The Illuminative Evaluation
of
A Project 2000 Pre-registration
Nursing Course

by

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ABSTRACT

This study is about the progress of a cohort of students who commenced a Project 2000 pre-registration nurse education course in April 1991. The research was undertaken entirely within one setting - in a College of Healthcare which was one of the 13 Demonstration colleges in England - and was conducted over a period of three years and ten months. The aim of the study was to evaluate what was considered by the nursing profession, government officials and educationalists, to be a radically new and innovative nursing course.

A case study research approach of illuminative evaluation was used, within which a three stage framework of observation, further enquiry and evaluation was followed. The emphasis of the research was on the illumination of the processes, perceptions and contingencies which resulted in particular outcomes for the participants. This has enabled a comprehensive understanding of the complex realities which surrounded this innovative course, and the effects that a number of contemporaneous events have had on the findings. A description of these events has been presented, as has a literature review, overviews of both the history which preceded the introduction of Project 2000 and the professional concerns regarding the rapidity with which it was implemented.

Multiple data collection methods were used to obtain the required information from the April 1991 cohort, the teachers involved with these students, the practitioners from three health authorities and other members of the College staff. The analyses of the data and the progressive focusing on the findings, have resulted in the identification of numerous positive and negative aspects and outcomes, together with problem areas and particular issues associated with the rapidity of the implementation of the course and the management of change. The placing of the negative and positive findings in a broader explanatory context, demonstrates how they relate to each other and with the research literature, and how the resulting conclusions have been reached.

The research demonstrated that there were some very positive aspects and desirable outcomes which arose from the P.2000 programme. However, the concerns are the detrimental effects which arose from the introduction of numerous innovations into a constantly changing environment. The nursing profession had placed great importance on the introduction of P.2000, but insufficient time had been allowed for the application of management of change theories which would have enabled a more successful implementation to take place.

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DEDICATION

To the loving memory of my father John T Scown who died while I was writing this Thesis.
I would like to express my gratitude to those people who have enabled me to conduct this research study and produce this Thesis.

There are, however, some who deserve especial mention and to whom I am greatly indebted:

my supervisors Dr Joan Parnell and Professor Judith Lathlean, have significantly contributed to the completion of this thesis and I am extremely grateful for their expertise, support and very caring guidance which they offered.

The members of the College staff, the students and the practitioners who participated in this study, without whose cooperation this research would not have been possible.

The Principal of the College for her support, encouragement and unfaltering belief in my capabilities.

My husband Peter for his love, support, tolerance and patience without which, I would not have commenced this study, let alone completed it.
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INTRODUCTION

The development of a new and innovative scheme for the pre-registration education and training of nurses, Project 2000 - 'A New Preparation for Practice' (P.2000), was welcomed by the majority of the nursing profession. However, as a result of numerous concerns which had been expressed by educationalists and professionals regarding some of the proposed innovations and the rapidity with which the P.2000 courses had to be implemented, a decision was taken to conduct a longitudinal, evaluation study on one such course in a College of Healthcare. This thesis is the report of the study which followed the progress of one cohort of student nurses throughout their three year programme and subsequent period of post-registration employment.

The structure of this thesis is as follows. It is divided into three sections, each of which contains a number of chapters. The first three chapters in Section One review the literature and are concerned with the past, present and future of nurse education; chapters four and five in Section Two present a discussion of key curriculum issues and the aims of the research, together with the research approach and methodology which were used; and in Section Three, the chapters six to nine provide an account of the three stages of the illumniative evaluation study and the conclusions which have been reached.

Section One. Chapter One presents an historical perspective of the events which preceded the introduction of what was considered to be a radically new and innovative pre-registration nurse education course. It also suggests that the majority of the innovations were welcomed by educationalists, practitioners, government officials and senior members of the profession. Chapter Two identifies the numerous professional concerns which were expressed regarding the rapidity with which the changes were being introduced, and the P.2000 courses implemented. Therefore, this chapter also presents a critical examination of management of change theories, resistance and barriers to change, change strategies and a review of the literature related to the innovations. Chapter Three presents a descriptive comparison of P.2000 courses and previously approved pre-registration nurse education. It also provides an account of the evolution of a Demonstration College and identifies the implementation and contentious issues that had implications for the success of the course in this College.

Section Two. Chapter Four discusses a number of curriculum issues and provides a definition that was employed throughout this study. This chapter also presents a critical examination of the literature related to student centred education, knowledgeable doers and reflective practitioners, which are considered to be important issues in P.2000. A description of the development of the College curriculum is
provided as is evidence to support the proposal that it is necessary to conduct extensive evaluation studies on radically new educational programmes. Chapter Five identifies the aims of the research, and the strategy that was used to meet those aims. The role of the researcher is discussed, as are the ethical issues and considerations, and the difficulties that had to be resolved during the report writing stage. The possible research strategies that were considered are discussed as is the approach that was adopted for this study, together with a discussion of the appropriateness of using an illuminative evaluation strategy. This precedes a discussion of the general principles, the relationship of theory, validity, reliability, generalisability, data analysis and the data collection methods and tools that were used.

Section Three. Chapter Six describes and discusses the progress of the research through the first stage of the three stage framework, and presents both the negative and positive aspects of the programme which were identified for further focusing. Chapter Seven presents a description of the numerous contemporaneous events which occurred between the analysis of the first sets of data and the receipt of the subsequent data. It is considered necessary to include this chapter at this point in the report to enable the data to be examined in the true context, before continuing with the progress of the study. These events did not bring any unforeseen difficulties in the process of data gathering, but they did have a number of desirable and undesirable effects on all participants in the study which ultimately influenced the findings. Chapter Eight provides an account of the progress of the study through the second stage of the three stage framework. The areas which were identified for further focusing in stage one were investigated and these findings indicated a need for more directed, systematic and focused questioning which was subsequently achieved. This chapter also presents these final sets of data together with a discussion of the findings. Chapter Nine provides a discussion of the selected negative and positive findings which are taken further and placed within a broader explanatory context. It also presents the conclusions of the research, drawing upon and integrating the findings of the study, the literature review and the exploration of different perspectives. Additionally, the recommendations which have arisen from the findings are presented as is a critique of the methodology and research approach that was used for this study.
SECTION ONE. NURSE EDUCATION, PAST, PRESENT AND FUTURE.

Chapter One  The Case For Change In Nurse Education

INTRODUCTION

This chapter presents an overview of the history preceding the recent changes in nurse education, Project 2000 - 'A New Preparation for Practice' (P.2000), and is accompanied by evidence which demonstrates how innovative these curricula were considered to be, and an insight into the rapidity of the implementation of what were deemed to be radical changes in pre-registration nurse education programmes. Both the overview and the insight into the speed with which the implementation took place, are considered necessary to understand some of the key issues that are addressed in this study.

HISTORICAL PERSPECTIVE

The case for change in nurse education has a long history, one that stems from 1860 when the Nightingale School was founded at St. Thomas's Hospital, which is considered by many writers to be when the foundations of the nursing profession were laid (Cockayne 1959, Abel Smith 1960, Smith 1982). Since the last quarter of the 19th century the progress of nurse education and therefore curriculum development has been inhibited by opposition from within and without the nursing profession, as well as economic and political attitudes (Allen and Jolley 1987). One writer has even referred to nurse education as the 'continuing casualty' (Davies 1980).

Many of the issues that are causing great concern for nurse educationalists today were giving rise to concern over one hundred years ago. According to Jolley (1987), in 1860 a physician of the times is reported as having stated that ...

"...it may appear a refinement to talk of the education of a nurse, but there is no greater difference between noonday and midnight than between an educated and an ignorant nurse."

(Jolley 1987, p.1)

Development of curricula in nurse education has been slow but steady and innovations have taken place, particularly in the years following the Second World War. Historical evidence suggests that nursing then changed quite dramatically in order to meet the changing needs of society. The history of these innovations in nurse education, of curriculum development and the difficulties experienced by the innovators from the period 1860 to 1987, is well documented in history of nursing books by many notable authors such as Abel-Smith (1960), Woodham-Smith (1964), Davis (1980), Smith (1982), Prince (1984) and Allen (1984). The Nursing Act of
1949 was the first step that brought about radical changes in nurse education and resulted in the approval of experimental schemes of nurse training (Cockayne 1959). Additionally over the years there have been numerous reports on the issue of nurse education reform, including those by Athlone (1939), Wood (1947), and more recently Platt (1964). Each one of these reports was widely debated at the time of its publication and then subsequently shelved (Whybourn 1991).

**THE NEED FOR CHANGE**

An identified need for change was reintroduced in 1972 with the publication of the Report of the Committee on Nursing, chaired by Asa Briggs (HMSO 1972). One of the main recommendations contained in this report was for the restructuring of the statutory and non statutory training bodies for the nursing profession. This recommendation ultimately led to the passing of the 1979 Nurses, Midwives and Health Visitors Act, the aims of which were to establish a Central Council for Nurses, Midwives and Health Visitors, National Boards for the four parts of the United Kingdom and to make new provision with respect to the education and training regulations and disciplines of Nurses, Midwives and Health Visitors and the maintenance of a single live Professional Register (HMSO 1979).

As a direct result a Shadow Central Council and four National Boards were instigated in 1980 and these accepted the statutory powers from the outgoing bodies on 1st July 1983. The United Kingdom Central Council for Nurses, Midwives and Health Visitors (UKCC) was charged with a statutory duty to 'Establish and Improve Standards of Training and Professional Conduct for Nurses, Midwives and Health Visitors' (HMSO 1979).

In 1983 the UKCC accepted that there was a strong movement and urgent need for change in nurse education and training, but it was reluctant to formulate proposals in the absence of further investigation of actual needs (Allen and Jolley 1987). Although eleven years had lapsed since the Briggs Report (HMSO 1972), many significant developments had taken place. Some experimental schemes of pre-registration nurse training had been set up and teaching staff in a number of schools and colleges of nursing had undertaken various activities in an attempt to prepare for major changes. There was also at this time an increasing emphasis on continuing education and a widening of syllabi. Post-registration courses for nurses, midwives and health visitors were moving into higher educational establishments, nursing models and the nursing process were being introduced as a result of research undertaken in the United States of America and renewed interest was being shown in clinical research in nursing (Whybourn 1991).

In the Autumn of 1984, the UKCC gave its sub-group the Education Policy Committee the task of determining the education and training that would be required to prepare nurses, midwives and health visitors to practice, in relation to projected health care needs in the 1990s and beyond, and to make recommendations. This task was named Project 2000.
During this same period of time, Autumn 1984 to Spring 1986 when the Report Project 2000 - A New Preparation for Practice (UKCC 1986) was being written, two other major reports were produced. The first of these, the Judge Report (RCN 1985), represented a view from a professional organisation on the way forward for nursing education, which included the movement of all nursing education into higher education, supernumary status for the students and a broad based common core curriculum. This Report was considered untimely by some who advocated waiting for the UKCC Report, but it had the desired effect of raising an awareness amongst professionals of some of the points at issue. The second major Report was the Consultation Paper (ENB (a) 1985) from the English National Board for Nursing, Midwifery and Health Visiting (ENB). Many of the proposals in this Report were ones that could have been undertaken within the then existing legislation, although not within existing budgetary provisions. Both of these Reports stimulated a considerable response which provided and established the views of the profession, who were markedly reluctant to move all nursing education into the general education sector.

PROFESSIONAL CONSULTATION

In 1985 the UKCC published six working papers which contained the proposals for nurse education and these were circulated to the professions and the four National Boards for Nursing, Midwifery and Health Visiting for extensive discussion and consultation (UKCC 1985a, UKCC 1985b, UKCC 1985c, UKCC 1985d, UKCC 1985e and UKCC 1985f). There were over 2500 responses and according to Lathlean (1989), an unprecedented level of agreement to the proposals. There were also some dissensions and concerns, particularly from the trades unions, mental illness and mental handicap nurses and midwives. However the consultation period was closely followed by the publication of the UKCC Report Project 2000 - 'A New Preparation for Practice' (P.2000) in 1986 (UKCC 1986). This document (P.2000), contained what were considered to be proposals for quite radical changes in pre-registration nurse education and training all of which are presented in detail below. The Press Release of May 1986 states that 'It is a once-and-for-all break, with once-and-for-all thinking' (DHSS and UKCC 1986). Detailed results from the discussions and consultations were published at a later date in Paper 7, (UKCC 1987a) as was Project Paper 8 (UKCC 1987b) also published in 1987, which addressed many of the financial implications of P.2000 in 'Counting the Cost - is Project 2000 a Practical Proposition'.

ADDITIONAL INFLUENCING FACTORS

P.2000 was only one of many changes that the National Health Service (NHS) had to cope with in a short space of time. During the period of 1986 to 1989, additional changes were occurring that would also have important implications for the implementation of Project 2000. These included the Review of the NHS (Department of Health 1989a), clinical regrading and the implementation of new career structures for nurses, health visitors and midwives; quality assurance programmes, the introduction of internal markets and new relationships between purchasers and
providers of service and education. A major change of particular relevance to this study, was contained in the 1986 Regional Health Authority (RHA) Strategy, in the Region where this study took place, for education. The aims of the Strategy for the year 1987 were that the hospital based schools of nursing would amalgamate to form independent colleges of nursing and midwifery, with a remit to forge and establish links with institutions of higher education (RHA 1986).

Government approval for Project 2000 was granted in May 1988, and following lengthy discussions, plans were agreed between the Department of Health and Social Security (DHSS), later to become the Department of Health (DoH), and the UKCC for a funded ‘phased process of implementation over a number of years’ (DHSS 1988b). Although it is stated above that developments in nurse education in the past were slow but steady, developments at this time were considered anything but slow and steady (ENB.1 1987. ENB. 2 1988).

REVIEW OF THE HEALTH SERVICE

In January 1989 a White Paper was presented to Parliament by the Secretary of State for Health, Wales, Northern Ireland and Scotland, which contained the most far reaching reform of the NHS in its 40 year history (HMSO 1989a). This White Paper presented a programme of action with which it was intended to achieve its objectives. The key objectives and therefore changes that were proposed were as follows:

1. A reduction in waiting times and an improvement in the quality of service.
2. A reduction in the size of NHS management; regional, district and family practitioner management bodies would be reformed on business lines.
3. Hospitals could apply for a new Self Governing Status as NHS Trusts.
4. Delegation of functions from Regions to Districts which would give greater flexibility in setting the pay and conditions of staff.
5. Large General Practitioner practices could apply for their own budget.
6. All concerned with delivering services to the patient must make the best use of resources, and the quality of service and value for money would be rigorously audited.

All of the above proposed changes will have far reaching implications for nurse education and nursing practice, but the change that is considered to have had the most important implication for P.2000 was the opportunity for hospitals to achieve Self Governing Status. With the additional emphasis on quality and a greater responsibility for their own affairs, the NHS Hospital Trusts would seek to ensure that the service they offered was cost effective and met the demands of their purchasers. The Trusts would be able to 'shop around' for their trained nurses and, as Webster (1990) suggested in her paper on marketing nurse education, changes in the NHS will require Colleges of Nursing to present a high profile in terms of the services they offer. It
will be essential to ensure that each College is preparing a well qualified nursing workforce that is able to meet the challenges of the future. It is not surprising that these were also the aims of both P.2000 and the Regional Strategy for Education, which are described in greater detail below. The managers of nursing services, the future employers, would require substantial evidence that the newly qualified nurse has the appropriate skills, knowledge and attitudes relevant to the consumers needs. This has been implicit in the past but now needed to be explicit.

**REGIONAL STRATEGY FOR EDUCATION**

In July 1986 the RHA within which the research took place, published its proposed strategy for the education of nurses and midwives (RHA 1986) and this was issued to the 13 schools of nursing within the RHA for consultation. This strategy document had been drawn up as part of the RHA’s overall strategic planning activities and included the projected manpower requirements within the Region for the period 1985 to 1994. The strategy was about the creation of fewer but larger schools and the intention was to establish more robust institutional arrangements for the provision of nurse education across the region. The overall aim of the RHA was to agree a strategy which would produce sufficient 'quantity and quality of appropriately educated nursing and midwifery staff who would be able to contribute effectively to the service provided within the Region' (Whybourn 1991).

The strategy (RHA 1986) contained proposals for five main activities that would be undertaken within the Region. These were as follows:

1. To project the number of qualified midwives and nurses required to meet service needs over the next ten years.
2. To project the number of students required to fulfil number one above.
3. To establish the availability of appropriate clinical experience for those students.
4. To propose criteria for establishing the future patterns of basic nurse and midwifery education within the Region.
5. To assess the feasibility of recruiting adequate numbers of people to meet the demand for students and qualified staff.

Following the consultation period, the RHA approved the criteria against which the strategy should be developed. There followed an option appraisal which was issued for consultation in May 1987 with comments invited by July 1987. The option appraisal recommended that the number of schools of nursing be reduced from 13 to six, by two or more amalgamating to form independent colleges of nursing. Each of these six colleges would 'serve' groups of health districts, one of which would be designated as the host district to the college for administration and interim management purposes. It was suggested that student nurses would receive the majority of the academic content in the host district education centre (college) and the clinical experience would continue to be provided within an independent training
circuit in each health district. Schools of midwifery were not included as such in the proposals for amalgamation but would be encouraged to work towards integration with the colleges of nursing.

As mentioned above, the Project 2000 consultation process was also being conducted, which together with the NHS Reforms and the Regional Strategy (RHA 1986), was causing the professional organisations some consternation. Each of these proposals, strategies and reforms were inextricably linked, and were influenced by each other. All reflected the perceived need for efficient and effective use of resources, greater consumer choice, performance accountability, improved standards of care and education and the changing health care needs for the future. Therefore the RHA recommended that the option appraisal be adopted as the strategic framework for the development of nurse education, because it had developed its strategy on the basis of:

- the recommendations contained in P.2000,
- the reforms taking place in the NHS and the general education system,
- the threat of a future shortage of nurses because of demographic trends,
- the evidence that the existing training was too costly and wasteful.
(RHA 1986).

Districts were requested to work on the organisational arrangements for the implementation of new colleges, pursue their links with higher education and make arrangements for the physical amalgamation of schools of nursing. This amalgamation took place and six Colleges of Nursing and Midwifery were formed in this Region, some more quickly than others (RHA 1989).

As a further indicator of the rapidity of the changes that took place during this period, the RHA later published a review of their 1986 strategy in a consultative document in April 1992 (RHA 1992). In this document it was stated that the current strategy had been overtaken by events and would not meet the challenges and changes of the 1990s and beyond, and therefore necessitated yet more proposed changes to nurse education, all of which are presented below.

**PROJECT 2000 PROPOSALS AND AIMS**

There was recognition in the document (RHA 1986) that we live in a rapidly changing world and that the approved nurse educational programmes would not be adequate to meet health care needs of the future. The philosophy of the UKCC was that changes in nursing education must be set in the context of the wider patterns of society, to include trends in social life, health and disease and the shape and cost of health care in the next century (UKCC 1986).

A Press Release (UKCC 1986b) was distributed to all nursing staff within a week of the publication of P.2000. It referred to the Report Project 2000 as 'both radical and realistic', and confirmed that it represented the UKCC's views as to the best way forward for the nursing, midwifery and health visiting professionals as the year 2000
approaches. These proposals for radical changes in pre-registration nurse education, arose from perceived changes in health needs; educational difficulties within existing systems; a national reduction in the number of 18 year olds and therefore the general drop in recruitment of students into nursing; student nurse and trained staff wastage; changes in the NHS and the requirements of the European Commission Directive (77/453/EEC) with which the UKCC had to comply (UKCC PS&D/87/10). The latter stipulated the length of pre-registration nurse education courses in hours and the minimum experiences in each of the nursing specialities, such as medicine and surgery. The areas on which the UKCC subsequently based the aims of P.2000 are:

a. educational grounds;
b. service grounds;
c. the need for improvements in recruitment and retention of staff; and
d. the changing health needs, and changes in the NHS.

As a result of all the projected and actual changes mentioned above, the focus of P.2000 was also on the need to produce nurses with the confidence to cope with uncertainty and the ability to adapt to change in a rapidly changing world. The resulting major changes for pre-registration nurse education contained in the P.2000 proposals are outlined below.

It was proposed that education programmes should be restructured, reorientated and based on a philosophy of health, particularly for nurses and midwives. There should be a change of emphasis from the teaching/learning of 'cure' based hospital nursing interventions, to the promotion of health and prevention of ill health in community settings (UKCC 1986). In all curricula there should be an emphasis on holistic care, individually planned to meet the physical, emotional and social needs and family circumstances of the patient. The role of the nurse for the future must incorporate patient teaching, health education, the prevention of disease and the promotion of health. The student nurses on P.2000 courses must have student status, be supernumary during two thirds of the education and training programme, be enabled to exercise degrees of choice and preferences within the curriculum and experience shared learning with other students in higher education. A further proposal was that nursing practice and experience must be equally divided between the hospital and the community. Throughout the document (UKCC 1986), emphasis was placed on the importance of research based teaching, educationally led practice and the development of a student centred approach to learning. The nurse of the future was envisaged by P.2000 as:

A mature and confident practitioner, willing to accept responsibility, able to think analytically and flexibly, able to recognise a need for further preparation and willing to engage in self-development.

(UKCC 1986 pp.33, 4.11)
In a letter to every nurse in the Country, the Chairman of the UKCC and the Chief Nursing Officer at the Department of Health, reinforced the profession's commitment to the changes, by writing:

Major changes in the way nursing care is delivered are essential if the different health care needs of the population are to be met in the future. Changing demographic patterns, advances in professional practice, and new consumer expectations demand wide ranging reforms in the way we deliver nursing care. Project 2000 is the new system of nursing education developed to prepare the profession to meet this challenge. (Poole and Emerton 1990).

CONCLUSION

The need to change nurse education, preparation and training to meet the changing needs of society has been consistently identified by the profession for over one hundred years. Although in the past the progress of nurse education has been inhibited for a variety of reasons, more recently numerous Reports, government Papers and expressed professional concern has resulted in what has been described as a radical change to pre-registration nurse education, with a once-and-for-all break with once-and-for-all thinking with the proposed P.2000 course. Following extensive debates and rigorous consultations it appeared that with few exceptions that many of the main recommendations contained in P.2000 were welcomed and considered to be very desirable by the majority of nurse educationalists, practitioners, government officials and senior members of the nursing profession (UKCC 1987a). The proposed P.2000 pre-registration nurse education course was considered by the UKCC and the Government to be innovative, to consist of major changes and to be radically different from existing courses. The proposals that are considered by many professionals to be innovative and by a few also contentious, are those of the future role of the nurse as health educator, health promoter and patient teacher, student centred learning, student status and shared learning in higher education.
INTRODUCTION

The changing directions for health care included a greater emphasis on health promotion and illness prevention, and necessitated changes in direction for nursing practice and therefore nursing education. However, despite the support for the proposed changes in direction for nurse education, concerns were expressed regarding the rapidity with which the changes were being introduced and the P.2000 courses implemented (Field 1989, Mackenzie 1990 and Whybourn 1991). Mackenzie (1990) suggested that,

"...the short timescale over which these extensive changes have been enacted has also brought with it confusing and confused innovations with little time for debate about curriculum issues, curriculum evaluation and dissemination."

(Mackenzie 1990, p.39)

It is recognised that there are many problems associated with innovations, particularly those that are implemented in great haste which have implications for the actual management of these changes. Therefore, this chapter provides an exploration and discussion of issues related to innovations, implementation and the management of change. This is followed by a review of the proposals which are considered to be innovative and their implementation both of which are appearing to cause some concern amongst the Professional Organisations, educationalists and practitioners.

INNOVATION

The dictionary definition of the term innovate is 'to introduce as something new, to make changes'; and innovation 'the action of introducing something new' (Chambers 1982). According to Taylor (1976) interest in the phenomenon of innovation became evident in the 1960s when national and international businesses and organisations tried to establish which conditions were favourable or unfavourable to innovation. National and international conferences were arranged, working parties were set up and researchers conducted empirical studies, all of which has resulted in a wealth of literature on innovation and the management of change that spans the last 32 years (Miles 1964, Taylor 1976, Mullins 1990). Miles (1964) and Taylor (1976) both identified strategies which they considered were conducive for innovations in educational establishments, and Mullins (1990) has identified key factors which he considers are necessary for organisational effectiveness and innovation. The literature search indicated that the numerous studies which have been conducted by Greiner
(1967), Chin and Benn (1976), Binstead (1982) and Bowman (1986) on organisational change, has resulted in a variety of management of change theories. It would appear from this literature that although numerous theories and strategies for the management of change have emerged over the decades particularly from the United States of America (USA), the suggestions which originated in the early studies, relating to favourable and unfavourable conditions for innovations, are still valid at the present time.

