worlds of ideas, of analytical thinking that comprised major elements of the nursing course was radically different to their previous home-world beliefs and experiences. Pragmatic students as a central aspect in their LPT's, described the differences between nursing and their homes worlds as the initiating factor in the changes they experienced.

Being in the nursing-world meant that pragmatic students had to change several elements of their lifeworld structure and in particular make nursing a zone of primary relevance. With nursing not having been a world-within-future-reach the structural changes were sometimes considerable with effects on significant others. All of these changes can be seen in the way pragmatic students adopted a critical perspective in relation to their home and nursing experience.
The points made above are summarised in the following table:

<table>
<thead>
<tr>
<th>Pragmatic students</th>
<th>Vocational students</th>
</tr>
</thead>
<tbody>
<tr>
<td>No assumption of fitting-in – use of tactics to do so</td>
<td>Assumed they fitted-in</td>
</tr>
<tr>
<td>Felt accepted later on in course</td>
<td>Felt accepted earlier on in course</td>
</tr>
<tr>
<td>Marginality common</td>
<td>Marginality uncommon</td>
</tr>
<tr>
<td>Boundary experiences – as a leap between finite provinces of meaning</td>
<td>Boundary experiences as an extension to their nursing role</td>
</tr>
<tr>
<td>Overflow of nursing course experience to home-world</td>
<td>Relatively rigid nursing and home-world boundaries</td>
</tr>
<tr>
<td>Extensive LPT’s present</td>
<td>No real LTP’s</td>
</tr>
</tbody>
</table>

Table 8.2: Comparisons of the typical characteristics of the pragmatic-vocational orientation to nursing

It is seen in this table that the orientation towards nursing did produce considerable differences in student experience. It is necessary however; not only to describe, but also to explain and understand the possible mechanisms that operated to produce the experience. This observation leads to the next topic, which comprises the final research aim that was to discuss the ramifications of the research.

8.5 Ramifications of the Thesis

Three headings in terms of ramifications of the thesis were given in the introduction and include sociological, professional and occupational outcomes.

8.6 Sociological Implications

This thesis has explored the structure and effects of career decision making in the case of student nurses. It has been shown that career decisions early in life led to a cascade effect in which the idea to become a nurse was increasingly invested with significance. Once nursing had been identified by the student then recursive (Giddens, 1984) processes operated to reinforce the
idea that became stronger with the passage of time. One of the major mechanisms by which the recursive process operated arose in the narratives provided by students, in whom meaningful experiences were interpreted as confirming or originating their desire to become a nurse. Self-narratives or biographies were therefore seen to create what they described. Students who talked about “always” wanting to be a nurse acted as if this was the case and then lived according to their projected world-within-future-reach of being a nurse.

The students' use of the “always” statement lay shrouded within the family and other early socialising influences. This meant that a barrier had been reached in which sociological analysis could not penetrate and perhaps this was a major finding of this research in which limits to knowledge need to be both demarcated and understood.

The view of what is meant by vocation as dedication in reference to Mackay (1989) discussed in chapter one was important in that this thesis suggests a different notion of vocation. In this research, vocation was defined as an opening statement that was reflexively worked upon and became completed within the narrative act of self-knowing. The opening statement was the origin of the vocational idea that was not therefore about dedication but the realisation of an interpretation to become a nurse.

This thesis has been able to put into action the Schutzian concept of the lifeworld that provided a theoretical understanding of student experience. This confirms the utility of the lifeworld model to provide explanation and a way of viewing sociological reality. Schutz's writings (1970, 1974) did not make reference to research data a deficit this research addresses in the area of student nurse experience. The lifeworld concept provided a suitable theoretical ‘lens’ in the terms of Bourdieu (1992) discussed in chapter one, to view what happened in students' lives, without intrusion into the research process.
The issue of LPT's was a distinctive part of the research that used the dynamic model of later writers on the Schutzian model and did offer a way of theorising student transformations.

Schutz's own model did not provide the dynamic element of transformation that was seen in later authors. The concepts of home-world and nursing-world proved useful, not only for their brevity, but also for the option to think in terms of small lifeworlds. The concept of the world-within-future-reach (applied to nursing) was found to possess explanatory power for many student problems and may be a useful adaptation to Schutz's work in the practical research situation.

The following diagrams summarise the findings of the research in terms of LPT's and focuses on the key point of meaning in relation to the sociological meaning of the study. The first diagram depicts a vocational student who sets out with an "always" motivation to become a nurse. The arrows indicate both temporal and directional changes to the world-within-future-reach of nursing:

![Diagram 8:1 Changes in the vocational student's lifeworld as a result of the early birth of the idea to be a student](image)

This diagram depicts how, early in the life of the vocational student, the birth of the idea to become a nurse produces an incremental lifeworld perspective transformation change to the world-within-future-reach of nursing. The triangle formed by the lines A, B and C represents the degree of lifeworld perspective transformation that is a gradual process. In actual fact, this line
would follow a more gradual incline. The sociological ramifications are that this zone of transformation identified by vocational students on this nursing course may be a generalisable concept and permit exploration across the human decision making spectrum. The importance of this slow transformation is in contrast to that of the pragmatic students:

Diagram 8:2 Changes in the pragmatic student's lifeworld as a result of the late idea to be a student

Here life without the nursing idea would have continued in the direction of line A to a world-within-future-reach of a non-nursing career. However, the idea then suddenly occurs in the direction of arrow B which is both a sudden and far larger change than for vocational students. This sudden and dramatic leap by the student into a different province of reality operates to bring about the pragmatic students' sensitivity to change characterised by their LPT's. The arrow C marks the students' entry and journey into nursing. The total change represented by the rectangle ABC and D is at least double the size of that seen in the vocational students. However, the imperceptible and more gradual changes of the vocational students are not represented in their diagram and so may actually equal those of the pragmatic students but are spread out. As noted above, this situation has reference to the wider sociological domain for any sudden changes in life direction can theoretically produce similar experiences to those seen in this research. Further research would be needed to arrive at a more detailed understanding of these changes in lifeworld perspective transformation.
8.7 Professional Implications

The professional implications of this research are important in two main areas of nursing which include recruitment and education.

8.8 Student Nurse Recruitment

In terms of student recruitment, the research offers insight into the mechanisms by which either the more vocational or pragmatic students make career choices. Understanding this difference would enable nurse recruitment agencies to cater for the needs of both student orientations more effectively because they would know what forms of lifeworld perspective potential students possess. The sudden change in direction needs to be seen as a model in which recruitment can take place, but appropriate steps taken to explain to students the nature of what happens in sudden career moves into nursing. Expectations of recruitment agencies can then match student experience more closely and so gain credibility and so improved efficacy.

8.9 Nursing Education

Education and training needs to take into account the actual experiences and interpretations that students give, particularly in their clinical placements. The student problems referred to in this thesis including fitting-in and marginality are especially problematic areas in need of attention. Nurse educators need to be aware of the students' lifeworld perspective in order to plan appropriate interventions in these areas. The fact that students wanted more recipe knowledge, of how to carry out techniques appears a feature of nurse education that could readily be addressed. The rationale behind the provision of more recipe knowledge that is provided in this thesis is to reduce the need of some students to identify themselves as 'outsiders' by having to ask questions of the in-group in reference to the practical life of the nursing team. Students in several accounts experienced problems that they interpreted in reference to their technical deficits. How students engaged with patients-clients experiencing boundary events was found to differ according to their pragmatic or vocational orientation and recognition of this difference could
be incorporated into course design. This indicates a means by which nurse courses could be

designed to work with the wide range of student interpretations in relation to boundary

experiences. The world-within-future-reach of nursing can also provide education with usable

ideas for curriculum content and development.

8.10 Conclusion

This chapter has reviewed the research findings and potential meaning of the thesis in terms of

sociological and professional implications.

The research has explored the deeper layers of human experience in student nurse experience

and in this way has been successful. All the research aims have been met and new theoretical

and practically based insights have been obtained.

This research has applied the theoretical issues discussed in chapter two and arrived at the

findings discussed. Insights have been seen in terms of how the self operates according to early

or late career decisions.
REFERENCES


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