Concern regarding the implementation of innovations into curricula has equally been the concern of educationalists which has culminated in a large number of studies which have added to the management of change theories. Miles (1964) was adamant that the most significant factor in a successful innovation was the growth and size of the organisation, and Rogers and Shoemaker (1971) advocated that there were a number of issues that had to be addressed before an innovation could be deemed to be successful. Dalin (1974), Ketefian (1978), Stenhouse (1983), Keyzer (1985), Jolley (1987) and ENB (1) (1987), have all acknowledged that there are specific problems associated with the introduction of changes into a curriculum. These researchers have suggested a number of strategies which would effectively reduce both the barriers and the resistance to change, and achieve the successful implementation of the innovations.

According to Docking (1987) the reason that nursing and nursing education have resisted change in the past, is that 'change theory and strategies for change have seldom, if ever, been employed'. This was reiterated by the ENB Working Group (ENB (1) 1987), who suggested that change in nursing education had been held back by the failure to understand and manage the process of change. As a result of the P.2000 Report (UKCC 1986), the need for nurses in clinical practice, management and education to understand and manage the process of change, and the factors which would facilitate it, was considered by the ENB to be a priority in nursing education. An example of the high priority that has been given to this need is demonstrated by the Management of Change Packages that were funded by the ENB and developed by a large team of practitioners, nurse educationalists and academics from higher education (ENB (1) 1987, ENB (2) 1988).

**Resistance and Barriers to Change**

Resistance to change is a psychological response to the anxiety that change evokes, and research which has been conducted on organisational change by Bennis (1970), Rogers and Shoemaker (1971) and Lancaster and Lancaster (1982) has demonstrated that resistance to change may be exhibited by individuals and/or groups and may occur for a number of reasons. Cumulatively, the findings from their studies identify the following factors as the most common causes of resistance to change:
* inconvenience for the workforce; the working environment may be made more difficult by the changes;

* when new ideas, attitudes and information have to be acquired and utilised;

* fear of the unknown; new approaches are full of uncertainty and may lead to individuals feeling threatened;

* social and working relationships may be affected by newly appointed staff adopting different approaches;

* resentment; an increasing demonstration of resistance to the change, if the change comes solely from management;

* resentment of implied criticism of present practice.

Resistance to the implementation of new ideas was also recognised as long ago as 1513 when Machiavelli wrote:

There is nothing more difficult to carry out, nor more doubtful of success, nor more dangerous to handle, than to initiate a new order of things. For the reformer has enemies in all who profit by the old order, and only lukewarm defenders in all who profit by the new order. This lukewarmness arises partly from fear of their adversaries, who have law in their favour, and partly from the incredulity of mankind who do not truly believe in anything new until they have had actual experience of it.

(Machiavelli 1513 p 24.)

However, Docking (1987) suggested that some resistance to change is acceptable, because it can assist the change agent to re-examine the nature of the innovation and the channels of communication which were used to disseminate the plans for change. It can stimulate debate and possibly identify factors which could have far reaching adverse effects and had previously not been considered.

Other problems associated with innovations and the implementation of change are called barriers to change, and research which has been conducted by Rogers and Shoemaker (1971) and Towell and Harries (1979), has demonstrated that these are usually caused by inadequate organisational arrangements for the facilitation of the innovations. As a result of their research, Bowman (1986), Docking (1987) and Gibbs (1990) considered that the lack of these arrangements are related to both the resistance to change demonstrated by some individuals, and the stumbling blocks for the implementation of innovations. The findings from these studies demonstrated that there are commonly acknowledged barriers to change that need to be addressed, if changes are to be successfully implemented. Docking (1987) suggested that those barriers are:
* a lack of understanding by the intended users as to how the change will affect their role, relationships and practices;
* a lack of in-service education and training;
* inadequate resource allocation (time, people, money, materials);
* a lack of active support for the innovations from the managers;
* failure of the change agent and managers to recognise problems and to provide support and effective channels of communications;
* too many competing innovations introduced at the same time;
* the existing organisational arrangements are incompatible with the underlying ideology of the innovation.

(Docking 1987. p 156.)

**MANAGEMENT OF CHANGE**

It would appear that in order to minimise resistance and successfully effect the implementation of change, the management of the change process has specific criteria that need to be met (Rogers and Shoemaker (1971). The findings from a later study conducted by Stewart (1991) indicated that the staff must be educated and motivated, there needs to be careful planning, effective communication channels, extensive knowledge of the innovation, tact, and commitment to the organisation, the change and the staff. Therefore the individual or group, referred to in the literature as the change agent, who initiates or leads the implementation would require those particular skills, attitudes and behaviour. As a result of the research findings, it is possible to conclude that an understanding of the change process, the factors which can cause resistance and the ways of overcoming them are very important for the person or group who want to implement change. The findings from a study conducted by Rogers and Shoemaker (1971) demonstrated that change agents need to be experienced, self-aware, reflective people who are supportive of those who are involved in the change process.

It is suggested here that the first stage in the management of a change situation should be an analysis of the nature of the innovation. This would enable the magnitude and the potential impact of the change to be determined, which in turn should indicate the most appropriate selection of a change management methodology. Such a proposal was proffered by Docking (1987), who suggested that if the change agent fully understands the nature of the innovation, the nature of the organisation and the nature of the change process, then the ability to predict and manage problems will be achieved. This reinforced the findings from earlier studies conducted on organisational change by Rogers and Shoemaker (1971) and Towell and Harries (1979), who demonstrated that these are inherent in the process of change as are a series of identifiable stages.
One theory and model of the change process that has been proposed by the ENB (1987), is based upon five essential interrelated factors, each of which is an identifiable stage of the process. The model has been derived from an amalgamation of the findings from research conducted by Rogers and Shoemaker (1971), Chinn and Benne (1976) and Ketefian (1978), each of whom considered the factors to be crucial for the accomplishment of innovations. The model is presented below in Figure 1.

Figure 1. Five Essential Factors for the Accomplishment of Change.

1. The attributes of the innovation.
   - The advantages of change over the status quo.
   - Compatibility of the changes with existing beliefs and values.
   - Communicability, the ease with which the change can be understood.
   - Simplicity, the ease or difficulty in the use of an innovation.
   - Trialability, the possibility of 'piloting' the innovation.
   - Observability.
   - Relevance.

2. The attributes of the environment.
   - Openness on the part of the educator.
   - Interpersonal and informational linkages.
   - Freedom from organisational constraints.
   - Supportive leadership for the innovation.
   - Trust and a collegial working environment.
   - Adequate resource allocation.

3. The users of the innovation.
   - A sense of ownership of the change is vital.
   - Informal personal contracts help to reinforce ownership.
   - Information and support which should be provided during all stages of the innovation.

4. Change agent(s) has/have four fundamental functions.
   - Diagnoses the problem.
   - Identifies and clarifies goals of change.
   - Develops strategies and tactics to introduce change.
   - Establishes and maintains working relationships with change users.

5. Change strategies.
   - Selection of a strategy for change.

The five factors include proposals which are considered necessary for the reduction or elimination of the most common causes of resistance and barriers to change. Each factor is of equal importance and interrelates with the others and all are considered to be crucial for the accomplishment of change (ENB (1) 1987). Another similar theory
and model has been proffered by Stewart (1991), who suggested that the process of change involves five identifiable stages which are diagnosis, identifying resistance, allocating responsibility, developing and implementing strategies and monitoring. Similarly, Stewart (1991) has also emphasised the interrelationship and interactiveness between the stages, and stated that it would not be possible to effectively manage change by systematically carrying out a logical series of activities in a systematic linear manner.

The strength of these two theories and models for the management of change would appear to rely on the occurrence of each of the stages or factors, and that planned change needs to be seen as an iterative process. The interrelationships and interactiveness of the five factors or stages of the change process allows for the unexpected to be addressed and issues to be dealt with concurrently, and re-addressed as and when necessary. As a result of the deliberations of the Management theorists it is possible to conclude that both of these theories and models would fail if there was an absence of, or a weakness in, any one of the five stages or factors.

Change Strategies.

One of the elements that is present in both of these models of the change process is the need to select an appropriate change strategy. The importance of this aspect of the management of planned change or the implementation of innovations has been identified by a number of authors (Bennis et al 1969, Chinn and Benne 1976, Hoyle 1976, Haffer 1986, Hoy at al 1986, Docking 1987, Gibbs 1990, Stewart 1991). It is indicated that the use of planned strategies increases the likelihood of change by increasing receptivity and understanding of that change. Docking (1987) suggested that the 'strategies are used to develop, disseminate, implement and evaluate innovations'.

It would appear that, by virtue of the complexity of the process of change and the number of issues that are interrelated and interdependent, if an appropriate change strategy is not used then the implementation of P.2000 is likely to be problematical. There are a number of change strategies which have been identified as a result of studies conducted by Bennis et al (1969), Hoyle (1976), Dalin 1973 and Ketefian (1978). It is considered that the most well known and most often referred to in educational research related to change, are the three major change strategies identified by Bennis et al (1969), which are the empirical-rational, power-coercive and normative-re-educative change strategies. Each of these strategies is based on different assumptions about what makes people change or alter their behaviour, and Bennis et al (1976) regard each of them as having potentially differing degrees of success. However, Haffer (1986) has suggested that the degree of success depends on the appropriateness of the strategy for a particular situation and the individuals who will be affected by the change.

The empirical rational strategy.

This strategy is based on the assumption that man is a reasonable being and will act in a rational way. Bennis et al (1969) proposed that the primary task of the innovator
is to select the best method which would demonstrate the increased benefits that could be gained from adopting the innovation. Dalin (1974) suggested that this strategy is based on an optimistic point of view of human beings, and that it was commonly found in the Western world as the basis for liberal practice and empirical research as well as general education. It would appear that the underlying assumption is that innovations will occur through the actions of people who, in turn, will innovate when their basic understanding has changed. Support for this statement is provided in the recent application of the empirical-rational strategy that has been used by the government in its attempt to change the population's smoking habits and in their campaign against AIDS. It would appear that the government held the same assumption as that of Bennis et al (1969), that people are essentially rational; and that if the public can understand a situation by presenting them with the relevant research findings and the relationship to ill health, they are more likely to accept a proposed change. The particular weakness of this strategy in relation to the changes inherent in P.2000 would appear to be the length of time which would be needed for the acceptance of the proposals. Findings from the research conducted by Steadman and Lacey (1978) suggested that when this strategy has been used within general education it has had very little success.

The power-coercive strategy.
This strategy applies the use of power based on political and economic sanctions to achieve the desired outcome and has been given the alternative label of political-administrative strategy by Dalin (1974). The ENB (1) 1987) suggested that this particular strategy emphasises a power that is based on the use of political and economic sanctions to achieve the desired outcome, and when necessary playing on feelings of guilt and shame. According to the ENB (1) 1987) the underlying assumption of the power-coercive strategy is that the need for change is identified by those who are in control of an organisation, and that those with less power will comply with the directives plans and leadership. This explanation would appear to more accurately reflect Dalins' (1974) term for this strategy rather than the original one proffered by Bennis et al (1969). As a result of these findings, it can be concluded that the power-coercive strategy is a far easier approach to use in a hierarchical organisation such as nurse education. However, it is not considered to be very productive in the long term because as Keyzer (1985) has suggested, it is considered to be a 'top-down' approach to change and is often associated with innovation that is imposed on teachers from an outside agency (ENB (1) 1987). An alternative suggestion is that this strategy could be successfully applied within a college of nursing in transmitting new ideas to a teaching team, or by a curriculum team in order to implement a new curriculum (ENB (1) 1987).

The normative-re-educative strategy.
This strategy places emphasis on attitudes, values and social norms, and the individual and group are seen as inherently active in 'quest of impulse and need satisfaction' (ENB (1) 1987). The strategy identified by Bennis et al (1969) as the normative-re-educative strategy is regarded as a 'bottom-up approach' to change (Webb 1981). It would appear to be completely opposite to the other two strategies as the emphasis is placed on the importance of involving the users and their social networks as a key
resource; the need for collaboration between the change agents and the users; and an understanding that change will occur as the persons involved develop commitments to new practices and change their own values, attitudes, skills and relationships. As a result of their studies of clinical care and nurse education, Towell and Harries (1979) stressed the need for change to come from within the organisation using a bottom-up as opposed to a top-down approach. They considered that 'substantial change' is possible if a normative-re-educative approach is taken and the staff are actively involved in the planning, implementation and evaluation of the change process.

It would appear that there are a number of advantages and disadvantages with each of these three strategies with potentially different degrees of success or failure. The difficulty experienced in determining the appropriateness of a particular strategy for the change situation, has been eased somewhat by a fourth strategy which has been proposed by Ketefian (1978). This strategy is a combination and coordination of the elements of all three strategies identified by Bennis et al (1969), which Ketefian (1978) suggested, will most effectively bring about change. As a result of the deliberations of these theorists it can be concluded that the management of change, particularly in relation to P.2000, will benefit from the employment of all three of the strategies identified by Bennis et al (1969) during different stages of the change process, therefore the selection and use of the fourth combined strategy proposed by Ketefian (1978) would appear to offer an increased potential for success.

INNOVATIONS AND PROFESSIONAL CONCERN

An identified problem or concern regarding innovations in general, is that of disparity between tutor expectations of the curriculum and the reality. Stenhouse (1983) has described how some teachers enter into innovatory curriculum projects with quite unrealistic expectations. There is an in-built premise that innovatory programmes, once in place, undergo little or few changes, which is rarely the case in practice (Parlett and Hamilton 1977). Other concerns regarding innovations have been identified from the findings which have resulted from numerous studies conducted by educationalists and practitioners in both the United States of America and in the United Kingdom. The concerns not only relate to the need for planned change and the problems associated with innovations related to specific curriculum content, but reflect those which are inherent in the P.2000 Report (UKCC 1986), particularly the retention of staff and an improvement in nursing care. The findings from studies conducted by Syred (1981), Randell (1982) and Macleod Clarke and Webb (1985) have demonstrated that although Health Education has always been implicit in the role of the nurse, the pre-registration nursing courses have failed to equip the student with the appropriate skills. Other studies conducted by Wilson-Barnett (1973), Faulkner (1979) and Wilson-Barnett and Osborne (1983), have all indicated that a lack of motivation and poorly developed communication skills were the main reasons why very little patient teaching has taken place in hospitals. The findings from the study conducted by Faulkner (1979) also demonstrated that the patients who had participated in the survey were dissatisfied with the teaching they had received.
Each of these researchers indicated that there was a need to conduct further research into these areas and stressed the need to include the teaching of communication skills in all curricula. The findings from a number of other studies which included those conducted by Ramprogus (1988) and Dux (1989) have indicated that there is a need for teachers to consider the individual learning styles of the students. As a result of her study into the learning styles of 119 students, Dux (1989) suggested that one way to help reduce the wastage rates in nursing would be for teaching and education to meet the individual needs of each student. The literature has demonstrated that a theory practice gap does exist and according to Miller (1985) it appears to be increasing rather than decreasing. Miller (1985) suggested that to enable this gap to be bridged at a national level there needs to be a rethink of the structure of nursing and the education of nursing. Further to this suggestion, Orr (1991) has indicated that curriculum planners for P.2000 courses, although viewed as college based courses, will need to ensure that 'generous' practice will be provided.

These studies which have been conducted on pre-registration nurse education courses have indicated that these courses have largely been unsatisfactory. The findings from each have identified the need for further research into nurse education and careful curriculum planning. The deficiencies which have been identified by the findings from the research and the P.2000 Report are:

- poor communication skills teaching, health promotion, health education, and patient teaching;
- an awareness of the individuals' learning styles;
- the provision of appropriate teaching;
- the provision of learning that is relevant to clinical practice;
- the ability of the courses to produce critical, self reliant and reflective practitioners;
- consumer satisfaction.

As a result of the research findings it appeared that there was a need to examine these identified areas in greater depth and detail. All had been deemed unsatisfactory or missing from previously approved pre-registration nurse education courses and had been identified as essential elements for P.2000 courses.

HEALTH EDUCATION AND HEALTH PROMOTION

One of the major changes proposed in the UKCC Report Project 2000 (UKCC 1986), is the emphasis on health as opposed to illness. This emphasis resulted from an extensive examination of the changing pattern of needs for health care and the likely changes in the delivery of that care (UKCC 1986).
First any CFP must be **embedded in health not in illness**. It must be closely allied to the stated goals of the NHS in relation to the various care groups, namely to restore health, to teach self-care, to promote independent living as far as this is possible, and to respect the values and desires of the individual patient or client.

(UKCC 1986. p.46. Section 6.12.)

The P.2000 Report (UKCC 1986) contained other numerous references to the prevention of ill health, health promotion and patient teaching, such as those that are contained in the new set of learning outcomes which are presented in Figure 2 below.

Within the literature and research papers, the terms health education and health promotion appear to be interchangeable and are presented in a somewhat confusing way. This confusion appears to be acknowledged by the majority of authors each of whom have offered their definition of these terms within the introduction of their works. The findings from the research literature, which are presented below, have also indicated that there appears to be little consensus of agreement amongst authors on what health education is and how and by whom it should be practised.

One such distinction which was made between health education and health promotion was proffered by Meyer (1989), who suggested that:

> Health promotion is concerned with the creation of a social, political and economic environment conducive to healthy lifestyles, and health education is concerned with raising individual competence and knowledge about health and illness, body functions and the prevention of disease and coping with ill health, with raising competence and knowledge to use the health care system and to understand its functions and with raising awareness about social, political and environmental facts that influence health.

(Meyer 1989. Chapter 23. p.221.)

It appears that Meyer (1989) considered health education to be part of, but not the same as, health promotion and the main difference between them is not found in the aims and objectives but on the levels on which they are carried out. Because of its clarity and the fact it encompasses many of the accepted broad definitions, this is the operational definition that was adopted for the P.2000 curriculum that is central to this study.

**European Concerns in Respect of Health Education**

The Report on Health Education (HMSO 1964) referred to nurses as health educators, and suggested that they should be encouraged to make a more positive contribution to health education than they have in the past. In the report of a World Health Organisation supported conference in 1981, a recurrent theme was how nurses could
improve their teaching and influence policies, promote international understanding and make a concerted move towards the aim of health for all by the year 2000. The latter was the objective of the World Health Organisation and Alma Ata (Wilson 1982). A synthesis of their study on Education for Health was initiated by the European Health Committee (EHC) and in it Chapman and Piozza (Health 1986) proposed some changes for the training of nurses and midwives. These were accepted by the EHC who hoped that the proposals would:

..contribute to the development of the training of nurses and midwives, who in view of the regular contact with patients, are among the best placed professional people to put into action the principles of prevention and education for health, as much in the hospital environment as out of it.
(Health 1986 p.5).

Three years prior to this, Stiehlow (1983) had suggested that the implementation of an intended EEC directive for nursing education and training, would ensure that each trained nurse in the member countries has the foundation during his or her training, to become a health educator. Coutts et al (1985) wrote that it is part of every nurse's responsibilities to be involved in planning to maintain or improve the health of individuals or communities, and as Faulkner (1984) reiterated, health education is part of the role of the nurse, and is no longer in dispute since the HMSO Statutory Instrument gives it top priority in the training requirements for General Nurses (HMSO 1983). To further substantiate the argument, that health education has long been recognised as part of the nurses role, the Nurses, Midwives and Health Visitors Rules Approval Order (HMSO 1983) states that all nurses should:

18 (la) Advise on the promotion of health and prevention of illness and
18 (lb) Recognise situations that may be detrimental to the health and well being of the individual.
(HMSO 1983. Section 18. p.10)

It would appear that it is the preparation for, and the effectiveness of the nurse as a health educator which has caused the concern, rather than whether or not it is part of the nurses' role. The needs are apparently greater in institutional situations than in the community. In support of this argument, Chapman and Piozza (Health 1986), in their research into curricula for pre-registration nurse training, suggested that some attention was paid to areas such as health education, preventative medicine and communication skills, but there was little reference to prevention and education for health. This aspect of care was regarded by the hospital based staff as the role of community nurses and health visitors. Although there may have been implicit assumptions regarding the inclusion of such topics in association with treatment and care of certain age groups such as the elderly or children, the attention these areas received entirely depended on the working environment and the nature of the service. It would appear that unlike health visitors and midwives, institutionally based nurses do not have a clearly defined health education role, although it is recognised that it is part of their role.
It seems therefore that health promotion, health education and patient teaching elements in the role of the nurse are inextricably linked. Numerous concerns have been expressed by such researchers as Pohl (1965), Faulkner (1984), Wilson-Barnett (1988) and Dux (1989), regarding the preparation of the nurse for the role of health educator. In these studies which have examined the health education role of the student nurse in hospital settings, the findings have included references to the patient teaching role and associated teaching skills, and the promotion of health.

Over a period of 30 years the role of the nurse as patient teacher has been researched from many different aspects. In one particular study, questions regarding the nature and scope of the nurses’ teaching activities, their concept of teaching and the implications of the findings for the preparation of the nurse for a teaching role, were addressed by Pohl in the United States of America in 1960 to 1964 (Pohl 1965). The findings led to recommendations for an improvement in preparation for the teaching role, and that basic training should provide for the development and improvement of the ability of the nursing practitioner to communicate effectively. These findings were reflected in a later study conducted in the United Kingdom by Syred (1981), who recommended the need for nursing students to have instruction in teaching and counselling skills, as well as more advanced and applied courses in the behavioural sciences. In Syred’s (1981) opinion, hospital nurses have abdicated their role of health education, and she has suggested that the nurses’ own education had ‘failed to equip her with the necessary skills for the fulfilment of this role’. Syred (1981) considered that basic communication skills appear to be poorly developed, let alone the more complex and analytical skills required by a nurse to deliver a planned programme of health education effectively.

Three authors, Elkind (1982), Hopps (1983) and Parker et al (1983) concurred with Pohl (1965) and Syred (1981) and considered that one of the main obstacles that interferes with the practice of patient teaching and health education, is the failure of nurse education to prepare nurses adequately for their role. These findings appear to support the concern which was expressed in the Report on Health Education (1964) and at the World Health Organisation conference in 1981, that changes were required in education and training for nurses to enable them to make a more positive contribution to health education.

It is suggested in the previous chapter that the role of the nurse as health educator, health promoter and patient teacher is considered to be one of the major changes in the curriculum for Project 2000 (UKCC 1985, UKCC 1986, UKCC 1987a, DHSS and UKCC 1986, Poole and Emerton 1990). It is arguably, however, a role that has been implicit for nurses since 1959, when a prominent nurse suggested that ‘bedside care was only one part of the modern nurses’ function, and that the nurse also needed to be a health teacher in hospitals, schools and industry (Allen and Jolley 1987). The possibility could be that it is the emphasis which is now being placed on the importance of this role which has stimulated some of the concerns, because there appears to be a dichotomy here. Despite the evidence which supports the need to
include the elements of health education, patient teaching and health promotion as part of the role of the nurse for the future, there is also evidence which indicates that the role of the nurse for many years has indeed included those elements. Additional evidence to support this is provided below from the findings obtained from a large number of studies on patient education.

In one particular study, Tilley (1987) referred to three philosophers who have acknowledged the nurses' role in educating patients as a key component of nursing, and five prominent investigators, including Pohl (1981) and Redman (1984), who identified patient education as an independent function of every nurse. A further literature search identified 120 studies related to patient teaching, and a literature review, specifically related to nurses' and patients' perception of the teaching role of the nurse, resulted in 13 studies, which gave rise to some unexpected findings.

Pohl (1965), Winslow (1976) and Cohen (1981) identified two significant issues from the data obtained from interviews, observations and questionnaires which were used in the three studies that were conducted in a number of hospitals. The first issue was that nurses were not clear about their role in patient education and the second was that nurses reported that they wanted to teach more than they actually did in reality. Similarly, Macleod Clark and Webb (1985) as a result of their research, argued that there is overwhelming evidence, especially in studies of hospital nursing, that the majority of nurses do not spend much, if any, time on patient teaching. They suggested that there are several reasons why nurses fail in this role and demonstrate in the research that nurses are generally poorly informed, lack communication and teaching skills, miss patients' cues and do not see health education as part of their role.

In their studies, Jenkin (1961), Smith et al (1970), Powell et al (1973) and Mackean (1979) all found that nurses identified several barriers to their patient teaching activities, the main one being the inadequacy of preparation for the role. Further, Linehan (1966), Pender (1974) and Summers (1984) discovered, in their studies, that patients have not always viewed nurses as teachers, or as having a teaching role. The findings from these studies, together with the evidence provided above related to the confusion regarding the terms health education, health promotion, patient education and patient teaching, stimulate some further questions, for example:

a) how much were the findings influenced by misconceptions of health education and health promotion, and
b) what did the patients in the study understand by the terms education and teaching?

A similar question could be raised on the results of a small evaluation study conducted by Adom and Wright (1982) on consumer satisfaction. The findings from a consumer satisfaction questionnaire distributed in a hospital indicated that the majority of the patients did not consider the individual instruction which they had received from the nurses to be patient teaching.

As a result of her comparative study into identified incongruences between students'
and patients' perceptions of the nurses' role, in two hospital settings, Tilley (1987) made three recommendations that have important implications for nurse educators and practitioners. The recommendations are that nurses do need to develop a clear definition of their role in patient education; nurse educators need to ensure that they provide students with the course content and clinical experience that will assist them with patient education in practice settings; and thirdly, that nurse researchers must investigate the organisational factors within the health care setting which help or hinder nurses roles as patient educators. The latter factor would seem to be related to the concern expressed by Orr (1990). He posed the following question:

...although student nurses can be instructed and examined on health education skills, will they, as practising nurses, necessarily use these skills, or will they be conditioned into a more conventional mode of behaviour on the wards, where little health education is carried out?
(Orr. 1990. p.59.)

There are many proposals and recommendations, contained in the preceding literature reviews and research material, for an improvement in the preparation of nurses for the patient education role. A common finding that has arisen from these studies is that the role of the nurse in relation to patient teaching, health education and health promotion has always been implicit but certainly needs to be clarified and made explicit. There are numerous criticisms regarding the lack of adequate preparation for these roles in existing pre-registration courses, and resulting recommendations for the inclusion of communication and teaching skills training, but the findings from the studies indicate that very little is actually known about how nurses were or are prepared for what is considered to be an important aspect of their role. The majority of the researchers have used quantitative rather than qualitative data collection methods for the evaluation of educational programmes. The approaches which were used included the comparative approach involving experimental and control groups, and the 'objective model' approach both of which measured the extent to which the training objectives had been met. Some very rigorous studies and literature reviews have been undertaken on many aspects of the role of the nurse as health educator and patient teacher, but the majority of these have also used quantitative research methods and have measured either patient satisfaction or how the student nurse or registered nurse performed in these roles in practice (Wilson-Barnett et al 1983 and Wilson-Barnett 1988). The literature search has indicated a very real need to conduct qualitative research into the process of the preparation of nurses for their role of patient teacher and patient educator.

**Alternative Perspectives**

An alternative perspective was presented by Luker and Caress (1989) who made a case to support their suggestion that patient education should become the sole responsibility of specialist nurses. They critically examined the literature and challenged some of the assumptions which underpinned the research on patient
education. They argued with the available evidence that suggested nurses are not good patient teachers, and questioned the wisdom of improving nurse training as a solution to improving the nurses patient teaching ability. Luker and Caress (1989) expressed doubts concerning the transferability of theories of adult learning to patient education and suggested that involving all nurses, whether qualified or in training, in patient education was an unrealistic and undesirable goal.

However, there is a flaw in the reasoning behind their last suggestion. Luker and Caress based their doubts on their view that the teaching function 'represents just one of a number of competing demands on the general nurses time'. Although the profession was made very aware of the imminent changes to nurse education as early as 1986, Luker and Caress did not consider the proposed ethos for P.2000 courses, the tremendous changes to curricula, or the fact the courses would be designed to cater for four branches in nursing, i.e. Children, Adult, Mental Handicap and/or Mental Illness. They wrote about being doubtful if teaching skills can be fully integrated as part of everyday nursing work, but P.2000 aims to change the traditional 'every day work' for nurses in the future (UKCC 1986). Students who will follow a P.2000 course will be supernumary, have student status and practice will be educationally led. The Registered Nurse of the future will be required to incorporate teaching into all aspects of the role when delivering holistic nursing care (UKCC 1986).

**Learning Styles**

An identified proposed change to the P.2000 courses is that of a student-centred approach to learning that must be developed in all P.2000 curricula (UKCC 1986), together with the suggestion that nurse teachers should be more aware of the individuals' learning styles which would cater for the students' needs and help to reduce student nurse wastage rates. However, a plea for continuing research into the teaching learning process and curricula development had been made by De Tornyay (1983), to ensure that curriculum changes and teaching strategies employed in nursing education are based on scientific evaluation, rather than fad or fancy. A literature search revealed a number of studies which have been devoted entirely to the teaching learning process and how student nurses learn, and these have indicated that there are a number of theories regarding a student-centred approach to learning.

It would appear that there is an increasing professional concern regarding teacher awareness of individual learning styles and that there is a need for continuing research into teaching and learning processes. This need was identified by Laschinger and Boss (1984), who provided evidence in support of Kolb's (1976) theory of experiential learning and its use in examining learning characteristics of nursing students. They concluded that a knowledge of the students preferred ways of learning could be useful in the selection of teaching-learning strategies, which may improve the teachers' service to the students (Laschinger and Boss 1984).

This theory is supported by other studies conducted in the United States of America (USA) which were concerned with learning styles and preferences. Merrit (1983), in her study on learning style preferences of Baccalaureate nursing students, found that
educational establishments need to consider developing different teaching and learning situations for younger as distinct from older experienced adult learner groups. Honey and Mumford (1982) suggested that with 'attention to individual learning styles, much more effective learning can take place'. Two other studies conducted by Conti and Wellborn (1986 and Korhonen and McCall (1986), also indicated that students do have preferences for particular learning strategies, but neither of these studies demonstrated a link between preferred learning styles, nursing achievement or a decrease in student attrition rates.

However, the findings from an illuminative evaluation study undertaken by Crotty (1990), on the introductory module of an enrolled nurse conversion course, indicated that the students in that particular study were happy at being treated as adult learners, they appeared to have a clear idea of their own learning styles and preferences and they all achieved success. The findings indicated that the students perceived themselves as self-directed learners and had enjoyed a variety of teaching methods and as a result had not appeared to change their preferred style, but to capitalise on it. Although this was a small study conducted in one educational establishment with a small group of post-enrolled mature students and the findings could not be considered generalisable, it highlighted several issues that will need to be considered by nurse teachers, particularly in relation to the P.2000 (UKCC 1986) proposals for the recruitment of the more mature entrants for student nurse training and education.

The purpose of a study conducted by Remington and Kroll (1990), was an attempt to identify if teacher awareness of learning styles and preferences would assist the less academically able students to successfully complete their nursing course. Their concerns reflected those of the nursing profession in the United Kingdom, particularly in relation to the decreasing number of 18 year olds and the wish to attract mature entrants without reducing the academic entry requirements. The descriptive study was conducted on a 'convenience' sample of 50 baccalaureate students in one nurse education centre in the USA, over a period of two years. The findings from this study demonstrated that the students who were academically less able, responded extremely favourably to the use of their preferred learning styles. The suggestion here is that although, like the findings from the study conducted by Crotty (1990), these could not be considered to be generalisable, this study is of particular relevance to those involved with the development of P.2000 courses because one of the aims of the UKCC (1986) is the achievement of higher academic standards without raising the academic criteria for entrants. This in turn is intended to attract a wide range of students with a potential array of learning styles and academic achievements (UKCC 1986).

There appears to be considerable support from the research for a teacher awareness of individual learning styles, but very little evidence is available for the relationship between learning style preferences and actual achievement. Alternatively, there are a number of studies which have resulted in findings that do not particularly support the importance of the use of individual learning styles (Rampogus 1988, Brink 1988, Dux 1989). As a result of her investigations into whether nurse teachers take into account the individual learning styles of their students, when formulating teaching strategies, Dux (1989) concluded that her data showed that the groups sampled did not
show a very strong preference for one learning style, but rather for a combination of styles, as did the teachers in the sample. She suggested that one of the ways in which the wastage rate of student nurses could be reduced as well as meeting the objectives of the course, would be for teaching and education to meet the individual needs of each student by employing a combination of styles.

The findings from an earlier study conducted by Brink (1988), resulted in her proffering a similar suggestion, which was that all teachers concerned with the teaching of student nurses should bear in mind the characteristic differences among students, in the ways in which they preferred to organise and process information. Her explanation was that some students may need help in learning to select important features and ignore irrelevant details, not because they are less intelligent but because they tend to perceive patterns as wholes and have trouble analysing. They may seem lost in less structured situations and need clear step by step instructions, while others prefer just the opposite. Brink's (1988) conclusion contained a recommendation that the learning environment should be organised to accommodate all identified styles of learning. In her opinion, most traditional programmes do not provide for a variety of learning styles and that therefore, approximately half of the student population is not taught in their preferred style. She considered that the teacher's aim should be both to foster the preferences of each type of learner and to devise strategies for developing alternative skills, and that it was essential to have flexibility and variety in an educational programme to enable student achievement.

A comparative study undertaken by Ramprogus (1988) with two groups of student nurses, examined the effectiveness of an alternative approach to help student nurses learn. The findings from this study indicated that student nurses do not generally show any preferences for a particular learning style and that there is no relationship between learning styles and learning effectiveness, or the ability to solve problems. What Ramprogus (1988) did suggest, is that student nurses could be encouraged to develop competencies in all the learning styles by the inclusion of a 'Learning how to Learn' package in future curricula. The findings from the data indicated that the majority of the students could not be classified as having a particular learning style, but preferred to make use of them all depending on the learning situation.

There are many concerns identified in the above studies related to the teaching and learning process in existing pre-registration nurse education programmes. Research findings have been presented which indicate that teachers should cater for the individuals' learning style so that achievement can be attained. Conversely, research findings have been presented which indicate that if a variety of teaching methods are applied as a result of an awareness of the different ways in which students learn, this will result in student achievement. The findings which have resulted from all of these studies appear to suggest there is a need for the following:

a) student nurses should be provided with opportunities to develop skills in all learning styles;

b) nurse teachers should be aware of the different ways in which students
learn;

c) nurse teachers should tailor their teaching approach to the context of the learning situation, if only because the education and training of nurses occurs in a variety of situations and through interactions with a large number of individuals.

**Innovation and Reality Shock**

Extensive research conducted during the past 20 years, has demonstrated that graduate nurses on both sides of the Atlantic have not been able to practice as they were taught, and yet during the planning of P.2000, the UKCC were still concerned about the continuing gap between nursing theory and nursing practice (UKCC 1986). Numerous educational studies, including those conducted by Kramer (1974), Bendall (1975), Gott (1984), Field (1989) and Orr (1990), have identified that there is a need to reduce the gap between theory and practice in pre-registration nurse education and training, and indeed this was one of the issues which was addressed by the UKCC (1986) and the ENB (1989). It was also one of the frustrations with the previously approved pre-registration nursing courses, which was expressed by numerous professionals during the early stages of the P.2000 discussions (UKCC 1986). In this context, the 'gap' was not differentiating between what was taught in the classroom and ward practice and experiences, but between the interrelated ideas and theories underlying nursing and actual nursing practice. The ENB (1) 1987) suggested that there was consistent evidence of major discrepancies between what is learned in the college and what is experienced in the practice areas. The findings from a number of studies conducted by Kramer (1974), Alexander (1983), Melia (1983), Miller (1985) suggested that nursing theory bears little relationship to nursing practice and that some nurses have to reconcile 'what nursing is' with 'what nursing ought to be'. As a result of her study on the integration between learning in the classroom and in practical settings, Alexander (1983) argued that more effective teaching would take place if the tutors concentrated their teaching efforts in the practice areas instead of the classroom. She indicated that teaching and learning in the practice settings addresses the problem of the theory practice gap (Alexander 1983). An alternative suggestion was proposed by Miller (1985), who indicated that although it was unlikely to happen in the near future, a rethinking of the structure of nursing and nurse education was necessary for bridging the theory practice gap. However, just one year after this study, the P.2000 Report (UKCC 1986) recommended the restructuring of nurse education and emphasised the need for nursing to accommodate the changing needs of society and the ideas about nursing. The P.2000 Report (UKCC 1986) also contained a proposal which reflected Alexander's (1983) argument that the teachers should spend a proportion of their time teaching in the practice areas.

Professional concern regarding the lack of debate between practitioners and educationalists, and the relevance of education to that of clinical practice, were issues raised by Orr (1990) in his research, as were the needs for the evaluation and research of all innovative curricula. He suggested that the problems identified as being
dissatisfiers in nursing in the 1950s and 1960s are still prevalent today, and that nursing is still a traditional, hide bound profession with the same vicious circle of role conflict, negative attitude development, loss of job satisfaction and wastage. In his opinion, the simple introduction of P.2000 will not, of itself, lead to improved standards of nursing care or to an improvement in staff retention. He argued that senior nursing staff may well revert to traditional ego-defensive stances when faced with new problem solving learners (Orr 1990).

Project 2000 has been hailed as the Nursing Profession's last chance to put its house in order. With its revolutionary approach to nurse education and practice it is being heralded by academics and senior professionals as the 'saviour' of nursing. There can be little doubt in the minds of reasoning, logical, intelligent people that Project 2000 is indeed an exciting and 'revolutionary' proposal. However, is there any reason to believe that it will be any more readily accepted by the vast majority of practitioners than any of its predecessors? (Orr. 1990 p.58).

Some of the concerns implicit in the findings from both of the studies conducted by Miller (1985) and Orr (1990) are similar to the concerns expressed earlier by both Kramer (1974) in her research into role conflict and reality shock, and by Toffler (1970) who in an earlier study described the phenomenon of 'future shock'. This phenomenon was loosely interpreted by Kramer (1974) as the shattering stress and disorientation induced in individuals by subjecting them to too much change in too short a period of time. 'Reality shock' is a term Kramer (1974) used to describe the shock like reaction of new workers when they find themselves in a work environment for which they have spent several years preparing, which they considered they were prepared for and find they are not. She contended that the further away a programme gets from the reality of the work place, the greater the college-work conflict and shock.

A number of earlier studies conducted in the USA which preceded those of Kramer (1974) also demonstrated degrees of reality shock. The findings showed that student nurses in the past have completed a lengthy introductory period in the course with high ideals and values, but have very quickly lost or changed them when they began working on the wards (Orr 1990). In his study Orr (1990) referred to early studies conducted by Dalton (1969) and Condor (1970), which indicated that conflict exists between service and education with high levels of frustration which influenced students' learning.

As previously stated, this conflict between the college and the work place was reflected in the professional concerns which were expressed in the P.2000 debates related to the widening gap between theory and practice. Kramer (1974) postulated that the more an educational programme attempts to prepare nurses who can deal effectively with knowledge and developments in technology, now and for the future, the greater the likelihood of producing this conflict and shock (Kramer 1974). As a
result of these findings, it is suggested that these changes which are to be introduced into pre-registration nurse education and training could have the adverse effect of increasing teacher, student and staff wastage rates, rather than decreasing them. After all one of the main aims of P.2000 is to reduce the attrition rate of both staff and student nurses (UKCC 1986), but major changes are to be introduced within a short period of time.

From the evidence provided in Kramer's (1974) study, there are two types of reality shock resolution that are pertinent to student nurses, both of which could be detrimental to the aims and success of P.2000. One type of conflict resolution Kramer called behavioural capitulation. This is when in the early stages the student solves the problem by not exhibiting compromising behaviour. The student knows how to give better nursing care, but delays exhibiting such good practice until both the time and the climate are right. This Kramer (1974) suggested is alright in theory, but extensive studies have demonstrated that the right time and climate never happens. The other type of conflict resolution is one of discontinuation of nurse training, where the student withdraws from the conflict, and although it is acknowledged that conflict is not always a bad thing, it can be stimulating and healthy if it is anticipated and one has developed strategies with which to handle it. Kramer's (1974) extensive research demonstrated that one of the essential elements that can help to reduce the college-work conflict and reality shock for student nurses, is that of professional socialisation.

Professional socialisation in Kramer's study, was very similar to an early introduction of the student nurses to the workplace by nurse educationalists, which is widely practised in England. As a result of the research findings, it is suggested that an important aspect would seem to be the ability of the nurse tutors to participate in the clinical practice with the student, and time and opportunities provided for students to reflect and question current practices. A similar suggestion had been proffered by Orr (1990), who proposed that the only way forward for P.2000 'is to be providing a situation where the teacher is immersed in practice and the practitioner develops her (sic) educational role'. This need for nurse teachers to be credible clinical practitioners was expressed in the P.2000 Report (UKCC 1986), together with the recommendation that clinical practitioners should have formal teacher preparation and that there should be better facilities to link nursing theory and nursing practice.

Kramer's research is regarded as a 'landmark' study (Locasto 1987) and although her work was undertaken in the United States of America with graduate nurses, it has wide implications for both academic programmes and nurse education organisations. The phenomenon of 'reality shock', and the implications this has for nursing education, is used and cited in studies undertaken by Allen and Murell (1978), Quinn (1980), Field (1989), Locasto (1989) and Crotty (1990). These aspects indicate that radical changes in the curriculum make specific and somewhat traumatic demands on both students and practitioners. Field (1989) in her study referred to the goals of education for the year 2000 as having some universal themes which are the ending of education isolation and narrowness in professional identities, improved curricula, staff development and broadened teaching. She compared the introduction of such goals in education to the establishment of degree programmes in North America, which created the situation that Kramer (1974) called reality shock and resulted in new
graduates leaving the profession and an increase in nurse wastage rates.

There appears to be overwhelming research evidence which supports the suggestion that curriculum innovators should seriously consider the relationship between innovation and nursing theory and practice, radical changes in curricula and reality shock and the possible increase in attrition rates. A resulting assumption could be that a rapid implementation of Project 2000 might perpetuate the phenomenon of reality shock. It can be concluded that this could lead to an increased loss of student nurses and as Orr (1990) hypothesised, possibly result in senior nursing staff reverting to traditional ego-defensive stances, a deterioration in relationships and an entrenchment of already hardened attitudes.

However, it can be argued that earlier studies of innovatory programmes for pre-registration nurse education indicated that radical changes in curricula do not necessarily result in wastage of new graduates or student nurses (Jolley 1987). As early as 1956, a five year innovative experimental scheme had been introduced in Scotland with very favourable results and in England, the evaluation of a number of experimental schemes for nurse training which were introduced in the late 1960s, resulted in a drop in student wastage rates and a rise in examination successes (Gallego 1983). Cost factors alone apparently inhibited extensions of these schemes (Jolley 1987).

CONCLUSION

In the preceding pages some of the changes for pre-registration nursing courses as proposed by the UKCC (1986) are identified, as are some of the professional concerns regarding the rapidity of the implementation and validity of the changes. These recommended changes are in response to the inadequacies which have been identified in previous nurse education programmes, and the need to prepare nurses for the current and future trends in health care.

The evidence indicates that there are many reservations arising from the research, which has been conducted in nurse education in both the UK and the USA, regarding the proposed changes and how the changes will be managed, particularly the timescale within which the innovations will be implemented. The resulting recommendations which accompanied these reservations have been presented, as have some of the arguments against them, but one recommendation that appears not to be in contention is that all innovatory programmes should be evaluated. Indeed all the recommendations and suggestions that are put forward in the research, include the need for further evaluation and research of all aspects of nurse education programmes.
SECTION ONE. Chapter Three A New Pattern of Education and Training

INTRODUCTION

Evidence is presented in the preceding chapters which suggests that pre-registration nurse education and training is undergoing its most radical change in 130 years. An insight into the rapidity with which the changes and innovations had been implemented, and an overview of the background to the need for change on a national scale have been provided, and some of the concerns expressed by a number of professionals have been reviewed. This chapter presents a comparison of past pre-registration nurse training and P.2000, the background to the evolution of a Demonstration College (the College) and the projected implementation issues of an innovative curriculum for P.2000.

COMPARISON OF COURSES

Although a descriptive comparison of past and current pre-registration nurse education is presented below together with a brief rationale, Table 1. highlights the main differences between the two types of nurse training.

The UKCC Professional Register comprised ten Parts, some of which were for first level Registered Nurses, Health Visitors and Midwives and some were for second level Enrolled Nurses. Project 2000 advocated a single register to replace the different Parts of the current register and a single level of registered nurse with the discontinuation of enrolled nurse training (UKCC 1986).

The P.2000 report recommended a three year preparation for all student nurses, beginning with a Common Foundation Programme and followed by one of four Branch Programmes. The four Branch Programmes proposed were the Adult Branch, the Mental Illness Branch, the Mental Handicap Branch and the Child Branch. It was further proposed in the report that the Common Foundation Programme and each of the Branch Programmes should be of 18 months duration, with each consisting of an equal number of hours of theory and practice. This would appear to indicate a completely new pattern of education and training when compared with the previously approved first level pre-registration nurse training courses, which consisted of a 156 week programme inclusive of a minimum of 120 and maximum of 140 study days, each course preparing nurses exclusively for a single part of the Register (GNC 1964, 1970, 1977).
Table 1. A Comparison of Past Nurse Training/Education and Project 2000

<table>
<thead>
<tr>
<th>Project 2000</th>
<th>Past Nurse Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yearly Intakes</td>
<td>One or Two</td>
</tr>
<tr>
<td>Student Nos.</td>
<td>One to Two Hundred</td>
</tr>
<tr>
<td>Specialisation</td>
<td>Common Foundation Course for 18 months followed by 18 months specialisation in either: Mental Health Nursing, Adult Nursing, Childrens Nursing or Mental Handicap Nursing.</td>
</tr>
<tr>
<td>Specialisation</td>
<td>Specialist Courses for either: Mental Health Nursing. Registered General Nursing, Mental Handicap Nursing or Sick Children's Nursing</td>
</tr>
<tr>
<td>Qualification</td>
<td>Registered Nurse (RN) ie. RN Adult, RN Mental Health, RN Mental Handicap or RN Child.</td>
</tr>
<tr>
<td>Qualification</td>
<td>Either: RGN Registered General Nurse, RMN Registered Mental Nurse, RNfH Registered: Nurse Mental Handicap, or RSCN Registered: Sick Children's Nurse.</td>
</tr>
<tr>
<td>Status</td>
<td>Student Status with a Bursary. Supernumery for 80% of the time.</td>
</tr>
<tr>
<td>Status</td>
<td>Employee in the NHS. A member of staff.</td>
</tr>
<tr>
<td>Higher Education</td>
<td>Formalised links with Higher Education and conjoint Validation.</td>
</tr>
<tr>
<td>Higher Education</td>
<td>No formal links. Validation by ENB only.</td>
</tr>
<tr>
<td>Philosophy</td>
<td>Holistic approach to care both in the community and institutional settings with an emphasis on health education and patient teaching.</td>
</tr>
<tr>
<td>Philosophy</td>
<td>Emphasis on sick nursing mainly in institutional settings</td>
</tr>
<tr>
<td>Approach</td>
<td>Student centred approach to teaching and learning.</td>
</tr>
<tr>
<td>Approach</td>
<td>Depends on the philosophy of individual schools of nursing.</td>
</tr>
<tr>
<td>Theory and Practice</td>
<td>An equal number of hours for both theory and nursing practice.</td>
</tr>
<tr>
<td>Theory and Practice</td>
<td>One fifth of the hours for theory, four fifths for nursing practice.</td>
</tr>
</tbody>
</table>

Supernumery Status

In an attempt to overcome acknowledged deficiencies in the nurse preparation system and achieve a reduction in student nurse wastage, P.2000 recommended that there should be an 'uncoupling of education and service', and that student nurses should have supernumary status for the whole period of their preparation and not be counted as a member of the work force on the duty rota. It was further suggested that the student nurses should have student status which would entail training grants or bursaries and a change in the learning environment which was the intention underpinning the proposed links with institutions of higher education (UKCC 1986). These recommendations suggested a radical move from the education system that has caused the profession so much concern; a system in which the student nurses were salaried employees of the District Health Authorities (DHA’s), were included on duty rotas and counted as members of the work force during their practical experiences in
hospital and institutional care areas including a maximum period of 12 weeks community nursing experience; study periods being arranged as study days, blocks of two week study periods or a mixture of both of these and conducted in a Nurse Training School situated in close proximity to the hospital in which the student nurse was employed (Curricula 1982-1989).

**Theory and Practice**

There were very few recommendations in P.2000 pertaining to the practical experience that should be provided for the students, other than at least half of it should be spent in the community with the Community Health Services, and that all practice should be educationally led to facilitate the integration of theory and practice. This indicated another radical departure from the system in which the number of weeks for identified practical experiences for student nurses were specified in speciality areas such as Medical, Surgical, Acute Admission, Intensive Care, Behavioural Unit and Theatre, with minimal opportunity to cater for students' individual needs or life experience (GNC 1964, 1970, 1977).

The theoretical content for the previously approved pre-registration courses was very clearly specified in each of the syllabi, subject by subject, but no indication was given as to the desired academic level or number of hours for each subject. There were however competencies provided in Section 18.(1) of the Nurses, Midwives and Health Visitors Act, 1983, that all first level student nurses had to acquire in order to demonstrate professional competence and enable admission to a Part of the Professional Register (HMSO 1983). (See Figure 2. which is presented below).

There are references made to patient teaching, health education, and health promotion in the competencies, but no references to communication skills, research or study skills. Although curriculum planners and developers had to ensure that the competencies could be acquired by course participants, this still gave a considerable degree of freedom to place a greater or lesser emphasis on particular subjects in their curricula.
Courses leading to a qualification the successful completion of which shall enable an application to be made for admission to Part 1, 3, 5 or 8 of the register shall provide opportunities to enable the student to accept responsibility for her personal professional development and to acquire the competencies required to:-

a) advise on the promotion of health and the prevention of illness;

b) recognise situations that may be detrimental to the health and well-being of the individual;

c) carry out those activities involved when conducting the comprehensive assessment of a person's nursing requirements;

d) recognise the significance of the observations made and use these to develop an initial nursing assessment;

e) devise a plan of nursing care based on the assessment with the cooperation of the patient, to the extent that this is possible, taking into account the medical prescription;

f) implement the planned programme of nursing care and where appropriate teach and co-ordinate other members of the caring team who may be responsible for implementing specific aspects of the nursing care;

g) review the effectiveness of the nursing care provided, and where appropriate, initiate any action that may be required;

h) work in a team with other nurses, and with medical and para-medical staff and social workers;

i) undertake the management of the care of a group of patients over a period of time and organise the appropriate support services (HMSO 1983. Section 18.(1)) p. 10)

In the three schools of nursing that amalgamated to form the College, there were quite significant differences between the curricula in the number of hours designated for communication skills, personal and interpersonal skills, anatomy and physiology, psychology, sociology, patient teaching, health education and research (Curricula 1982 - 1989). Each of the curricula specified a minimum experience that the students had to gain in one or more of the other discipline areas such as Mental Health Nursing and Mental Handicap Nursing, and the approach to learning and the teaching methods that
were to be used. There was no shared learning planned for the students and it was a recognised fact (Tripartite Schools of Nursing 1986) that within each of the three schools of nursing, three groups of students from different courses were attending almost identical lectures given by three tutors in three different classrooms, on the same day at the same time. Intakes of students varied both in number per intake and intakes per year. In one school of nursing the minimum number accepted for a particular course was ten students, with ENB approval for one intake per annum. In another of the schools of nursing the minimum number accepted for a course was 25 students, with ENB approval for four intakes per annum.

These differences and discrepancies in nurse education were specifically identified in P.2000 (UKCC 1986). In this Report, the system of nurse education was considered to be fundamentally flawed from the standpoint of educationalists. Also considered undesirable was the isolation of both students and staff from wider educational contacts and experiences as a result of the bonds with service, and the amount that students could and did learn during ward assignments was seriously questioned.

The constant grind of up to six intakes per annum and of repeated teaching with no time for research or professional development, the frequent need to make compromises in terms of learning experiences to ensure that wards are staffed, the daily need for pairs of hands to get the work done, are some of the factors which erect immense barriers to educational improvement.

(UKCC 1986. p.10 para 1.14)

Although specific subject content was not mentioned in P.2000 (UKCC 1986), as this is the responsibility of the National Boards for England, Scotland, Ireland and Wales, the nurse of the future was envisaged by the UKCC (1986), as having a practical role rooted in a sound knowledge base, as a 'knowledgeable doer' and equally competent to work in both the hospital and community settings. This together with the proposed links with higher education had, in actual fact, a great deal of influence on the subject content as did the newly devised learning outcomes that replaced the competencies (HMSO 1989b). As a result of expressed concerns that new education programmes should lead to 'qualifications that equate with the standard of an advanced educational qualification and which give entry to further courses' (UKCC 1986. p.54 paragraph 7.2), recommendations were that the validation of curricula for P.2000 courses should be joint professional and academic processes (UKCC 1986). It was considered that in order to enable this, there had to be many radical changes to previously approved curricula content and teaching strategies; academic 'levels' had to be introduced and there was less freedom to place a greater or lesser emphasis on favoured subjects.

The UKCC have determined four new Parts to the Professional Register, Parts 12, 13, 14 and 15 which equate with the Branch programmes identified above, (HMSO 1989b) and have replaced the competencies with learning outcomes (See Figure 3. which is presented below), for the nurses who will follow P.2000 courses. These learning outcomes are very different from the competencies in number, depth and
breadth and encompass all the proposed changes referred to above. Although the opening statement of Rule 18A (HMSO 1989b) refers very briefly to content, it is written in such a way, that whatever is considered to be necessary for nurse education in the future, it can be specified by the UKCC as and when required.

The proposals in P.2000 (UKCC 1986) required Colleges of Nursing to develop completely new innovative curricula for pre-registration nurse training as opposed to renewing previously approved curricula, and submit these for approval and validation. The rules regarding the validation process were included in the ENB P.2000 guidelines (ENB 1989) and involved the change in tradition referred to above. All curricula for P.2000 courses had to be submitted for conjoint validation to both the ENB and an institute of higher education rather than as formerly just the ENB (ENB 1989). Upon successful completion of a P.2000 course, a nurse would be eligible to register on one of the Parts 12, 13, 14 or 15 of the Professional Register, (HMSO 1989b) and receive a Diploma from the Associated Institute of Higher Education.

Figure 3. Nurses, Midwives and Health Visitors (Amendment) Act. 1989. Rule 18A.

(1) The content of the Common Foundation Programme and the Branch Programme shall be such as the Council may from time to time require.

(2) The Common Foundation Programme and the Branch Programme shall be designed to prepare the student to assume the responsibilities and accountability that registration confers, and to prepare the nurse student to apply knowledge and skills to meet the nursing needs of individuals and of groups in health and in sickness in the area of practice of the Branch Programme and shall include enabling the student to achieve the following outcomes:

a) the identification of the social and health implications of pregnancy and child bearing, physical and mental handicap, disease disability, or ageing for the individual, her or his friends, family and community;

b) the recognition of common factors which contribute to, and those which adversely affect, physical, mental and social well-being of patients and clients and take appropriate action;

c) the use of relevant literature and research to inform the practice of nursing;

d) the appreciation of the influence of social, political and cultural factors in relation to health care;

e) an understanding of the requirements of legislation relevant to the practice of nursing;
f) the use of appropriate communication skills to enable the development of helpful, caring relationships with patients and clients and their families and friends, and to initiate and conduct therapeutic relationships with patients and clients;

g) the identification of health related learning needs of patients and clients, families and friends and to participate in health promotion;

h) an understanding of the ethics of health care and of the nursing profession and the responsibilities which these impose on the nurse's professional practice;

i) the identification of the needs of patients and clients to enable them to progress from varying degrees of dependence to maximum independence, or to a peaceful death;

j) the identification of physical, psychological, social and spiritual needs of the patient or client, an awareness of values and concepts of individual care; the ability to devise a plan of care, contribute to its implementation and evaluation; and the demonstration of the application of the principles of a problem-solving approach to the practice of nursing;

k) the ability to function effectively in a team and participate in a multi-professional approach to the care of patients and clients;

l) the use of the appropriate channel of referral for matters not within her sphere of competence;

m) the assignment of appropriate duties to others and the supervision, teaching and monitoring of assigned duties.

(HMSO 1989b. p.5)

The timescale for designing and implementing an innovative curriculum was extremely short. A matter of three months only elapsed between receiving the curriculum guidelines from the ENB, the submission of an Application for Approval in Principle document (AAPD), and the validation process which took place in July 1989 (Validation 1989). The AAPD contained the projected costings for a P.2000 course, the staffing levels that were considered to be necessary, available support staff and the teaching accommodation, real and planned. Any temptation to renew previously approved curricula because of the short timescale, was resisted by virtue of the number and type of educational changes that were demanded and the resources that were required. In these circumstances it was considered impossible to apply Dockings' (1987) specific recommendation that major changes in curricula required careful and long term planning. As a result the suggestion here is, that these changes were to be implemented in what were identified by Miles (1964), Taylor (1976), Chin
and Benn (1984) and Mullins (1990) as unfavourable conditions.

BACKGROUND TO THE COLLEGE OF NURSING AND MIDWIFERY

As stated above, the result of an option appraisal, together with a Regional Strategy (RHA 1986), was the amalgamation of 13 Schools of Nursing and the formation of six Colleges of Nursing and Midwifery within the RHA in 1988/9. The College within which this study was undertaken evolved from the amalgamation of three DHA schools of nursing. These were linked on a geographical basis, with the teaching centre determined by its centrality, accommodation and its potential to assimilate a growth in numbers of students and teachers. The option appraisal, which was undertaken by the management consultants Price Waterhouse, also included recommendations for the development of links with institutes of higher education, preferably ones that were in close proximity to the newly formed colleges. However, both clinicians and educationalists expressed grave concerns regarding the amalgamation and links with institutes of higher education, particularly in relation to the existing student-tutor ratios, the geographical dispersion and the fear of redundancies (Whybourn 1991).

On the 23rd of May 1988 P.2000 was accepted by the Government and put on statute, with 'pump priming' monies available for one demonstration scheme of P.2000 in each RHA (DHSS 1988b). The acceptance was closely followed by an RHA request to districts to move rapidly ahead with organisational and physical arrangements for the amalgamation of schools. This was in keeping with the rapidity of developments in the period 1986-1989 as in November 1988, Colleges of Nursing and Midwifery were invited to submit proposals for consideration as Demonstration Colleges to pilot P.2000 courses (NHS 1988). Initially there were to be 13 colleges that would pilot these courses, one from each of the Regional Health Authorities in England and the experiences of these would be used to assist other colleges in the development of their courses (NHS 1988).

On May 3rd 1989, the successful institutions that had been identified as capable of commencing P.2000 courses between September 1989 and January 1990 were named by the Secretary of State for Health, with the subsequent benefit of funds for the scheme to be in operation within the financial year April 1989 to March 1990 (AB 1989). The Institution within which this study was undertaken was one of the 13 named demonstration Colleges, and therefore expected to commence its first course in September 1989. Approval had been granted to those DHA and Colleges who could demonstrate the formation of links with higher education, progression in their amalgamation of schools and manpower planning and previous achievements in nurse training (Department of Health 1988).

As a result of dissent between the other 10 schools of nursing within the RHA regarding the amalgamation, the management structure of the College had to be delayed until they all finally agreed their groupings and higher education links, and this resulted in the formation of the College in name only. The implications for the College within which this study was undertaken, of not having an officially approved
management or physical structure and organisation, had far reaching effects, all of which are explained below. A steering group directed all the necessary educational activities and involved members from each of the three member schools and the three DHA in all decision making, particularly in designing the proposed management structure.

The Participating Schools

The structure of each of the three schools was very similar regardless of its size, each having a Director of Nurse Education, supported by Senior Tutors responsible for each branch of pre-registration nursing offered, plus a Senior Tutor for post-basic and continuing education. (See Figures 4a, 4b and 4c. in Appendix A.) Each school had an allocation officer, either full-time or part-time, librarians and clerical support staff, personnel and finance officers. Between them the three schools had a funded establishment for full-time student nurses of 657 and a number of part-time students undertaking post basic or in-service courses. Joint numbers of teaching staff were 66.6 whole time equivalent (WTE), 26.52 WTE clerical staff and 5.3 WTE library and support staff.

It was agreed by the RHA that all staff would be assured of a post in the new college. The new posts would be for internal competition before being advertised nationally and the posts perceived as similar, would allow for non-competitive slotting in without the members of staff having to formally apply for a post. In May 1989 the College, although a College in name only, was identified by the RHA and the DOH as being able to commence a Project 2000 course by September 1989. A Project Leader who was to be responsible for the development of the curriculum for Project 2000 was appointed in April 1989 closely followed by the appointment of a Principal in June 1989.

The appointment of a Principal enabled wide consultation with all existing staff from the three schools regarding a new staffing structure for the College. The resulting structure presented in Figure 5. in Appendix A. was not so very different from those that had existed in each of the three schools, (Figures 4a, 4b and 4c. in Appendix A) although there was the addition of two more departments, those of Business Management and Administration, Research, Planning and Educational Development and two levels of hierarchy, the Principal and two Associate Directors.

Following the appointment of the Principal and acceptance by the staff and the RHA of the proposed College structure, the three schools based on five sites became the College of Nursing and Midwifery in August 1989. The site designated as the educational base was agreed and the movement of identified members of staff both teaching, clerical and support took place. The RHA acknowledged that there would be insufficient teaching space when the projected complement of students had been achieved, and suggested that a purpose built College would be provided within a period of two years.

One major recommendation contained in both the Regional Strategy (RHA 1986) and
P.2000 (UKCC 1986) regarding formal links with higher education had not been fulfilled. Informal links with an institute of higher education had originally been formed by the Directors and a few senior staff in each of the three original schools of nursing. However, the formal links with the University did not occur for another three months, after which the College became an Associated Institution of that University.

CONCLUSION

There were some very complex issues that the College managers and teaching staff had to address at this particular time. These included the amalgamation of three schools of nursing and two schools of midwifery to form a college, the design and implementation of an innovative pre-registration nursing course, the continued running of existing nurse training programmes, and working in partnership with colleagues in higher education, which for the majority of members of the teaching staff was a relatively new experience.

Although the staff of the newly identified College were coping with many apparent changes, there were added difficulties and complexities because the organisational changes were occurring concurrently and in parallel with the curriculum innovations. These resulted in the presence of a number of the factors which have been identified by Bennis (1970), Rogers and Shoemaker (1971) and Lancaster and Lancaster (1982) as the most common causes of resistance to change. In this instance the College was inaugurated after the curriculum for Project 2000 had been submitted for approval and validation in July 1989, which hindered the provision of adequate organisational arrangements for the facilitation of the innovations.
SECTION TWO. AN INNOVATIVE COURSE

Chapter Four Curriculum Issues

INTRODUCTION

Research findings, identified above, have acknowledged that developments in nurse education have taken place during the post-war years, albeit slowly, but the proposals contained in P.2000 were intended to achieve quite radical changes and developments in pre-registration nursing courses within a relatively short period of time (UKCC 1986). The proposals were for more rigorous standards for professional work and the adoption of new aims, skills, knowledge and attitudes, which together indicated that curricula would be the key factors in achieving these changes and developments. The aims of the newly proposed pre-registration nurse education (UKCC 1986) were to ensure that nursing would be kept relevant to the changing needs and demands for health care for the year 2000 and beyond.

The term curriculum appears frequently throughout P.2000 related literature, in the majority of the studies cited above, and appears to be used by many educationalists and authors synonymously with the terms course(s), programmes and programmes of study and syllabi. Therefore this chapter begins by exploring several issues related to curricula, curriculum innovation and renewal, curriculum theory, presents a definition of 'curriculum' that should suggest a perspective from which to view it, and progresses to the design of a new curriculum for P.2000.

THE CONCEPT OF CURRICULUM

The term (or word) curriculum is used in a variety of senses by a number of educationalists who appear to view it quite differently with each one offering a different definition. These range from Hanson's (1958) definition, that 'curriculum is what happens in school as a result of what teachers do. It includes all of the experiences for which the school is responsible'; to Johnsons' (1967) definition '...that curriculum is a structured series of intended learning outcomes. Curriculum prescribes or anticipates the results of instruction'.

Kelly (1977) suggested that it is necessary to distinguish between the usage of the word to describe the total institutional programme, and to describe the content of a subject or area of study, and Hoy et al (1986) recommended that as there are so many existing definitions of the term curriculum with diverse concepts that further complicate the matter, any work on nursing curricula should be preceded by defining the word to suit the purpose of the work. Therefore for the purpose of this study, it is considered necessary to explore some of the issues contained in curriculum theory and provide an acceptable definition of the word.
DEFINING CURRICULUM

The word curriculum is derived from the Latin 'currere', (to run) and the translation 'a course', from an associated noun. Initially the word 'curriculum' was used to refer to 'following a course of study', but gradually the meaning has changed (Quinn 1980, Stenhouse 1983, Knowles 1986, Jarvis 1988, Kelly 1989). During the past twenty years 'curriculum' has had many meanings, ranging from the content of a particular subject to the total programme of an educational institution.

Several definitions of 'curriculum' may be found in curriculum theory which could offer a possible reason for some of the confusion in the use of the terminology. Over a period of years, teaching staff in particular have considered the curriculum to be the content of a teaching programme or the 'book to be followed when running a course', a self contained tome which contained all the answers. Stenhouse (1983) considered that this was a commonly held misconception in the USA but did not think this was quite the case in the UK. However, the majority of the nurse teachers in this College had on numerous occasions asked for a copy of the 'bible', or the curriculum, to help them with the subject content for lesson planning and timetabling activities. There was even a suggestion that each student should be provided with a copy of the curriculum, to enable them to plan their own studies for the three year period.

A number of educators see the curriculum as a process and many others see it from a content point of view, such as Bell et al (1973) who defined it as:

..the offering of socially valued knowledge, skills and attitudes made available to students through a variety of arrangements during the time they are at school, college or university.
(Bell et al 1973. p 73.)

Kerr (1968) is one of many educators who viewed the curriculum as a process which encompasses all the learning that is both planned and carried out by the school or college, regardless of student numbers, the size of groups being taught or the venue. There are also a number of educators who offered a view which encompasses both process and content (Houle 1972, Nicholls and Nicholls 1978, Griffen 1982, Stenhouse 1983, Burrell 1988). Nicholls and Nicholls (1978) stated quite simply that in their opinion the curriculum is all the opportunities planned by teachers for pupils. Stenhouse (1983) offered a more descriptive definition which reflected his own perspective:

A curriculum is an attempt to communicate the essential principles and features of an educational proposal in such a form that it is open to critical scrutiny and capable of effective translation into practice.
(Stenhouse 1983. p 4.)

It would appear that the proposals contained in P.2000 were in fact implying the need
for curricula as defined above by Stenhouse (1983). P.2000 (UKCC 1986) contained many recommendations for nurse education which were very firmly based on the health needs of society for the future. The intentions were that nurse education would:

* be open to change and development;
* incorporate political, economic, moral and ethical issues of the day;
* have a strong knowledge base;
* place equal emphasis on the 'knowledgeable doer' and the translation of theory into practice.

It is a very carefully worded document and although references were made to the need for radical changes in pre-registration nurse training and a new preparation for practice, the term curriculum was implied but used infrequently, perhaps in an attempt to avoid confusion and misinterpretation (UKCC 1986). However it was used extensively in the ENB Curriculum Submission Guidelines (ENB 1989), which are referred to below.

Amongst the number of definitions for curriculum offered in the literature, were two that are particularly concerned with nurse education, one of which was offered by Bevis (1978) who defined the curriculum as:

..the holistic manifestation of many composite parts and factors, which together enable the achievement of nursing educational goals that have been carefully identified, selected and articulated.

(Bevis 1978. p 8.)

The other definition of curriculum related to nurse education, was offered by Burrell (1988) who suggested that:

..a curriculum is the whole set of influences and events, both planned and unforeseen, which impinge upon students during their period of education and which will, sooner or later, affect their ability to understand and achieve the aims of the course and, indeed, of the wider arena for which they are being educated.

(Burrell 1988. p 1.)

The two definitions of curriculum offered by Bevis (1978) and Burrell (1988) are not so very different from that offered by Stenhouse (1983), and it appears from the range of information that was required to be included in the submission document, that the ENB viewed the term curriculum from the same perspective as Burrell (1988). The ENB (1989) guidelines for the production of a curriculum submission document practically required it to be a prospectus for the institution. The submission document
had to include the actual number of courses currently running and those that were planned; the total learning experiences intended or anticipated; a philosophy of education and for the institution; the total number of students actual and planned; facilities and resources both human, material and financial and all course content including all subject areas, teaching, assessing and evaluation strategies. The ENB also emphasised the need for a student centred approach to the design of all new curricula, particularly the fostering of active independent learning styles (ENB 1989).

The definition of curriculum offered by Burrell (1988) is the one that was used by the College Curriculum Development Team (CDT) for the design and development of the P.2000 course. Therefore as this particular course is central to this study, it is also the definition employed throughout this document.

**Curriculum Renewal or Curriculum Innovation**

The numerous recommendations contained in P.2000 (UKCC 1986) indicated that a radical re-think of pre-registration nurse education was required and that all existing curricula were obsolete, and evidence presented above demonstrates that new curricula were required for pre-registration nurse education (UKCC 1986). Allen and Murrell (1978) suggested that the term 'new curriculum' with the implications of total obsolescence of all the content, methods and values of the existing curriculum, is extremely threatening, and that perhaps it would be less threatening to those involved in the planning to talk about a revised or renewed curriculum (Allen and Murrell 1978). However, research findings have indicated that it is difficult enough to implement innovations without the nurse teachers thinking that they do not have to change their own values, roles or behaviour.

It may be less threatening to talk about a revised or renewed curriculum but there is a marked difference between curriculum renewal or revision and curriculum innovation. According to Docking (1987), curriculum renewal or revision is about keeping up to date with developments in knowledge, attitudes, teaching techniques and teaching materials, aspects which the ENB (1989) recognised had been continuously addressed by nurse teachers (Docking 1987, ENB 1989). Curriculum innovation involves more fundamental changes in terms of values and beliefs, roles, aims and ways of thinking and behaving (Allen and Jolley 1987). It is also acknowledged that curriculum innovation is a highly complex process which involves knowledge and skills of curriculum issues as well as knowledge and skills related to the five essential factors that are necessary for the accomplishment of change (Rogers and Shoemaker 1971, Ketefian 1978, Allen and Morrell 1978, Quinn 1980, Allen and Jolley 1987, Burrell 1988, ENB (2) 1988). These findings are reflected in some of the educational and professional concerns regarding an innovatory curriculum, that have previously been addressed.

The implication is that curricula for Project 2000 would have to be considered as innovatory and not just a renewal or revision of existing nurse education programmes. Therefore, as previously stated, the process of change will need to be understood and carefully managed which would minimise the feelings of threat and the possibility of
resistance to change, and achieve the successful implementation of the innovatory P.2000 courses.

**Curriculum Planning and Development**

It is agreed that there is a wealth of literature related to curriculum theory and general education in the United Kingdom, but there is comparatively little such theory related specifically to nurse education. It would appear that the reason for this is an historical one, and possibly stems from the rigid control in the past by statutory bodies, and the need for student nurses to give a service, which was the compromise upon which Miss Nightingale built her training programme (Davis 1980). Evidence has been presented which demonstrates that this rigid control by the statutory bodies has been relaxed somewhat, as has the need in the future for student nurses to give a service. It was proposed in P.2000 that all student nurses would be supernumary, have student status and that new preparation for practice courses should be based on holistic care. The ENB (1989) guidelines extended these proposals and required the new courses to be student centred, have a humanistic paradigm and an holistic approach to education. It was argued that students should be encouraged to take personal responsibility for their learning and develop their intellectual abilities, self awareness and self direction, and student centred education would be a means to this end (ENB 1989).

**Student-Centred Education**

Student-centred learning is an educational philosophy that became quite popular in education in the late 1960s as a result of an application of Rogers' general theory of person-centredness (Rogers 1969). This humanistic approach was in tune with the romanticism of the 60s and was widely adopted as the philosophy for a wide range of courses for children in infant schools, and many in higher and professional education (Jarvis 1985). In general education, the humanistic approach has gradually lost favour during the last 10 to 15 years, particularly in higher education because of the constraints of curricula and assessment systems and has continued to lose favour in primary and secondary education with the introduction of the National Curriculum. It lost its popularity in nurse education as a direct result of a directive from the General Nursing Council (GNC), which stipulated in 1977 that nurse training schools were required to produce learning objectives for each area of clinical practice. From 1977 until the publication of the UKCC Statutory Rules in 1983 which recommended a move towards a process approach, in keeping with the nursing process, every school of nursing devoted a great deal of time and effort to the production of behavioural objectives which students had to achieve in all aspects of their training (GNC 1977, HMSO 1983). With the publication of P.2000, (UKCC 1986) it would appear that nurse education has come full circle with the recommendations for a return to a humanistic, student-centred approach. This recent move towards a student-centred approach to learning is also apparent in Further Education (BTEC 1985, FEU 1990).

It is necessary here to define the term student-centred learning as it appears to be interpreted in a number of ways and can mean different things to different teachers.
A working definition of the term, which reflects that suggested by Knowles (1975), was proposed by Farrington (1991) for the purposes of his study of student-centred learning methods. He suggested that it is:

A process in which individuals take the initiative, with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning outcomes.

(Farrington 1991, p.16)

Farrington's (1991) study was conducted over a three year period during which time, in his capacity of Course Leader for a teaching course, he observed the teaching practice of over 100 individuals in 30 institutions. The sample of teachers used in this study, some of which were nurse tutors, were all attending an In-service Further Education Course. The findings indicated that there was considerable disagreement and confusion amongst these teachers as to what student-centred teaching actually meant. All of the teachers had indicated that they were involving the students in their own learning and using a student-centred approach to their teaching, but the observations of the researcher identified that it was the teachers who were setting the agenda, devising the learning needs and formulating the goals.

The research report of Farrington's (1991) study did not contain any criticisms of the teachers or the teaching methods that were observed, neither did it pursue the worthwhileness of a student-centred approach to learning. However, it did identify the discrepancies between what the individual teachers believed they were doing and what they were practising. These findings appear to reflect the importance that is placed on the implications for nurse teacher preparation for P.2000; the effects that a philosophy of student-centred education may have on the perception that teachers have on their own roles; the way in which teaching and learning are organised and the perception that the students have of the teachers and themselves (ENB (1) 1987). As a result of these findings it would appear that there is a need for a common concept of what constitutes a student-centred approach to learning, particularly as there is such an emphasis on it in the P.2000 courses (UKCC 1986).

The Professional Nursing Bodies considered that there was a great need for this student-centred approach in order to facilitate holistic practice, achieve professional autonomy and develop new practitioners who are 'knowledgeable doers' (UKCC 1986, ENB 1989). If Farrington's (1991) definition of student-centred learning is accepted, it is suggested that Bruner's (1966) theory of teaching provides a framework within which this method of learning may be explored. This approach includes learning by problem solving, discovery methods and inductive reasoning.

According to Bruner (1966), there are four main features in a theory of instruction. These features consist in the first instance, of addressing predispositions to learning, such as what previous experiences in a person's life or education will help that individual to learn this subject. The body of knowledge should be structured to enable
it to be more easily understood; there should be effective sequencing of the material to be learned, from a simple to a more complex form, as would be found in a spiral curriculum approach and progression made towards intrinsic rewards such as the satisfaction of solving complex problems. This appears to be an appropriate theory of learning for a student-centred approach to the new curricula for nursing, as does the Andragogical theory for adult learning proposed by Knowles (1978).

Andragogy is a theory based upon four major tenets that are different from pedagogy. They are:

a) The Self-concept - the adult has a self-concept which requires that he should be perceived by others as being self-directing, so that when he finds himself in a position where this is not possible a tension is created between that situation and the self-concept of the learner.

b) Experience - the adult brings to his learning the wide resources of his own experience and if that experience is devalued in the learning situation the learner feels that it is not merely his experience but he himself which is being rejected.

c) Readiness to Learn - the adult is ready to learn those things that he perceives to be relevant to his situation.

d) Orientation to Learning - the adult has a problem-centred orientation to learning.

(Knowles 1978. p. 55-9.)

Originally Knowles suggested that andragogy referred to a model which was appropriate for the education of adults, as opposed to pedagogy that was a model for the education of children (Jarvis 1983). In later years, as a result of his extensive studies, Knowles (1984) viewed the two models from less of an extreme perspective and in 1984 he suggested that the andragogical model should be viewed as a system of alternative sets of assumptions.

The pedagogical model is an ideological model which excludes the andragogical assumptions. The andragogical model is a system of assumptions which includes the pedagogical assumptions.

(Knowles 1984. p. 62.)

An explanation of the theory of adult learning offered by Knowles (1984), is extremely relevant to all curriculum developers who are contemplating the design of a student-centred curriculum. He suggested that educators have a responsibility to determine which of the above assumptions are realistic in the practical situation. If an adult learner enters a completely new learning situation with no previous
experience of the content area, is unable to see or understand the relevance of the subject to the whole course but needs to learn that content, then the most appropriate approach would be to employ a pedagogical model. The educator should progress towards an andragogical approach by doing everything possible to encourage and help learners to take increasing responsibility for their own learning. To enable the achievement of this, a climate should be provided in which the learners feel more 'respected, trusted, unthreatened and cared about'; helping them to understand the need to know, before teaching them and giving them a degree of responsibility in choosing teaching methods and resources and involving them in the evaluation and assessment of their own learning (Knowles 1984). Before this can be accomplished, however, the nurse teachers will need to understand the philosophy and the constituents of a student-centred approach to learning.

This approach and perspective of andragogy, which is a progression from pedagogical assumptions to andragogical assumptions by employing the most appropriate model to suit the learners needs in a given learning situation, implies that it should help to achieve a humanistic, student-centred curriculum as recommended by the ENB (1989). It is considered here that there is a need to introduce the students gradually to independent learning along a learning continuum like that envisaged by Knowles (1984).

**KNOWLEDGEABLE DOERS AND REFLECTIVE PRACTITIONERS**

In addition to the emphasis which the UKCC has placed on the importance of a student centred approach to learning, is the aim of the UKCC (1986) to produce nurses who will be knowledgeable doers.

The practitioner of the future should be both a 'doer' and a 'knowledgeable doer'. S/he should be able to marshall the relevant information to make an assessment of need, to devise a plan of care consequent upon that assessment, to implement, monitor and evaluate it.

(UKCC 1986. p.40. paragraph 5.18.)

To enable the pre-registration nurse education courses to achieve this, the ENB (1989) curriculum guidelines required CDTs to:

Provide experience(s) for students in a variety of settings and with a range of client or patient groups, across the spectrum of primary, secondary and tertiary health care, to enable them to communicate with sensitivity, observe with understanding, reflect with insight and participate in the delivery of care with knowledge and skill;

(ENB 1989. p.8. paragraph 3.3.)

The ability of the nurse to reflect with insight is also linked to the 'production' of a knowledgeable doer by Durgahee (1992). The findings from his study, which was
conducted on a post-basic ENB course, demonstrated that the reflection process is a powerful teaching and learning tool. Durgahee (1992) found that the reflection process helped the nurses in his study to develop their confidence and deepened their professional insights into the clients' feelings and needs, and nurses' practices. The research literature indicates that there are a large number of other studies which have been conducted on reflective practice and, according to Jarvis (1992), it is a 'frequently used but infrequently defined concept in nursing at the present time'. Jarvis (1992) suggested that thoughtful practice is often mistaken for reflective practice, but in his opinion the latter can only exist where practice is not taken for granted and so the outcome of practice is more learning from experience. Jarvis has defined reflective practice as:

.... that form of practice which seeks to problematise many situations of professional performance so that they can become potential learning situations and so the practitioners can continue to learn, grow and develop in and through their practice.

(Jarvis 1992. p.180.)

The ENB (1) 1987, ENB (1989) and Jarvis (1992) have suggested that if reflective practice is to be a frequent occurrence within nursing practice, there are certain structures which must be in place. It would appear that there is a consensus of opinion between those authors as to what comprises the structures. The ENB (1989) stated that before a P.2000 course could be approved by the validating bodies, appropriately prepared mentors and nurse managers had to be available in the practice and care areas, as were nurse tutors for a portion of their working week. Similarly, Jarvis (1992) proposed that the structures which should exist are trained and aware mentors and managers, and educators who understand the relationship between theory and practice and can help practitioners to learn in practice. He further proposed that there was also a need to make the time and opportunity available in which the practitioners could think (Jarvis 1992).

It would appear that if the curriculum for P.2000 contains these identified structures, has a student-centred approach to learning and recommends the use of experiential teaching methods, the result should be that the students will reflect on their practice and continue to learn. However, although P.2000 has addressed the education of student nurses and the scene has been set to enable the students to reflect on their practice and become knowledgeable doers, the suggestion here is that there has been too little time to educate and help the managers and mentors to become reflective practitioners. Therefore will they be able to help the students to become knowledgeable doers through a reflective process? As a result of the research findings it can also be concluded that the tutors who will be teaching the P.2000 students may need help themselves in acquiring these skills. Another area that would have to be addressed by the CDT in the design of a very full programme, is the provision of time and opportunity in which the students could think, and learn to reflect on their practice.
Jarvis (1988) suggested that the humanistic, progressive approach to education as perceived by Knowles (1984) and Burrell (1988), sees the development of the learner as paramount. The recommendations by the UKCC (1986) and the ENB (1989) for a humanistic, progressive approach, the movement of nurse education into institutions of higher education, the number of students on courses to be increased, together with the constraints that will be imposed by a syllabus for a professional training, has resulted in many contradictions and incompatibilities for the Curriculum Development Team (CDT). The UKCC (1986) requirement that the curriculum should respond to the needs of society has had to be balanced with the needs of the learners to develop as persons in the acquisition of critical awareness, knowledge and understanding.

There is a suggestion that the whole nature of a curriculum and the nature of the impact upon the profession depends on the philosophy of the nature of the vocation for which the students are to be prepared (Burrell 1988). As the College Management Board had already developed a philosophy for the College based on the philosophy for nursing as advocated in P.2000, it was suggested that the CDT took this as the starting point for the development of the College curriculum.

**Philosophy of the College**

The College embraced a philosophy of education that was influenced by its philosophy of nursing together with a humanistic paradigm, and therefore an holistic approach to education. The philosophy of the College stated:

..the knowledge, skills and attitudes which enable the nurse to fulfil her unique function, (Henderson 1979), should be acquired in an environment which values the student as a unique individual who can make a contribution to the teaching and learning process...encourage students to utilize their previous and present life experiences and develop both personally and professionally as an ongoing process. ..... the course is based upon the humanistic school, which recognises and accepts the positive worth of all individuals. It reflects the movement of nursing towards skilled, independent involvement in an holistic, therapeutic, multi-disciplinary approach to all aspects of health care in society. (College Curriculum. 1989. p.51.)

**The Philosophy For the Curriculum**

The educational philosophy reflected the College's philosophy for nursing and that of the College, and the curriculum was developed using a student centred approach to learning. Likewise the high ideals of adult education were included in the philosophy of the curriculum, although it was suggested by Jarvis (1983) that a large proportion
of education does not conform to the high ideals of adult education as a result of inadequate facilities and because those involved in the teaching and learning process still have expectations and impressions of education gained from their own initial school experiences. The philosophy reflected both Knowles' (1984) theory and the key assumptions about adult learners identified by the pioneering theorist Lindeman (1926), which constitute the foundation stones of modern adult learning theory (Lindeman 1926, Knowles 1984).

The student is seen as progressing along a learning continuum from dependence to independence. The role of the teacher is to assist the individual to develop knowledge, skills and attitudes which will facilitate self-directed learning throughout the course; encourage students to utilize their previous and present life experiences and develop both personally and professionally as an ongoing process.

The teacher and student should work together in a partnership and the teacher should be viewed as a 'senior learner' who facilitates learning and also acts as a counsellor and helper for a small group of students. Every opportunity should be taken to create a learning environment which is conducive to discussion and experimentation; provides the student with freedom to learn that which is important and relevant to the course and the individual and assists students to realise their potential as individuals and as effective professional practitioners.

In order to achieve this the course is based upon the humanistic school, which recognises and accepts the positive worth of all individuals. It reflects the movement of nursing towards skilled, independent involvement in an holistic, therapeutic, multi-disciplinary approach to all aspects of health care in society. (Curriculum 1989, p.51).

**Framework for the P.2000 Programme**

The curriculum model that was adopted by the CDT was a spiral model as proposed by Brunner and Suddarth, (1986) and incorporated the five basic concepts of health, health care, nursing, the person and society, as recommended in the ENB Guidelines (ENB 1989). It was intended that the students would study and revisit those concepts and related areas at different levels of knowledge, skills and attitudes at different stages in their programme, and therefore facilitate the teaching of holistic care. Nursing formed the core component of the programme, and the recommended teaching approach for nursing and the sciences would commence with explanations for the attainment and maintenance of health; how normal behavioural, physical and social patterns are disturbed by disease and their impact on the patient and family together with the identification of nursing interventions which may alleviate or prevent health problems.
Throughout the programme, research findings were emphasised as a basis for the development of knowledge, and current and recent changes in the role of the nurse were reflected by the inclusion of health promotion, education and patient teaching and strategies for the delivery of care related to primary nursing. In accordance with the recommendations of professional committees on nursing and medical education as mentioned above, there was an emphasis on the ethical and legal foundations of practice. Finally, the curriculum design with its integrated approach stressed the innovative use of knowledge from other disciplines to advance care.

The College curriculum for nurse education has been totally restructured. It has introduced new concepts and philosophies for nursing care and education based on the newly defined roles for nurses and the new learning outcomes that must be achieved, and has adopted an adult approach to learning. It has followed all of the ENB (1989) guidelines and criteria and introduced many additional innovations. The students have student status, have supernumary as opposed to employee status, and are not regarded just as ‘pairs of hands’. Each P.2000 programme is of 135 weeks duration exclusive of holidays and consists of 4,600 curricula hours, half of which are designated for learning experiences outside the education centre, divided equally between community care settings and institutional establishments.

The theoretical components for the programmes were selected by the CDT which comprised university lecturers, practitioners, outside educationalists and nurse tutors all of whom formed close working relationships. The theoretical content included a large nursing component which incorporated Biological, Sociological and Psychological sciences which were intended to be taught at level 2, Diploma level, and Patient Teaching, Research, Health Education and Health Promotion. Trying to determine exactly what level 2 implied caused a great deal of confusion at the time because no one was quite sure what it meant. Literature published at a later date demonstrated that this was a common problem amongst demonstration colleges and their Associated Institutions (Slevin and Buckenham 1992). Also in the programmes, but not at level 2, were courses for Personal and Interpersonal Skills (PIP), Learning How to Learn, Communications and Study Skills, Computer Literacy (IT) and Management (College Curriculum 1989).

In a strategy which was intended to assist in the integration of theory and practice, in addition to the adopted student-centred approach referred to above, the practical components of the programmes were based on a ‘dipping in’ process. The students would spend one day a week in the clinical areas at the beginning of the course progressing to two, three, four then five days a week in the Branch programme in the final year. The ENB (1989) guidelines had advocated such an approach for the practical experiences with a proviso that students received regular support from their tutors and adequate time for reflection (ENB 1989). This approach was recommended by Melia (1983), in her study which was related to reducing or preventing reality shock.

Additional innovations which were included in the P.2000 course by the CDT, were flexible holiday periods which had been introduced to cater specifically for mature students with dependants and ultimately aid recruitment; a degree of choice for certain
aspects of theory and practical experiences according to individuals' needs and preferences; shared learning with students in higher education and core study days planned for the second half of the programme. The latter was intended to bring together the students who were studying on different Branch programmes to help them to identify with the whole cohort, and to study topics and issues that were common to all care disciplines.

One intake of 100 students was planned for the first week in January 1990 and a further intake of 112 students in September 1990, with the number of places predetermined for each nursing speciality by the Manpower agreement with RHA (College 1989). The RHA suggested that they would support two intakes a year, one in the Spring and one in the Autumn, each consisting of 60 places for the Adult Branch, 20 places each for the Mental Health and the Mental Handicap Branches and an additional 12 places for the Child Branch each Autumn.

There are very few similarities between previously validated courses for pre-registration nurse education and that designed for P.2000. The changes include all aspects of the training and education from the student intake numbers to the qualifications that may be awarded at the end of the course. From the evidence presented above it can be determined that Project 2000 should be regarded as an innovative curriculum and not a renewal of previously approved nurse education and training programmes.

CURRICULUM VALIDATION

In July 1989 the Validation Panel requested a formal meeting with the College Steering Group and the CDT, during which it was suggested that the date for validation should be postponed for three months. The Validation Panel had considered the Colleges' programme for P.2000 and reached the conclusion that there were several deficiencies that needed to be addressed before the Curriculum could be validated. These deficiencies were related to four main areas which were:

1. The lack of Institutional and Managerial Structure as a result of the delay in the appointment of a College Principal.

2. The identification of the resourcing of the University contributions to the Course design, content and subsequent teaching as there was no apparent firm commitment from University Staff.

3. The lack of distinguishable Biological, Psychological and Sociological science courses in the programme which would enable the identification of the number of taught hours for each subject, the content and therefore the academic level of these subjects.
4. There was not a need for a Child Branch programme at that particular time.

The College management structure was formalised in August 1989, University resources were identified and the Curriculum Submission Document was amended accordingly. Following numerous meetings between the CDT and representatives from each of the relevant Departments of the University, the strands of Biological, Psychological and Sociological sciences were taken out of the Nursing Studies component and written into separate courses. It was agreed between the Principal and the Heads of Department at the University that all the teaching for the CFP in Physiology, Anatomy, Sociology and Psychology would primarily be the responsibility of University lecturers who were jointly employed by the University and the College and had Joint Appointee (JA) status. It was also agreed that the teaching of academic subjects other than Nursing Studies, within the Branch programmes, would also be the responsibility of JAs. These arrangements were accepted but not liked by the College tutors, who were already feeling very vulnerable as a result of all of the concurrent changes. The tutors in particular did not consider that separating the Sciences from Nursing Studies would help in achieving an holistic approach to nursing care (CDT 1989).

In October 1989 the revised curriculum submission document for a P.2000 course at the College was validated and approved for a period of five years by the ENB and the University, with a provisional intake date of January 1990 for the first programme. The approval was awarded for three of the four originally planned Branch programmes, with recommendations that a Child Branch programme be forwarded again for approval in 1992. Within three years of implementation, all nursing courses are reviewed by the Validating Panel, and within four years an application for re-approval of an innovative curriculum is required by the ENB and the University. On both of these occasions, the review and the re-approval process and the required documentation must contain an in-depth evaluation report of all aspects of the curriculum (ENB 1989).

THE NEED FOR EVALUATION

To enable registration as a Nurse on the Professional Register, the UKCC (1989) requires the student nurse to achieve the stated learning outcomes (HMSO 1989b), additionally for P.2000 courses, the student must successfully complete the theoretical aspects at level 2 in order to receive a Diploma of Higher Education from the University. For this reason it is considered essential by the professional bodies, members of staff and service personnel, to establish that the aims and learning outcomes of the programme are achievable, and to assess the extent to which the programme is fulfilling its brief. Therefore, as proposed by Docking (1987), who in her discussion on curriculum evaluation provided a substantial argument for the existence of in-built evaluation strategies, an evaluation strategy was included in the submission document for the evaluation both of components and the programme as a whole.
The P.2000 course in this College is one of the 13 original 'pilot' schemes, and as yet 'untried and untested' and, by virtue of the time scale, not yet evaluated and reported. Following a suggestion from the ENB, the Management Board decided in January 1991 that in addition to employing the evaluation strategy, an in-depth evaluation study should be conducted on this innovative curriculum. It was considered that such a study would demonstrate how certain aspects of the curriculum were interpreted, both in the classroom and in the practice areas, and if the unique conditions of the College influenced, modified or even distorted the implementation of the educational programmes.

The decision to conduct an in-depth study on this innovative curriculum is validated by the evidence presented below. According to Parlett and Dearden (1977), innovation seems to be a major educational priority which absorbs increasing sums of public and private money and its impact is felt throughout the world. Likewise, innovation in nurse education has become a priority (UKCC 1986), vast sums of money have been invested in the Projects with the DoH having estimated that the additional cost of P.2000 would amount to £580 million over 14 years (DHND 1989). As with general education, increasing importance was placed on the evaluation of this new nurse education scheme, particularly via longitudinal studies (NFER 1990).

A Report by Maclure (HMSO 1967) at the Third International Curriculum Conference, contains an opening paragraph for his chapter on Evaluation, that is particularly relevant for this study:

Evaluation has all too often seemed to be the missing element in curriculum reform. How do we know whether we have achieved what we set out to do? Taking it one step further, evaluation is more than this because it asks fundamental questions about philosophical objectives as well. Seen against the conference theme of curriculum innovation in practice, this is where the crunch comes - How do we ensure that better teaching leads to better learning? And are we satisfied that the ends to which a better curriculum is directed are the right ones? (HMSO 1967. p.37).

During that same conference, Tyler (HMSO 1967) indicated that systematic evaluation was the only way to sort out worthwhile curriculum development from a succession of fads and fashions. More recently, Macleod Clark and Hockey (1989) made the following assumption.

It is reasonable to assume that nursing research will increase in importance. Educational reform, as envisaged in Project 2000 (UKCC 1986) is bound to encourage a spirit of enquiry and stimulate research based teaching. Administrative changes in the NHS, with their increasing emphasis on cost containment and demonstrable measures of effectiveness and efficiency, are bound to evoke research response. (Macleod Clark and Hockey 1989 p.6)
Macleod Clark and Hockey (1981) have reviewed numerous studies which have been conducted in areas of nurse education and management. This review included five studies conducted on experimental schemes of nurse training in which each of the authors had stressed the need for further evaluation of courses in terms of impact and outcomes. Macleod Clark and Hockey (1981) supported these suggestions for further research with the following statement:

Patients' needs are constantly changing with the advent of new treatments, policies and attitudes. It is necessary therefore, that nurses continue to examine, analyse and evaluate all aspects of management and education. (Macleod Clark and Hockey 1981, p.135).

There was additional support from Beattie (Gallego 1983) for research and evaluation in nurse education. He welcomed the research undertaken by Gallego (1983) as:

Timely in its concern with evaluation: the question of the worthwhileness of educational activities seems to become even more pressing at a time when the movements to reform many traditional features of nurse education and nursing are gathering momentum, and yet when resources and organisational arrangements become less and less certain'. (Gallego 1983, p.10).

Thus it is acknowledged that the visualised end product of an innovatory course may in itself change as learning takes place through the change process. As Holt (1987) also suggested, 'some prescriptions for change may turn out very differently in practice'. Therefore Docking's (1987) recommendations that providing evaluative feedback throughout each stage of the course ensures flexibility of the innovation and planned changes, appears relevant. Evaluative feedback is also recognised as an important element in the management of the change process (ENB (2) 1988, Stewart 1991). In further support of the argument that evaluation studies need to be undertaken in nurse education, particularly on innovatory courses, the ENB consider it an essential element of all nursing courses. It is not possible to achieve validation and approval for curricula unless strong evidence of an effective evaluation strategy is included in all submission documentation (ENB 1989).

The case for evaluation can be argued even more strongly in the light of two studies conducted by Crotty (1990) and Meyer (1986). Meyer (1986) conducted her study with the support of a DHSS Nursing Studentship whilst working as a nurse tutor. She used a qualitative approach, illuminative evaluation, in order to describe the process and impact of introducing a health education component into a basic nursing curriculum. This was a small study undertaken in one school of nursing but also included a national review which invited 56 experts to comment on the innovation. Although the findings from the national review were based only on a 54 percent response rate, they indicated that many of the elements which were considered
imported by a large number of nurse educationalists and researchers, and were included in the curriculum, had in fact raised a number of problems in practice. The evaluation demonstrated that there were insufficient health education resources, too many constraints on manpower and resources, and too much of the available teaching time had been devoted to health education at the detriment of teaching practical nursing skills. The curriculum which was central to the study conducted by Meyer (1986), was designed to include many of the recommendations that had arisen from the findings in related research, and it had been monitored and carefully evaluated. However, the findings indicated that the elements were considered to be sound from a theoretical point of view, but the implementation of them had been problematical. The suggestion is that although the findings from this study could not be considered to be generalisable, they are considered to be relevant to CDTs responsible for the development of P.2000 curricula and demonstrate a need to carefully evaluate all aspects of the proposed courses.

Crotty (1990) selected an illuminative approach to evaluate a new course that was considered by the managers of the school to be costly in time, effort, manpower and resources. The new course was also an experiment in joint planning with another school of nursing. The study achieved an illumination of the curriculum in operation, as opposed to the intended curriculum and although this was a small study, the findings identified a number of issues which need to be considered by future curriculum innovators. A number of the resulting recommendations from this study were related to the previously mentioned professional concerns, such as individual learning styles, student centred learning, teaching approaches and methods and the need for evaluative research of all nurse education programmes. There is a similarity between some of the findings from this study undertaken by Crotty (1990) and those from the earlier one conducted by Meyer (1986). The findings from both of these studies identified a number of planned aspects within the courses which did not work out in practice. The problem of disparity between tutor expectations of the curriculum and the reality has been discussed in the previous chapter, and has been identified as one of the professional concerns related to the proposed innovations in P.2000 curricula. The suggestion is that the findings from these two studies (Meyer 1986 and Crotty 1990), indicate that the evaluation of nurse education programmes, particularly radically different innovative courses, is essential for professional accountability and to ensure nurse education practice is research based.

**CONCLUSION**

Evidence has been provided which demonstrates that major changes in nurse education and training were considered essential in order to prepare nurses to cater for changing health patterns and trends in health care for the year 2000 and beyond. These changes, and the timescale within which these had to be implemented, are seen to be the cause of great concern to nurse educationalists and practitioners. The concerns are that although the innovations are welcome, not enough consideration has been given to some of the identified inadequacies and problems inherent within previous schemes of nurse training. With the rapidity of the implementation it is acknowledged that there has not been adequate time to plan Project 2000 courses based on previous
research or to pay sufficient heed to the resulting findings. Similarly the findings from a large number of studies have indicated the need for extensive evaluation studies to be undertaken on Project 2000 programmes.

It can be concluded from this evidence that there are indeed a vast number of variables and complex issues that require addressing and researching. There are far more identified in the literature than can be addressed individually in any one evaluation study of a Project 2000 nurse education programme. It would appear that any one of these complexities is not of greater importance than another as they are inter-related and each affects the other and therefore unable to be separated. This suggests that all aspects of a curriculum should be evaluated by using an illuminative approach, such as those conducted by Lathlean and Farnish (1984) in the evaluation of experimental training schemes for Ward Sisters; and Meyer (1986) and Crotty (1990) in their evaluation studies of introductory modules of nursing courses.

The research strategy that was used for the evaluation study of a newly implemented innovatory Project 2000 curriculum in the newly formed College of Healthcare, is discussed in the next Chapter; together with intuitive questions related to particular innovations in the curriculum, the rationale for the eclectic research strategy which was employed and the considerations which influenced changes in the development of the research questions and procedures.
SECTION TWO. Chapter Five Research Approach and Methodology

INTRODUCTION

Although the initial P.2000 courses were referred to as 'pilot' schemes by the DoH (1989), it was not their intention that the 'pilot' schemes would be conducted, evaluated, modified and reported as the term implied. However, the need for extensive evaluation studies to be conducted on such innovative pre-registration nursing courses as P.2000 has been established, and a research response was evoked from this College. The decision to undertake an extensive study on such a complex course was closely followed by the need to determine which of the numerous research strategies should be used. Therefore, an examination and exploration of the different general approaches or strategies for research was undertaken, which resulted in the selection of what was considered to be the most appropriate approach for this study.

In this chapter it is considered necessary to present a brief examination of the role of the researcher who conducted this study, together with an exploration and discussion of the inherent ethical issues. These are followed by the research problems and an examination of the alternative research approaches which could have been applied to provide solutions for these problems, together with a description of and justification for the approach which was selected. The data collection and analysis methods that were employed are also examined in this chapter, as are the elements of generalisability, reliability and validity.

ROLE OF THE RESEARCHER

The College managers considered that an evaluation of the innovative curriculum was an important issue. For this reason and because of my role in the College, the Managers fully supported my decision to conduct an evaluation study on the College's P.2000 course. At the commencement of the study I held the post of Research Fellow in the Department of Research, Planning and Development in the College with a leading role in curriculum planning, development and evaluation. This particular post included a pre-requisite for membership of and attendance at all CDTs within the College, the Academic Board and the Examination Board for the P.2000 course and the development of evaluation strategies for post-basic courses. Having the dual role of an internal evaluator undertaking an evaluation study of the P.2000 course which I had helped to develop, and that of a employee of the College, raised several issues that needed to be addressed. Those issues were resources, credibility as a researcher, validity, bias, access, objectivity, subjectivity and the possible conflict of loyalties, all of which are discussed below. The issues of available time in which to conduct the study and the financial and material resources were negotiated before the commencement of the study, and were considered to be adequate at that time.

An internal evaluator is usually considered to be one who is employed by the project
and reports directly to its management, and a number of researchers have suggested that in such cases the internal evaluator's objectivity and external credibility might be lower than those of an external evaluator (Scriven 1967, Stufflebeam et al 1971, Nevo 1986). In this instance, although employed by the College and therefore it is assumed the 'project', the Managers decided that the study should be conducted with complete independence, as if conducted by an external evaluator. This was an extremely important decision, because as Treece and Treece (1986) have suggested, research should be undertaken in an environment that permits freedom of enquiry as well as nonconformity. This decision resulted not only in a total lack of interference from the managers, but also in absolute freedom to pursue the research in whatever direction was considered necessary at the time.

The evaluation literature suggests that there are both advantages and disadvantages in appointing an internal evaluator to conduct research on an innovatory course. Although Nevo (1986) suggested that evaluation should be conducted by individuals or teams who possess extensive competencies in research methodology and data analysis, he also indicated that an understanding of the social context and the unique substance of the evaluation subject was equally important. He proposed that an amateur or less skilled person could have an advantage over a professional evaluator through a better understanding of the project's evaluation needs, and the ability to develop a better rapport with the individuals concerned (Nevo 1986). The advantages of having an inside knowledge of the project which is to be evaluated was also extolled by Kelly (1989) and Eraut (1976). These two researchers have suggested that to achieve a breadth of understanding of a unique and complex curriculum, an outsider would need to get inside the project and become a specialist evaluator. This suggestion is supported by the findings from an independent review of evaluation studies conducted by Eraut (1976), which indicated that a number of evaluators have suggested that an involvement in the projects from their inception would have resulted in more detailed and in-depth studies than had been achieved.

However, in addition to the acknowledged benefits which could be gained from such a close involvement with a project or evaluation, it appears that there are also a number of disadvantages. The literature identified that a number of difficulties could arise from the confidential interaction between the individuals involved in a course and the evaluator, as could the possibility of a biased source of information (Eraut 1976, Polit and Hungler 1983, Nevo 1986, Kelly 1989). As a result of having membership on, and a responsibility to attend the majority of College Board meetings, having an office in close proximity to the teaching teams for P.2000 and a close non-teaching working relationship with the majority of those teachers, these findings had particular relevance for this study and were addressed.

The closeness of the working environment, the trust and the good working relationships which had been formed with the teaching staff over a number of years, resulted in some data that consisted of a number of personal opinions and privileged information. Polit and Hungler (1983) indicated that there was a 'price to pay' for being privy to such informative confidential data. They emphasised that in those circumstances, there was a need for the researcher to pay particular attention to their own professional standards and behaviour. Polit and Hungler (1983) also suggested
that a possible dilemma for the researcher could be caused by the need to safeguard the individuals privacy and the responsibility of reporting all of the data. This dilemma appeared to be implicit in the concerns expressed by Eraut (1976), Nevo (1986) and Kelly (1989) in relation to the difficulties for an internal evaluator, as did the issues of bias and subjectivity of the evaluator. However, these issues were put into a more acceptable perspective by Patton (1987), who indicated that lately the philosophers of science now doubt the possibility of anyone or any method being totally objective.

As Patton (1987) further suggested, if the possibility of attaining objectivity and truth in any absolute sense is considered to be unachievable in evaluation, the negative connotations associated with the term subjectivity make it an unacceptable alternative. Therefore an alternative perspective offered by both Guba (1972) and House (1980), that the concern should be the neutrality of the evaluator rather than that of objectivity or subjectivity, was considered to be more acceptable. Their definition of a neutral evaluator is an impartial investigator who is not predisposed towards certain findings before the study has commenced, has no axe to grind, no theory to prove and no predetermined results to support (Guba 1972, House 1980). This proposal was supported by Patton (1987) who suggested:

The practical solution may be to replace the traditional search for truth with a search for useful and balanced information, and to replace the mandate to be objective with a mandate to be fair and conscientious in taking account of multiple perspectives, multiple interests and multiple possibilities.
(Patton 1987. p. 167.)

Therefore having examined the possible advantages and disadvantages associated with this internal evaluation study, the role of a neutral evaluator was adopted. Every effort was made to be impartial without appearing to be unsympathetic, unobtrusive without being secretive and supportive without being collusive. There was a need for tact and a sense of responsibility, particularly when handling sensitive and confidential matters and opinions from members of the teaching staff, and there were some institutional 'political' matters, confidences and personal information that necessitated some difficult decisions during the report writing stage. The 'political' matters had to be accurately interpreted but also needed to be very carefully and objectively phrased, as did the personal information which had been volunteered. Only the confidences which were imparted for the purposes of the study have been reported, other very personal confidences which had nothing to do with the research have not been disclosed. However, overall feelings, attitudes and opinions have been reported with the full knowledge and acceptance of the participants. There were a number of ethical issues which were inherent in the aspects that have been identified above as potential problem areas for the researcher, that also required addressing. There was also a need at times to achieve the co-operation and support of individuals who were feeling rather hostile or threatened by external circumstances; and on other occasions,
personal feelings and attitudes were expressed during 'corridor conversations'. Although full reporting was considered essential and has been carried out, every attempt has been made to safeguard the privacy and dignity of all individuals.

ETHICAL CONSIDERATIONS

The need for full reporting was an issue which has been addressed by Fox (1986) and Treece and Treece (1986), who suggested that there can be no compromise of the researcher's responsibility to fully analyse all of the data by accepted principles of research without selection or distortion, and neither can there be any compromise in the reporting of such data. It is apparent that these researchers considered it necessary to achieve a balance between the needs of the research and the rights and dignity of the participants. At the report writing stage of this study one such dilemma was experienced. The difficulty resulted from the need to balance the presentation of some of the findings, which were essentially negative, with that of preserving the dignity of the participants. In this study compromises were avoided and the findings were presented in an as objective a way as possible; descriptive words and terminology were carefully selected; and the relevant ethical considerations which had been proposed in 1973 by the American Nurses' Association, which are presented below, were observed and applied.

* Subjects must be assured that their rights will not be violated without their informed consent. Subjects also must know the advantages and benefits of participation.

* Researchers must guarantee that the subject will not experience harm, invasion of privacy, or lack of dignity.

* Subjects must not be coerced into participation or harassed because they do not participate.

* Privacy for individuals includes consideration of anonymity, confidentiality, and unanticipated physical, social and psychological disadvantages from participation. Since loss of dignity may occur at a future time, the subject may encounter long-range implications. (Treece and Treece 1986. p. 135.)

It is suggested that the balance between the needs of the research and the rights and dignity of the individuals involved in this study was achieved by following a number of recommendations contained in research literature (Parlett and Hamilton (1977), Treece and Treece (1986), Fox 1986, Patton 1987, Kelly 1989). One of these recommendations was that the role of the researcher should be made clear and unambiguous in order to retain both the viability and integrity of the researcher's position, and the trust and confidence of the participants. From the commencement
of the study, the role of the researcher, the purpose of the research, the aims of the study and who would see the final report were made very clear to all members of the College staff through meetings, personal contact and a personally written memorandum. Another area which was addressed was that of perceived potential conflict between my loyalties to colleagues and the participants, and the College Managers. In an attempt to reduce this, the working week for the Research Fellow was divided into two separate entities; three days were designated for College matters and the remaining two days were identified as research study days and devoted to the study. However, it was also acknowledged that any personal conflict of loyalties would have to be managed by the researcher throughout the study.

One of the ethical aspects that was addressed had additional implications during the planning stages regarding the selection of an appropriate research strategy for this study. The access to the participants, which was supported by the College management, resulted in this instance in what could be regarded as a captive audience. Fox (1986) suggested that 'captive audiences should play no role in research in the social disciplines and certainly not in the health professions'. Although he was referring to patients in this instance and the need to obtain their informed consent, he also suggested that although the use of captive student groups is equally unethical, this has in the past occurred on numerous occasions (Fox 1986). It would appear from his research conducted on nurse training courses, that researchers have frequently evaluated courses without obtaining informed consent from the students. As a result of these findings, it was considered necessary in this study to ensure that the student group and the members of teaching staff did not consider that they had to participate in the study, either as a result of the perceived pressures from their own positions in the College, or from a lack of adequate information concerning the nature of the research. Fox (1986) has also suggested that informed consent can only exist when a fully coherent person has heard a full and simple explanation of the nature of the research, their potential role and any inherent risks in that role, and makes their decision without any overt pressure.

The consideration here is that informed consent was obtained from each of the individuals who participated in this study. This was achieved by assuring the participants that there would not be any overt or covert pressure from the researcher or the College to participate, and that each individual had the freedom to withdraw from the study at any time should they wish to do so. Additionally, an explanation of the purpose and range of possible data collection methods and tools that would be used was given to each of the participants, as was the assurance that their dignity, privacy, confidentiality and anonymity would be preserved at all times. Whilst every effort was made to maintain anonymity for the individuals and the educational institution, it was explained to the participants, that by virtue of the circumstances of the College and the particular subject of the study, future identification of the College was a possibility. This fact was accepted by each of the participants as an acceptable risk.
INITIAL STIMULUS QUESTIONS

In order to address the problem of evaluating such a complex course, questions were posed that were related to the changes and innovations in the curriculum. The initial selection of questions was the result of personal reflection, comments from peers, a literature search of both primary and secondary publications related to the need for change in education, voiced concern from colleagues and the implications arising from implementing such an innovatory curriculum in a short space of time. The following initial stimulus questions were identified.

- Will this course prepare the students to meet health needs in the 1990s and beyond?
- Have the planners got the course right?
- Does the Project 2000 course enable the student to identify health related learning needs of patients and to participate in health education in clinical practice?
- Will student satisfaction be achieved?
- Have the innovations been introduced too rapidly for
  a) the students
  b) the educational staff
  c) practitioners?
- Will the newly qualified nurse have the appropriate skills, knowledge and attitudes relevant to the patients' needs?

THE RESEARCH PROBLEMS

However, as a result of an extensive literature search, an increased awareness of earlier studies and the reasons why it is considered necessary to evaluate innovative nurse education courses, these questions were subsequently revised. The initial questions were rather repetitive and did not appear to encompass all of the areas of the curriculum that needed to be evaluated. The resulting refined questions were as follows:

- Will the students be enabled to achieve the learning outcomes of the course?
- What is good on the course which must be maintained, and what needs elaborating/extending; what needs to be changed?
Why are they, the students, failing the course?

What is missing?

Although these questions required even further refinement, they influenced the selection of what was considered to be the most appropriate research strategy for this evaluation study.

RESEARCH APPROACHES/STRATEGIES

The research literature suggests that investigators are faced with a number of general research strategies which they can apply to provide solutions to their problems and answers to their questions, and that the nature of the research problem will determine the strategy which should be used (Polit and Hungler 1983, Fox 1986, Treece and Treece 1986). Although Yin (1989) supported these suggestions, he proposed that even though a researcher might have a choice of strategies, the identification of the relationship between the three conditions, which are presented below, and each of the general research strategies would enable an appropriate strategy to be determined.

a) the type of research question posed;

b) the extent of control an investigator has over actual behavioural events;

c) the degree of focus on contemporary as opposed to historical events.

(Yin 1989, p. 16.)

However, it is suggested that before such relationships could be identified for the purposes of a study, it would be necessary to understand the characteristics of the different strategies.

The general research strategies of experiment, action research, history, case study and survey, are all different ways of collecting and analysing empirical evidence and each appears to have both advantages and disadvantages (Fox 1986, Polit and Hungler 1983, Yin 1989). The research literature indicates that each of these research strategies have distinctive characteristics although with quite large areas of overlap amongst them. This suggests that there might be a choice of strategies which would partially answer the research questions or provide the solutions to a problem. However, according to Yin (1989) the goal of the researcher is to avoid 'gross misfits' by carefully selecting the strategy which would be the most advantageous for the study. Therefore, although the original suggestion was that all aspects of a curriculum should be evaluated by using an illuminative approach, the suggestions proffered by Polit and Hungler (1983) and Yin (1989) were heeded and the general research strategies were examined for their different characteristics and their appropriateness for this study in an attempt to avoid a 'gross misfit'.

Experiments

Experimental research has been described as the strongest kind of research and has traditionally been used by biologists and physical scientists, and more recently by researchers who were interested in human behaviour (Fox 1986). In research language this approach has a very precise meaning; it is considered to be a scientific investigation which uses well defined criteria for the observation and collection of data (Polit and Hungler 1983, Fox 1986). According to Polit and Hungler (1983), a 'true' experiment is characterised by the properties of manipulation, control and randomisation, and that the controlled experiment is considered to be the ideal of science. They have also proposed that with the exception of descriptive research, the aim of scientific research is to understand relationships between phenomena (Polit and Hungler 1983). Those suggestions proffered by Polit and Hungler (1983) were supported by Treece and Treece (1986) and Fox (1986), who considered that true experiments are the most powerful method available for testing the hypotheses of cause and effect relationships between variables. The suggestion here is that experimental research would be admirable for identifying possible causal connections in aspects of nursing and medical care, but not for developing an understanding of phenomena in a evaluation study.

Although the literature has identified experimental research as the ideal of science, it has a number of limitations and weaknesses that makes it difficult to apply in the real world (Polit and Hungler 1983, Fox 1986, Yin 1989). One of the limitations of this approach is that caused by the ethical constraints which prohibit the manipulation of a large number of variables in research conducted with human subjects. This is recognised by numerous researchers and professional organisations which has resulted in numerous books and guidelines that are devoted to research ethics (Treece and Treece 1986).

Therefore, having explored the characteristics of experimental research and its strengths and weaknesses, it was not considered an appropriate research strategy for this evaluation study for a number of reasons. The main deciding factor was the inappropriateness of the main characteristics of experimental research which were manipulation, control and randomisation. There were too few P.2000 programmes within the College to enable such a scientific selection of groups as is required by randomisation and there were no available comparable P.2000 courses or groups in other colleges which could have been introduced as a control. A further reason why this strategy was not considered to be appropriate, was the requirement in experimental research to manipulate one variable (the independent variable) and observe the change on another variable. In this instance there were too many variables in this very complex course to enable manipulation of independent variables. Other deciding factors were the number of potential ethical issues which have already been identified in this study, and the need to understand and explain possible phenomena as well as identifying their possible causal connections.
Action Research

The research literature indicates that the strategy of action research has very similar characteristics to those of experimental research (Fox 1986). Action research is described by Fox (1986) as an intervention into a social situation, and like experimental research, reality is deliberately controlled and manipulated in order to determine the effects that a particular input would have. This would appear to suggest that if this strategy was used the research would be concerned with the actions of the researcher and that the research questions would be about the effectiveness of those actions. Therefore the actions of the researcher would be central to the research design, and it would appear that action research is unlike a case study or survey strategy (which are discussed below), both of which are used to examine and describe the situation as it is. Fox (1986) suggested that the purpose of conducting action research is to gain a better theoretical understanding of a social situation and solve a specific local problem or evaluate a tentative local solution. He further suggests that the results are intended to apply to that local situation and future replications of the local situations (Fox 1986).

Action research is similarly described by Carr and Kemis (1986) who suggested that it is 'a form of self-reflective enquiry undertaken by participants in social situations in order to improve the rationality and justice of their own practices, their understanding of these practices and the situations in which they are carried out'. Carr and Kemis (1986) also suggested that as well as attempting to achieve a real goal of changing a situation another purpose of action research is that of gaining a better theoretical understanding of the real world. Fox (1986) has suggested that the findings from action research cannot be generalised. However, Carr and Kemis (1986) indicated that action research is not attempting to describe, but rather to answer questions about how an enterprise might be achieved. That this is a particularly suitable strategy for the examination of the process of change and movement from one point to another where what the researcher does is critical to that shift. They further suggested that action research can be used not only to generate theory, but also to test theory and evidence is collected on both the outcomes gained as well as the processes in achieving these outcomes (Carr and Kemis 1986).

As a result of these research findings it was decided that action research was not an appropriate strategy for this study. This decision was taken because although the research findings indicated that this strategy could be appropriate for the study of the P.2000 programme in the College, which could be considered as a local problem in a local situation, it was not the intention to deliberately set out to intervene in any way. Neither was it the intention or possible to manipulate the setting in which this study was based, for the same reasons which indicated the inappropriateness of the experimental research strategy. Although the study of the process of getting from one point to another was the intention, there would not be any action taken by the researcher that would need to be monitored. Another reason was the diversity of opinions regarding the generalisability of the findings from action research. The lack of knowledge regarding the number and complexity of the variables and the desire to generalise through social theory further indicated that action research was not the most appropriate strategy for this study.
Historical Research

Historical research is recognised by a number of researchers as the systematic collection and critical evaluation of data which is related to past events (Fox 1986, Yin 1989). In his discussion on the relative merits of historical research, Yin (1989) proposed that the distinctive contribution of this research method is in dealing with the 'dead' past, where the investigator has to rely on primary and secondary documents and artifacts as the main sources for data. In his opinion it appeared that this would be the preferred strategy for a study where there is virtually no access to relevant living persons or when behaviours cannot be manipulated (Yin 1989). This opinion supported an earlier statement made by Polit and Hungler (1983), which indicated that historical research was essentially non-experimental, as the researcher would be unable to control the variables and random assignment would be impossible. Although Fox (1986) suggested that a better known and more dramatic approach to historical research is that which seeks to discover previously uncovered data, he also suggested that it is useful for the illumination of a contemporary issue by an intensive study of already existing material. Yin (1989) supported the use of this particular strategy for examining contemporary events, he suggested that in such a situation this strategy then overlaps that of a case study which would be the most advantageous strategy if there was a choice.

Having examined the characteristics of an historical research strategy together with the recommendations and suggestions related to the advantages and disadvantages of using such a strategy, it was considered to be an inappropriate one for this study. The intention for this study was the examination of a contemporary event, and as Yin (1989) had suggested, an historical strategy would overlap that of a case study and therefore could not be considered as the most advantageous strategy to use.

Survey

It was decided to examine the survey approach which, according to Treece and Treece (1986), is used to a great extent by social scientists. Treece and Treece (1986) and Polit and Hungler (1983) indicated that there were two distinct types of survey which were descriptive survey and correlational survey, each of which had particular characteristics. A suggestion proffered by Treece and Treece (1986), identified descriptive surveys as studies which are designed to describe specific characteristics of the population, but are not aimed at discovering the cause of a phenomenon or designed to establish cause and effect relationships; and correlational survey was described by Polit and Hungler (1983) and Fox (1986) as studies which are designed to determine the relationship between phenomena.

There were however a number of limitations or disadvantages associated with both types of survey approach, which included the tendency for most of the information obtained from a survey to be regarded as relatively superficial. Polit and Hungler (1983) and Treece and Treece (1986) suggested that interviews and questionnaires rarely probe very deeply into complex areas such as behaviour and attitudes, and indicated that survey research would be more appropriate for extensive rather than
intensive analysis.

The research literature also indicated that survey research has a number of advantages, according to Polit and Hungler (1983), the greatest one is its flexibility and broadness of scope. They suggested that it is an approach which can be applied to almost any population, it can focus on a wide range of topics and the data can be used for numerous purposes. One of the advantages that was considered appropriate for this study was that the survey approach provides data about the present. According to Treece and Treece (1986), the data can illustrate what the participants are thinking, doing, anticipating or planning at that particular time. Another advantage of this approach is the ease with which researchers can obtain information from the participants in the study. However, according to Treece and Treece (1986), this has to be balanced against the possibility that the responses are unreliable, because people do not always express their true feelings or honest opinions.

There were a number of characteristics and strengths inherent in both types of survey approaches that have been discussed and these were considered to be appropriate for this evaluation study. However, the decision was taken not to use this research approach for this study for a number of reasons. The main reason was that the intention was to concentrate on the evaluation of one P.2000 programme in this College and not to examine a number of courses or students across a number of colleges. The lack of P.2000 programmes and colleges running comparable P.2000 courses, (which has been discussed) indicated the inappropriateness of using such an approach. This decision was reinforced by the research findings which indicated that the survey strategy alone would not be intensive enough to provide answers to the questions or solutions to the research problems. Therefore, the possibility of using a survey approach in conjunction with another research strategy was considered to be more appropriate and advantageous for this study.

Case Study

The fifth general research strategy which was examined for its appropriateness for this study was that of the case study. According to the research literature a case study is an in-depth detailed descriptive analysis of an individual group, institution, situation or individual (Polit and Hungler 1983, Treece and Treece 1986, Patton 1987). A case study is described by Yin (1989) as an empirical study that:

* investigates a contemporary phenomenon within its real-life context;  
* the boundaries between phenomenon and context are not clearly evident; and  
* multiple sources of evidence are used.  
(Yin 1989, p. 23.)
The suggestion by Yin (1989) is that this particular strategy:

...allows an investigation to retain the holistic and meaningful characteristics of real life events - such as individual life cycles, organisational and managerial processes, neighbourhood change, international relations and the maturation of industries. (Yin 1989. p.14.)

A search of the research literature identified the places that case studies have in evaluation research all of which were particularly relevant for this study (Simons 1977, MacDonald 1977, Guba and Lincoln 1981, Gallego 1983, Patton 1987, ENB (1) 1987, Yin 1989). Yin (1989) proposed that there were four applications for the case study in evaluation research, the most important of which was to explain the causal links in real life interventions that are too complex for the research strategies of survey or experiment. This partially reinforced the decision that neither of those two strategies on their own were appropriate for this study because of the complexity of the subject. The other three applications proposed by Yin (1989), were to describe the real-life context in which an intervention has occurred; that an evaluation study can benefit from an illustrative case study of the intervention, and that this strategy is useful for the exploration of situations where there are no defined outcomes for the intervention which is being evaluated.

The research literature indicates that there are a number of traditional prejudices against the case study strategy and some conflicting ideas regarding its purpose (Polit and Hungler 1983, Treece and Treece 1986, Fox 1986, Yin 1989). Treece and Treece (1986) and Polit and Hungler (1983) suggested that the information which is obtained from case studies can be useful for the production of hypotheses and that case studies were most appropriately used for the exploratory phase in an investigation. However, Yin (1989) argued that this was a common misconception which implied that research strategies should be placed in a hierarchy. He suggested that these ideas which identified different strategies for different phases of an investigation were incorrect, and indicated that case studies were far from being only an exploratory strategy (Yin 1989). Yin (1989) suggested that numerous studies have been conducted which have been both descriptive and explanatory and proposed that as there were no clearly defined boundaries between the different strategies, a pluralistic view would be more appropriate than a hierarchical one.

One of the apparent prejudices against case studies is that they provide very little basis for scientific generalisation and that generalisations from a single case study are often questioned (Fox 1986). Polit and Hungler (1983) suggested that one of the weaknesses of this strategy was its questionable adequacy as a basis for generalisations, and argued that the 'dynamics of one individual's psychological functioning may bear little resemblance to those of another'. However, Yin (1989) proposed that case studies like experiments are generalisable to theoretical propositions and not to populations. Scientific facts are more often than not based on a large number of experiments which have been repeated under different circumstances, and
as Yin (1989) indicated, the same approach can be used with multiple case studies. It was further suggested by Yin (1989), that ideas and concepts which are non-specific to the one case may be abstracted and exposed or described to others in such a way that they may judge their applicability to other situations. This appears to reflect an earlier proposal made by Stake (1978), that case studies are a means of exploring and opening up new theories, the generation of theory rather than the testing of existing theories.

In addition to the identified prejudices, as with the other general strategies there were a number of advantages and disadvantages with case studies. One of the most significant advantages was the depth of information which could be obtained from an investigation of a limited number of individuals or groups. An earlier statement referred to the superficiality with which data obtained from survey approaches was regarded, whereas the case study provides the investigator with greater opportunities for a more intimate level of knowledge (Polit and Hungler 1983, Treece and Treece 1986). However, this could also become a disadvantage, particularly if the investigator becomes too close and involved with the participants. For this reason, Treece and Treece (1986) suggested that there is the danger of subjectivity regardless of the effort of the investigator to be objective or neutral. Other disadvantages were identified as the cost factors, both in time and money in relation to the amount of knowledge that can be gained and in many studies the enormity of often unreadable reports (Treece and Treece 1986, Fox 1986).

The characteristics, purposes, advantages and disadvantages of the research strategies indicated that the case study approach appeared to be the most appropriate general strategy to use for this study. The characteristics of experimental and historical research strategies were identified as inappropriate for an evaluation study of a contemporary, complex and innovative educational course. Alternatively, an examination of the survey, action research and case study strategies enabled a number of characteristics to be identified as being both appropriate and advantageous. According to Yin (1989) and Crotty (1990) it is not essential to use just one particular research approach in a study, and suggested that there may be a mix of strategies such as a survey within a case study or a case study within a survey. This suggestion has been accepted and therefore such has mix has been accepted for this study.

The appropriateness of using a case study approach for the evaluation of educational programmes has also been suggested by Patton (1987). He considered it to be a very useful research strategy when a potentially rich source of information is available and there is a need to understand a particular problem in great depth (Patton 1987). The suggestion was that case studies are particularly valuable when the aim of an evaluation is to describe the course or programme in depth, in detail, in context and holistically (Patton 1987, Yin 1989). These proposals and suggestions appear to concur with the findings from an earlier study into an innovative curriculum conducted by Gallego (1983). As a result of her case study Gallego (1983) suggested that the methodology of this research strategy is eclectic and combines traditional and illuminative paradigms. Further support for this suggestion is provided by both the ENB ((1) 1987) and Lathlean and Farnish (1984). The former indicated that case study is an umbrella term for a number of research methods which are used to focus
an enquiry on an instance such as a curriculum evaluation; and Lathlean and Farnish (1984) suggested that illuminative evaluation is a strategy which follows the principles of case study research and view it as a particular type of case study research. These indications and suggestion reinforced the original intention which considered that an illuminative evaluation approach would be appropriate for this study. However, it was considered necessary to examine the characteristics of an illuminative evaluation approach in greater detail.

**AN ILLUMINATIVE EVALUATION APPROACH**

The literature review on evaluation studies in general, and nurse education in particular, indicated that there has been a paradigm shift from what was considered to be the traditional, classical agricultural-botany approach, to a social anthropological approach (Simons 1971, Parlett and Hamilton 1977, Gallego 1983, House 1986, Paton 1987, Kelly 1989, Yin 1989).

It appears that the 'traditional model' of curriculum evaluation has been grounded in psychometric methods of testing, which has focused on testing and scientific measurements. Advocates of this approach to evaluation were Bloom (1970) and Tyler (1977). Such a model is based on the measurement of predetermined objectives which the learner is able to achieve at the end of a programme. As this approach relies entirely on quantitative measurements it has prompted serious criticism from numerous researchers (Parlett and Dearden 1972, Stake 1972, MacDonald 1973, Hamilton et al 1977, Bastiani and Tolley 1979, Simons 1981 and Docking 1987). The P.2000 course which is the subject of this study, was not based on a model containing predetermined objectives, and therefore supported the selection of an alternative approach to evaluation. Additionally, previous research such as that conducted by Meyer (1986), has demonstrated that there is a need to assess the degree of success of the implementation of an innovative curriculum, the problems encountered and the processes involved which includes the achievement of learning outcomes.

Other educationalists have suggested that the ‘traditional’ objective type evaluation such as that included in the curriculum submission document (Curriculum 1989), does not provide any understanding of the learning process. Maclure (HMSO 1967) wrote...

> You set up a course. You write down an ambitious list of objectives. The course is a great success but when you come to apply the tests you find it hasn’t attained the objectives. So what do you do? You change the objectives. (HMSO 1967. p.46).

Similarly, Simons (1981) advocated a process model of evaluation rather than the ‘traditional’ objective type. She argued that it is the process of education rather than
ics products for which schools should be accountable. This movement away from the
traditional approach to educational evaluation has led to the development of alternative
approaches which have their roots in a social anthropology paradigm. The literature
revealed that the central concerns of this perspective include the social nature of the
experience; the ways in which participants define social situations; the importance of
subjective realities and values and a concern to interpret meaning through language
and concepts (Bastiani and Tolley 1979).

Parlett and Hamilton (1972) argued that the conventional approaches to curriculum
evaluation have in the past followed experimental and psychometric traditions which
were dominant in educational research and resulted in studies that were artificial and
restricted in scope. It is acknowledged that a qualitative method has as its central aim
the investigation of problems, innovations and other phenomena and events as they are
encountered and experienced in practice (Parlett and Hamilton 1972, Stake 1972,

A literature review identified that these authors advocated very similar approaches to
the evaluation of curricula. MacDonald's (1973) holistic approach stemmed from the
assumption that all data concerning the curriculum and its context are relevant to the
evaluation. Stake (1972) advocated 'responsive evaluation' which he suggested that
educational evaluation was, if it related more to the programmes' activities than to its
intents; if it responded to audience requirements for information and if the report
contained the different value perspectives.

Parlett and Hamilton (1972) supported the use of subjective information in order to
provide an illumination about an educational programme in operation and its intended
goals. Their concept of evaluation aimed to provide descriptions of the learning
processes and how the activities are judged by the participants. They considered that
as the theory and practice of any innovation tends to be markedly different, it is
imperative to study an innovation as it occurs with an appropriate research style and
methodology. This is reinforced by other authors such as Gallego (1983) and Docking
(1987). Gallego (1983) hypothesised that nurse education may lead in fields where
to date it has only followed, if evaluation in nursing becomes more of a social process
than a technological process. She suggested that the relatively new pattern of
curriculum evaluation is one that is concerned with curriculum change; the process of
innovation; the analysis of social policy and the portrayal of classroom and
institutional life, and that it is a long way from adhering to the formulation of
objectives and the measurement of achievement.

Statements have been made that innovations need to be examined in the wider context
of the college or learning milieu, together with the complexities of the innovations,
the philosophies, the ethos of the College and the number of variables to be
considered. Therefore, it was decided, as Parlett and Hamilton (1972) had suggested,
that a conventional approach to course evaluation would have led to an artificial and
restrictive study which would not have followed the principles of case study research.
The philosophy of the Project 2000 course, of patient care, the teaching of nurses and
nursing practice were all essentially holistic. It was considered therefore that any
evaluation of the course should also be of an holistic nature. Additionally, findings
from earlier research had indicated that a research strategy should be determined by the nature of the study, and as Polit and Hungler (1987) recommended, the methods used for the collection of data should be determined by their appropriateness for the research problem or statement. They also suggested that the interaction between the student and the context within which s/he works is too complex to justify a preordinate research design. Accordingly the selection of paradigm in which this study was pursued was not just a matter of choice.

It has been argued that an approach which follows the strategies labelled by Gilbert and Pope (1984) as Paradigm Two, would be the most appropriate one for this study. This Paradigm is characterised by artistic, naturalistic, descriptive and holistic approaches, case study, interviews, observation and questionnaires for the collection of data. This may be of a quantitative nature but with an emphasis on qualitative data. According to Parlett and Dearden (1977), illuminative evaluation is an approach or strategy which attempts to evaluate innovatory programmes. It is a general research strategy which is eclectic; it is an approach which appears to take account of the wider contexts in which educational programmes function, and it is primarily concerned with description and interpretation rather than with measurement and prediction (Parlett and Dearden 1977, Gallego 1983, Lathlean and Farnish 1984). These characteristics further indicated that illuminative evaluation was indeed a particular type of case study research approach and was the one that was considered to be the most appropriate and advantageous for this study.

AIMS FOR THE STUDY

The case in this study was identified as of one of the P.2000 programmes which was held in this College. The aims for the in-depth evaluation study closely reflected those proposed by Parlett and Dearden (1977) for an illuminative evaluation, and were as follows:

- to provide an illuminative study of an innovative course, how it operates and how it is influenced;
- to identify what those directly concerned regard as advantages and disadvantages;
- to show how the students are taught, both in the classroom and in the practical situation, and how the students are enabled, or not, by the course to perform the tasks inherent in the innovations, such as health education and patient teaching;
- to clarify the processes of education and identify the procedures that seem to achieve desirable or undesirable results;
- to identify what is missing and what needs to be changed and why.
A suggestion has been made by Parlett and Dearden (1977) that the basis of illuminative evaluation is that situations are treated as unique. However, it appears that the pursuit of knowledge is not just focused on isolated events or situations, but on a more generalised understanding of relationships. According to Polit and Hungler (1983) and Treece and Treece (1986), a theory is an abstract generalisation which presents an explanation about the relationship between two or more variables or phenomena. This is reflected in the research literature which indicates that the overall purpose of theory is to make scientific findings meaningful and generalisable, which was the intention for this study. As this study was conducted on a unique occurrence which could not be repeated, it is not considered that the findings as such would be generalisable. This is based on the fact that generalisability or external validity is recognised as the extent to which the findings of the research may be applied to other situations (Field and Morse 1985, Polit and Hungler 1989). However, it is suggested that the analyses of some of the findings, which are discussed in the final chapter of this study, are considered as generalisable for other educationalists who find themselves in similar situations.

The subject of this study was extremely complex and consisted of such a large number of variables that it was not considered possible to adopt a particular theoretical stance. Therefore, this illuminative evaluation study did not start with a theory, but with the identification of a problematical situation. Such a stance has been acknowledged as acceptable by a number of researchers (Hammersley and Atkinson 1983, Fox 1986). They have suggested that it is acceptable to either select a theory on which the research may be based, or to conduct the research in order to arrive at a theory. In this study a stringent approach to the analyses of the data, together with the progressive focusing, revealed a number of relevant factors and relationships which are considered to be of importance to the development of theory. According to Parlett and Hamilton (1977) there is a need for illuminative evaluation of innovatory courses; a need for abstracted summaries, for shared terminology and for insightful concepts. They suggested that each of these '...can serve as aids to communication and facilitate theory building' (Parlett and Hamilton 1977).

There are concerns and questions which were identified by Parlett and Hamilton (1977), regarding the scope of illuminative evaluation and the application to innovations that are being widely implemented. The possibility of moving from the particular to the universal is questioned, but these two authors maintained that despite its basis in the close-up study of an individual learning milieu, illuminative evaluation can be applied on a wider scale. Parlett and Dearden (1977) suggested that despite the diversity of learning milieux, they do share common characteristics such as students' learning, study habits; and participation and examination techniques are considered to follow common lines and teachers encounter parallel sets of problems (Parlett and Hamilton 1977). It has also been acknowledged by Docking (1987) that innovations face habitual difficulties and provoke familiar reactions, but few of these common phenomena have been pinpointed, adequately described or accurately defined.

Support for these suggestions was found in the findings from an in-depth detailed study which has recently been conducted by Jowett et al (NFER 1994) on six of the 13 Demonstration Districts for P.2000. The findings have demonstrated that certain
characteristics which were identified in the six Demonstration Districts, were also common to the other seven. Although it was considered that the findings from Jowett et al's (NFER 1994) study and the Interim Report (Payne et al 1991) were extremely relevant, a decision was taken at this stage of the research to exclude an in-depth critical review of the progress of their research as there was a possibility that it could have unwittingly influenced the conduct of this illuminative evaluation study. However, further references to their findings have been included in the conclusion of this study.

**THE STUDENT SAMPLE**

Having determined the research strategy and the evaluation approach which would be followed, the next decision that had to be made was which P.2000 programme and cohort of students should be the focus for the case study. The programmes for the basic pre-registration nurse education and training course commenced in the College in January 1990 with an intake of 98 students instead of 100, as two students withdrew at the last minute. The second programme commenced in September 1990 and the third group of students to follow the P.2000 programme in this College commenced their course in April 1991. As the proposal for an evaluative study of the P.2000 course at this College was not approved by the College Management Board until August 1990, a decision was taken to focus on the third intake of 86 students who commenced their programme in April 1991. The intervening period enabled the collection of the necessary background information and material, and time for the meetings held with members of the College staff in which information regarding the imminent study was shared.

**METHODOLOGY**

It was suggested by Parlett and Dearden (1977) that there are three stages in illuminative evaluation, which are observation, further inquiry and explanation, each of which overlaps and interrelates with the others. The first stage of this three stage framework, consists of the evaluator becoming immersed in the teaching/learning situation, and collecting data by observing teachers and students both formally and informally. The second stage, that of further inquiry, enables the questioning to become more focused and observation and enquiry to be more directed, systematic and selective. Explanation, the third stage, is the seeking of general principles, identifying patterns of cause and effect and placing individual findings within a broader explanatory context. Parlett and Dearden (1977) proposed that 'this progressive focusing' permits unique and unpredicted phenomena to be given due weight. Progressive focusing is the systematic reduction of the breadth of an enquiry which enables more concentrated attention to be given to the emerging themes and issues. According to Parlett and Dearden (1977) progressive focusing also:

...reduces the problem of data overload and prevents the accumulation of a mass of unanalysed material.
(Parlett and Dearden 1977. p.18).
Although Parlett and Dearden (1977) acknowledged that the course of such an evaluation study could not be mapped out in advance, they advised that in addition to the three stage framework, a minimum of four data collection methods should be used to compile an information profile. The methods they suggested were observation, interviews, questionnaires and background information.

The case study was conducted over a period of three years and ten months, within which the illuminative evaluation progressed through a three stage framework as suggested by Parlett and Dearden (1977). The data collection methods which were used comprised College records and minutes for background information, unstructured non participant classroom observations, semi-structured interviews, questionnaires, critical incident reports, College evaluations and formal and informal discussions. An analysis of the findings from each of the sets of data obtained by these methods, enabled the enquiry to become more focused in the subsequent questioning. A diagramme which explains the design of the study and its components, the investigators who collected some of the data and the timescale within which the study was conducted, are presented below in Figure 6.

DATA ANALYSIS

The data which were obtained from the different stages of this study were processed and analysed in a systematic way which enabled trends and relationships to be determined. This need for a systematic analysis of data is recognised by a number of researchers such as Polit and Hungler (1983), Field and Morse (1985), Fox (1986) as having resulted from the scientific requirement for the minimisation of investigator bias and subjectivity. Polit and Hungler (1983) suggested that there are two broad approaches to the analysis of research data, which are qualitative and quantitative and that the type which is used is linked to the nature of the data collected. These broad approaches were taken for the analysis of the data obtained in this study. The qualitative approach was used for the analysis of the data which were obtained from the observations, the interviews and other non quantifiable information. This approach was used by following the suggestions made by Hammersley and Atkinson (1983), that the process of analysis should begin with the careful reading of, and familiarisation with the data obtained. This first stage in the analysis enables the identification of any interesting patterns, unexpected notions and the relationships of the data to 'common-sense knowledge and previous theory' (Hammersley and Atkinson 1983).

During this study sets of data were collected and analysed concurrently. This provided further insight into the areas being investigated that resulted in a refocus and in some instances the rephrasing, of the original questions, which indicated the sampling procedures that were used in the next stage of the study. Descriptions of how each set of data were analysed, and the progressive focusing which followed, are presented below. According to Field and Morse (1985) the 'rephrasing of the questions ensures that the answers are valid in relation to the changing focus'. 
Figure 6. Timescale for the data collection methods used in this study.

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Methods</th>
<th>Investigators</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 1991</td>
<td>College Evaluation of psychology lecture</td>
<td>CFP Tutors</td>
</tr>
<tr>
<td>July 1991</td>
<td>College Evaluation of group of psychology lectures</td>
<td>CFP Tutors</td>
</tr>
<tr>
<td>July 1991</td>
<td>College Evaluation of the Part 1. Unit 1.</td>
<td>CFP Tutors</td>
</tr>
<tr>
<td>September 1991 to March 1992</td>
<td>Classroom Observations</td>
<td>Researcher</td>
</tr>
<tr>
<td>September 1992</td>
<td>College Evaluation of the CFP</td>
<td>CFP Tutors</td>
</tr>
<tr>
<td>January 1993 to November 1993</td>
<td>Critical Incidents Reporting</td>
<td>Researcher</td>
</tr>
<tr>
<td>November 1993</td>
<td>College Evaluation of Adult Branch</td>
<td>Branch Tutors</td>
</tr>
<tr>
<td>February 1994</td>
<td>Student Questionnaire</td>
<td>Researcher</td>
</tr>
<tr>
<td>March 1994</td>
<td>College Evaluation of Whole Course</td>
<td>Branch Senior Tutors</td>
</tr>
<tr>
<td>January 1995</td>
<td>Post-Course Questionnaire and Interviews</td>
<td>Researcher</td>
</tr>
</tbody>
</table>
A transitional process termed content analysis was applied to the qualitative data which was obtained from the observations, interviews, discussions, critical incidents and items on the questionnaires. This is described by Fox (1986) as 'a procedure for the categorisation of verbal or behavioural data for purposes of classification, summarisation and tabulation'. Fox (1986) suggested that content analysis is conducted at either the manifest level or the latent level. This author suggested that manifest content analysis is an analysis of what the person said and is strictly bound by the response with no other assumptions being made about it. This would appear to result in a direct transcription of the response in terms of a particular code. At a different level, latent content analysis, an attempt is made to code the meaning of the response, to go beyond the transcription of what was said or written and infer what was implied or meant (Fox 1986).

Latent and manifest content analyses were used for the majority of the qualitative data obtained in this study. Latent content analysis is described by Polit and Hungler (1983) as the review of passages or paragraphs within the context of the entire interview so that the major thrust or intent of the section, and significant meanings may be identified and coded. They further proposed that this permits both the overt and covert intentions of the interviewee to be coded, and that the method 'has high validity' but may be unreliable because of the subjective nature of the coding system (Polit and Hungler 1983). Fox (1986) suggested that manifest content analysis is used when the researcher searches the transcripts for phrases, words, descriptors central to the research topic. These are tabulated and an analysis is conducted by using descriptive statistics. The suggestion is that the numeric objectivity of this method increases the reliability but loses validity as it denies the richness of the data (Fox 1992). Field and Morse (1985) suggested that researchers, therefore, frequently use both methods in a complementary fashion, as indeed they were for this study.

Qualitative data obtained from the taped interviews, the critical incident reports, the discussions, the evaluations and the questionnaires, were transcribed directly into a file on the personal computer and duplicated, as were the written descriptions from the field notes obtained from the classroom observations. The emerging themes were identified, categorised and sub-categorised, and each of these were given a numerical code. The text editor in the computer programme ultimately enabled information across informants, interviews and the field notes to be obtained; and comparisons and corroborations were made between findings from the different sets of data that were procured, all of which enabled the progressive focusing of the findings. Analyses of the quantitative data that were obtained from the questionnaires and the evaluation forms were conducted by the old but still recognised as effective process of the hand tally (Fox 1982), in addition to the use of spreadsheets on the personal computer.

The progressive focusing of the findings was conducted by taking the key themes which emerged from the first sets of data and as a result of careful reading, gaining familiarisation with them. At the same time it was necessary to recognise the potential situational specificity of the data collected and the distinctiveness of each individual's or groups preconceptions, concepts and terminology. This enabled the identification of interesting patterns and any constants, inconsistencies or
contradictions between the views of the different groups, all of which helped to establish both the validation of the data and the interpretation of the findings. Glaser’s and Straus’s (1967) constant comparative method of analysis was used with each of the sets of data. This entailed taking each segment of data, identifying any relevance to one or more categories and comparing it with other segments of data in those categories. Subsequently, data which were collected from further studies that were conducted on the identified issues, from other standpoints, were then compared with the data from the earlier stages. Therefore, the search for common patterns and differences was achieved by the progressive focusing of the subsequent data collection methods.

RELIABILITY AND VALIDITY

The importance of reliability and validity of findings in research has been stressed by numerous researchers amongst whom are Fox (1982), Field and Morse (1985), Treece and Treece (1986), Morris et al (1987), Polit and Hungler 1989 and Cormack (1991). Reliability is usually defined as the ability of the data collection instrument to obtain consistent results; and validity usually refers to that instrument’s ability to test what it has been designed to test. In an attempt to achieve credibility for the findings from this study all the data collecting tools or instruments were tested for reliability and validity.

To determine the reliability of the questionnaires that were designed to obtain data from the student population and the middle managers, and the interview schedule, pilot studies were conducted on each occasion. The data collection instrument was used with a sample group from a similar population then re-administered with the target group. The results from the pilot and the main studies were consistent in each instance which indicated that the instruments were considered to be reliable. A detailed description regarding both the pilot and main studies are provided in the following chapters together with evidence of the representativeness of each of the groups used for the pilot studies.

It has been suggested that the data collection tools were determined to be reliable, and although this did not also indicate that the findings were valid, this did help to support the case for it. Each of the instruments used in the study were constructed to obtain specific information from the different groups of participants. It was necessary to determine that each tool would provide the information that was required. Therefore the items and statements on the questionnaires, and the questions for the semi-structured interviews were carefully selected. The construction of these questions, items and statements enabled particular attitudes, skills and knowledge that the individuals had, to be determined and cross-referenced with findings from the data that had already been obtained. The data obtained from these tools yielded findings which enabled conclusions to be made about actual performances in real-life situations.

Other areas which could affect the reliability and validity of a study are those proffered by Field and Morse (1985). They suggested that:
The researcher's status, the sampling procedures (informant choices), the social context and the conditions under which data are gathered, are all factors which can affect the reliability of the study. The history and maturation of a group, the subject mortality (participant refusal or withdrawal), the effects of the observer on the group and the selection of observations will all influence the validity of a study.

(Field and Morse 1985, p.117.)

As a result of their earlier studies, Parlett and Hamilton (1977) suggested that the extensive use of open-ended techniques, progressive focusing and qualitative data in illuminative evaluation did not exclude the possibility of gross partiality on the part of the researcher. This possibility and its solution have been discussed and presented above. However there are additional ways of overcoming this problem of gross partiality or subjectivity. These include outside researchers checking the most important findings, or members of the research team being asked to develop their own interpretations. Parlett and Hamilton (1977) proposed that even if these precautions are taken the subjective element still remains. They suggested that the use of interpretive human insight and skills is to be encouraged in illuminative evaluators when undertaking research, as it is in social anthropologists and historians by whom it is taken for granted (Parlett and Hamilton 1977).

Each of the areas mentioned by Field and Morse (1985) and the concerns expressed by Parlett and Hamilton (1977), have been addressed in the study and are presented below. It is suggested that both reliability and a high degree of validity for the findings have been demonstrated throughout the study.

Background Information

As proffered by Parlett and Dearden (1977) innovations do not just happen or appear. The innovations which were evaluated were preceded by professional discussion documents, funding proposals and curriculum development working groups. As a result of the meetings held with the members of teaching staff, there was agreed access to minutes, working papers, records of meetings, validation reports, CDT meetings, academic and examination board meetings, returned completed internal College evaluation questionnaires, assignment and examination questions and results and all information pertinent to student intakes. Therefore there were minimal difficulties in obtaining the necessary background information for the study. This information provided an historical perspective of how the innovations were regarded by different groups of people before the commencement of this evaluation study.

Observation

Observation is considered to be central to illuminative evaluation (Parlett and Dearden 1977), and is one of the basic techniques for obtaining information. The investigator
or evaluator is able through observation to build up a continuous record of ongoing events, transactions and informal remarks. Fox (1982) and Polit and Hungler (1987) considered this to be particularly appropriate for complex research situations which are difficult to measure, and should be viewed as complete entities. Fox (1982) considered that this is particularly so for the process of nursing and that the best way to learn about a complex interpersonal situation is to watch it. A further suggestion made by Parlett and Dearden (1977), was that in addition to documenting the day to day observations and activities within the programme or course, the investigator would benefit from being present at a wide variety of events such as student meetings, examiners meetings and related social events. They considered that formal interviews, recordings and informal discussions can yield a wealth of information, particularly language conventions, slant and jargon, that characterise conversation within the learning milieu which can reveal tacit assumptions, interpersonal relationships and status differentials.

Polit and Hungler (1983) suggested that the use of unstructured observational methods usually provides a deeper and richer understanding of behaviours and social situations than the more rigid structured observational approaches. The advocates of unstructured observational methods considered that these methods are inherently flexible and give the observer far more freedom to re-conceptualise the problem after becoming familiar with the situation (Polit and Hungler 1983). A review of the literature also indicated that there is a place for codified observation, using schedules for recording aspects of the classroom situation such as seating arrangements, patterns of attendance and utilisation of time (Nuttall 1970, Cohen and Manion 1980 and Fox 1982). An opposing view is held by advocates of qualitative observational research who claim that a structured, quantitatively-orientated method is too mechanistic and superficial to give a meaningful account of the intricate nature of human behaviour (Walker 1971, Polit and Hungler 1983). Similarly Parlett and Hamilton (1977) suggested that:

...there is a place for codified observation, using schedules for recording patterns of attendance, seating, utilization of time and facilities, teacher-pupil interaction, etc. The illuminative evaluator is cautious in the employment of this technique, in that they record only surface behaviour....
(Parlett and Hamilton 1977, p 19.)

In an attempt to ensure that meaningful underlying features were not missed in this study, the technique of unstructured observation was used in the classroom setting during the first 12 months of the course. Non-participant unstructured observations were conducted during particular teaching sessions on a regular basis, with a sub group of the April 1991 group of students.

**INTERVIEWS**

A number of researchers have acknowledged that the discovery of the views of participants is crucial to assessing the impact of an innovation (Parlett and Hamilton
1977, Fox 1982, Field and Morse 1985, Treece and Treece 1986). They have suggested that brief structured interviews are convenient for obtaining factual information, and that more open-ended forms of interviews are suitable for less straightforward topics such as feelings, anxieties and reasons for actions. Those same researchers also acknowledged that, although highly desirable, the interviewer cannot always interview all participants involved in innovations unless it is a small study, and therefore must be selective.

This was an illuminative evaluation study, the purpose of which was to provide a comprehensive understanding of the complex realities surrounding the pre-registration nurse education course. Field and Morse (1985) suggested that the researcher who seeks to understand phenomena may find that such phenomena are not evenly distributed in a population; and that one should select the sample because of the purpose of the study rather than because of the relationship of the subjects to the overall structure of the group. As a result of these suggestions and recommendations and the fact that this was considered to be a relatively small study, a decision was taken to interview a whole population. This was accomplished by conducting semi-structured interviews with all the members of teaching staff who taught, facilitated or supported the April 1991 cohort in the CFP and the Branch programmes.

**Questionnaires and Test Data**

In addition to the data collection methods of observation and interviews, questionnaires were used to procure data from the cohort of students at the end of the first nine months, at the completion of the three year course and ten months post-course. A questionnaire was also used to obtain information from the service providers in the practice areas designated for student nurse placements.

There are a number of advantages and disadvantages associated with the use of questionnaires. The advantages are that they are relatively inexpensive to administer, they offer the possibility of complete anonymity, and a wealth of information can be obtained from a large number of subjects (Polit and Hungler 1983, Fox 1986, Treece and Treece 1986, Couchman and Dawson 1990). Some of the recognised disadvantages or limitations of questionnaires, such as the superficiality of the data which have been obtained by this method may be regarded, have been presented. Other identified potential difficulties are associated with the design and construction of the instruments used for this data collection method. Numerous researchers have stressed that the questionnaire must be appropriate for the target population in relation to the presentation format, wording, language, content and question sequence (Polit and Hungler 1983, Field and Morse 1985, Fox 1986, Couchman and Dawson 1990). If attention is not paid to these areas, the suggestion is that the response rate could be affected and a mass of useless data could be obtained. The criteria which were used for the design and development of each of the questionnaires that were used in this study are presented below in the report of the relevant stage of the study.

The suggestion that the illuminative evaluator should concentrate on observation, questionnaires and interviews is supported by Burgess (1982). However, he also
recommended that other methods should not be ignored and that course participants can be asked to keep diaries or work books and activity sheets throughout the course, or for a specified period of time. Any of these are considered to be of potential value to the researcher and may provide unanticipated facts and new information (Treece and Treece 1986). Critical incidents were not regarded as activity sheets as such, but were considered to be another valuable appropriate data collection method for this study.

CRITICAL INCIDENTS

Critical incident reporting was a data collection method that was used with the students at the beginning of the Branch Programmes. The original intention had been to conduct non-participant observations with the students while they were working in their practical placements, but this proved to be an unviable proposition for a number of reasons.

The critical incident technique is a set of procedures used to collect data about peoples' behaviour by examining specific incidents related to that behaviour. Critical incidents are specific events which are described by individuals as having significant meaning, and can relate to any observable human activity. They have been described by Clamp (1980) as 'snap shot views of the daily work of the nurse'. Cormack (1991) suggested that the advantages of using this technique are that critical incidents provide descriptions which contain a minimum of generalisations and personal judgements. The other advantages of this technique are that it is extremely flexible and more often than not yields useful and insightful information about the particular issues being studied; and that the focus is on actual behaviour rather than on attitudes and intentions (Polit and Hungler 1983, Cormack 1991). The disadvantages of the critical incident technique include the dependence on the communication skills of the 'witness' for the quality of the data and, more importantly, that a fairly large number of incidents must be collected before any sense can be made of the data, or before any themes become apparent (Polit and Hungler 1983, Cormack 1991)).

This particular technique was developed by Flanagan (1954) an American psychologist, and has been used extensively in the United States for more than 30 years. In recent years this has also become an increasingly popular data collection method for nurse researchers in the United Kingdom, because it is considered to be extremely versatile and effective for obtaining data relating to nursing activities (Polit and Hungler 1983, Treece and Treece 1986 and Cormack 1991). There are two ways of collecting data on critical incidents, either by a self-report procedure or by observation, and as this data collection method was used in preference to non-participant observation in the practical areas, a report procedure was selected for this study. As with the questionnaires, the actual criteria and format that were used for the collection of critical incidents are presented in the report of the relevant stage of the study.
The purpose of using multiple data collection techniques, triangulation, is to illuminate the problem from a number of vantage points. Cormack (1991) stated that in order to counteract the limitations of all research methodologies, it has become fashionable in nursing to suggest the compromise of triangulation. Denzin (1978) identified four basic types of triangulation. He identified data triangulation as the use of multiple data sources in a study; investigator triangulation as the use of multiple individuals to collect and analyse a single set of datum; theory triangulation as the use of multiple perspectives to interpret a single set of datum, and methodological triangulation, the use of multiple methods to address a research problem. It was not possible to employ Denzins' (1978) second type of triangulation in this study, but the other three types were used to 'provide a basis for convergence of the truth' (Polit and Hungler 1987).

Triangulation is advocated by Cohen and Manion (1980) who suggested that triangulation is difficult but worthwhile because it makes the data and findings believable. Cohen and Manion (1980) defined triangulation as the use of two or more methods of data collection in the study of some aspects of human behaviour. It is studying an issue from more than one standpoint, such as making use of data obtained from observations and interviews. They considered that the use of just one method provides a limited view of a complex issue and may bias or distance the researchers' picture of the aspect under examination (Cohen and Manion 1980). Clark (1987) proposed that there are some ethnographers who accept that every method used for data collection has its own particular weakness, and concurred with Polit and Hungler (1987) who suggested that the purpose of using triangulation is to provide a basis for convergence on truth.

Silverman (1985) pointed out that proposed triangulation methods reflect the natural science, positivist frame of reference. It assumes that one 'truth', or a single undefined reality can be found, and various accounts can be treated as multiple mapping's of such a reality which can be fitted together to form a complete picture. However, according to Silverman (1985)

What goes on in one setting is not a simple corrective to what happens elsewhere - each must be understood in its own terms.
(Silverman 1985. p.21.)

Hammersley and Atkinson (1983) suggested that triangulation is a term that has different meanings in different contexts. They distinguished between the different meanings as:

Data-source triangulation, in which data relating to one phenomenon are compared. The data may be collected at different times or from different respondents.

Researcher triangulation, which might use different observers and compare their findings.
Indicator triangulation, where different types of data or indicators related to a particular phenomenon are compared.

Clarke (1987) suggested that any comparison of findings in triangulation is a 'complex matter involving more than a single aggregation of results or the refutation of one finding by another'. Therefore for the purposes of this study, triangulation was considered as a reflexive activity and each new finding was used to reflect light on the previous one which aided the development of new insights and interpretations.

**CONCLUSION**

The decision was made to conduct a case study on a P.2000 programme and use the eclectic research approach of illuminative evaluation. The reasons for the selection of the research strategy have been presented as have rationales for the data collection methods which were used. The ultimate aim in undertaking this illuminative evaluation study was to provide a comprehensive understanding of the complex realities surrounding a pre-registration nurse education programme. In other words it was conducted to illuminate and disentangle complexities, isolate the significant from the trivial, sharpen discussion and to facilitate the generation of theory.

The aim was not to make decisions on the future or worthwhileness of the innovations and therefore the programme, but to contribute to decision making for the future. The decision makers, in this instance the College Management Board, participants, the ENB, curriculum planners and local employers will, in all probability, look for answers relevant to their own particular interest. Each group will have differing priorities and evaluation criteria and as Parlett and Dearden (1977) suggested:

*If the evaluator is to acknowledge the interest of all of these groups, he/she cannot provide a simple answer on the future of the innovation.*

(Parlett and Dearden 1977, p 24.)

The study progressed in a three stage framework of observation, further enquiry and evaluation, and stage one of this framework is presented in the following chapter.
SECTION THREE. THE LONGITUDINAL STUDY

Chapter Six Stage One of the Three Stage Framework.

INTRODUCTION

An introduction to the P.2000 programme which was identified for this case study is provided at the beginning of this chapter, as are the biographical data for the April 1991 students who followed this programme. These are followed by a full report of the progress of this study through the first stage of a three stage framework together with the areas which were identified for further focusing. The first stage of such a framework has been summarised by Parlett and Dearden (1977) as the immersion of the evaluator in teaching and learning situations, the collection of data by observing teachers and students both formally and informally; and suggestions for further enquiry which should enable the questioning to become more focused and observation and enquiry to be more directed, systematic and selective.

THE P.2000 PROGRAMME

The programme for the three year P.2000 course was divided into a Common Foundation Programme (CFP), which was followed by all the members of a cohort of students, and one of three Branch programmes, each of which was of 18 months duration. The CFP and each of the Branch programmes were further divided into two Parts which consisted of a number of Units of learning. All the students on P.2000 programmes were assessed and examined on both theory and nursing practice throughout the three years by a scheme of continuous assessment which consisted of both formative and summative assessments. Although the students' nursing practice was assessed continuously throughout each of the Units, the summative assessments for the theoretical aspects consisted of nine written assignments, four examinations and one extended study and was considered by the College staff and the students to be excessive. This resulted in a report being sent to the validating bodies from the College Examination Board which requested a review of the College assessment strategy for the P.2000 course. Halfway through the programme on which this study is based, the validating bodies agreed that the students were being over assessed on the theoretical aspects and suggested that the number of assessments should be reduced by one third. This is explained in greater detail below, where the effects of these changes on the April 1991 students are discussed.

As has been briefly stated, the CFP was divided into two Parts which comprised two and three Units of Learning. An outline of these is presented below in Table 2., together with an example of a Branch programme.

The summative assessments for the CFP and each of the Branch programmes, consisted of nine written assignments, one for each of the Units, and an examination at the end of each Part.
Table 2. Parts and Units of Learning in the CFP and the Adult Branch Programme.

CFP  Part 1. Sciences Basic to Health
     Unit a) An Introduction to Nursing and its Scientific Bases
     Unit b) Concepts Fundamental to Health

Part 2. Health, Illness and Related Nursing Practice
     Unit a) Origins and Processes of Ill Health/Handicap
     Unit b) Health, Illness and the Ageing Process
     Unit c) Integration and Application of Sciences: A Nursing Perspective

Adult Branch
     Part 3. Acquisition of Fundamental Adult Nursing Skills, Knowledge and Attitudes.
     Unit a) Introduction to Principles and Practice
     Unit b) Principles in Practice

Part 4. Towards Achievement of Nursing Competence
     Unit a) Proficiency in Practice
     Unit b) Responsibility and Accountability in Practice

Before the commencement of the April 1991 programme, meetings were held with the senior members of staff who were to take responsibility for that intake of students. Although the research had been sponsored the College Managers it was considered desirable that all senior members of staff were aware of the study and what it could entail. Meetings were also held with the Registry staff, CDT, the Examinations Officer and members of College staff who would have a major teaching and supervisory role with this cohort of students. In addition to these members of the College teaching staff, three lecturers who were jointly employed by the University and the College (JAs), were identified to teach the Social, Psychological and Biological Sciences to the April 1991 cohort during the CFP.
THE STUDENT GROUP

The study of the P.2000 programme commenced on Monday 8th April 1991 with a cohort of 86 student nurses. The reduction in numbers from the target group of 100 to 86 for this particular course resulted from not having an approved Child Branch, for administrative reasons, which was the favoured option of a large number of applicants on the waiting list; applicants on the waiting list for the September intake who had not yet achieved the entrance age of seventeen and a half and could not be brought forward; and the starting date for the course being too early in the academic year for current 'O' and 'A' level results.

The researcher met each of the students on 8th April 1991 as a member of the welcoming team but was formally introduced to the students on the first day of the introductory programme. In an attempt to allay any feelings of covert pressure to participate, it was considered necessary to explain to the students that although the researcher was a member of the College staff, it was in the capacity of a research fellow and not that of a teacher. During this meeting the students were given as much information about the intended illuminative evaluation study as was possible and the commitment that this would involve if they wished to participate in it. Following a unanimous group decision to participate, opportunities were provided immediately following that meeting and daily for one week, to enable individual students to ask any questions and withdraw from the study if they had changed their minds. The members of teaching staff were given similar information to that which had been given to the students, with the same options for non-participation if they did not wish to be included, or if they decided to withdraw from the study at a later date. All of the students and members of teaching staff agreed to participate in the study at that stage and appeared to be quite interested and committed.

BIOGRAPHICAL DETAILS

The students in this cohort had all applied for a nurse training course and an identified Branch Programme, through the mechanism of the UKCC Central Clearing House which functions in a similar way to the system that is used by institutes of higher education. Each of the students had attended an interview with a senior tutor and a nurse manager within the previous 12 months and the relevant personal details and biographical data of the successful candidates were sent to the College Registry. The allocations officer then allocated each student to one of the three sponsoring Health Authorities (HA) that supported the P.2000 course at the College. This allocation was based on the students preferences, their elected Branch programme and the number of available places in each HA for each of the Branch specialities, and the information was then given to the senior tutor responsible for this course and cohort of students. It can be seen from the biographical data presented below in Table 3, that this P.2000 course did in fact attract students from all age groups with a wide range of academic achievements, which was one of the aims of the UKCC (UKCC 1986).
Table 3. Biographical Details of April 1991 Cohort.

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<tr>
<th>n=86</th>
<th>No of Students</th>
<th>%</th>
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<tr>
<td></td>
<td>Female</td>
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<td>49</td>
</tr>
<tr>
<td></td>
<td>22-25</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>26-29</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>30-39</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>40+</td>
<td>3</td>
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<tr>
<td></td>
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<tr>
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<td>Afro-Caribbean</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>1</td>
</tr>
<tr>
<td></td>
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<td>8</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>2</td>
</tr>
<tr>
<td>ENTRY QUALIFICATIONS</td>
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</tr>
<tr>
<td></td>
<td>5+ O Levels</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>5 Equivalent</td>
<td>9</td>
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<tr>
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<td></td>
<td>Degrees</td>
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<td></td>
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<td>7</td>
</tr>
<tr>
<td></td>
<td>Mental Handicap</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Don't Know</td>
<td>1</td>
</tr>
<tr>
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<td>30</td>
</tr>
<tr>
<td></td>
<td>Y</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Z</td>
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Table 3 a. The Five Sub-groups.

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<td>10</td>
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<tr>
<td>22-25</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>3</td>
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<tr>
<td>26-29</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>30-39</td>
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<td>5</td>
<td>2</td>
<td>3</td>
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<td>6</td>
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<td>5</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Afro-Caribbean</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Asian</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>African</td>
<td>-</td>
<td>3</td>
<td>4</td>
<td>-</td>
<td>-</td>
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<td>12</td>
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<td>14</td>
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<tr>
<td>5 Equivalent</td>
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<td>-</td>
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<td>3</td>
<td>-</td>
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<td>Mental Handicap</td>
<td>-</td>
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<td>2</td>
<td>2</td>
<td>1</td>
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<tr>
<td>Don't Know</td>
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<table>
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<th>sponsoring health authority</th>
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<td>3</td>
<td>5</td>
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</tr>
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<td>5</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>6</td>
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</table>
At the beginning of each programme, in an attempt to support the students and facilitate learning by following the philosophy for the College curriculum, each student was allocated to a personal tutor from the members of teaching staff referred to above. These personal tutors held weekly meetings with their own student groups and ‘posted’ times at which they would be available for extra tuition, counselling or personal or professional support. Additional support for the students was provided by the services of a College counsellor who was not a member of the teaching staff and was available during college hours at the main College campus, or if required at the satellite units.

Following the experiences of managing and teaching two intakes of students and a lack of appropriate teaching accommodation and resources for such large numbers, the CFP teaching team divided the April 1991 group into five smaller groups (See Table 3 a. above) for all teaching periods except the major lectures in Sociology, Psychology and Biological Sciences.

Each one of these groups was allocated a member of teaching staff for each of the subject areas according to the expertise of the individual tutors, with the exception of Sociology, Psychology and Biological Sciences. The intention was to use team teaching for these three subject areas, with a JA delivering the main lecture to the large group of students for 40 minutes, following which the group would then divide into the five smaller groups for a subject related seminar. At the end of these seminars the students would return to the lecture room for a plenary session with the JA. It had been suggested that teaching in smaller groups would improve the quality of teaching by enabling the tutors to consider the students as individuals, and cater for a wider variety of teaching and learning styles in addition to an effective use of existing resources.

It was considered impractical to conduct unstructured classroom observations with the whole group which would in turn split into five separate groups after 40 minutes, therefore a decision was taken to observe just one of the five groups in the classroom setting. The senior tutor responsible for the CFP did not use a particular criterion to determine the allocation of individual students to a group, other than the achievement of an even distribution of both the elected Branch specialities and the available experience for that Branch in the representatives’ HA, and the number of HA nominees in each group (See Table 3a. above). The teaching staff considered that all of these aspects would be of benefit to the students when consolidating their practical experiences by providing moral support, enabling a cross fertilisation of ideas, attitudes, customs and practices.

Permission to conduct non-participant, unstructured classroom observations with one of the groups for Health Studies, Nursing Care and Patient Teaching was sought from the senior tutor and the CFP teaching team. This was readily obtained as was the suggestion that Group 1 should be the nominated group for this part of the study. The reason given for this choice was that the tutor identified for this group for the majority of the teaching sessions was an experienced teacher and extremely interested in the research being undertaken.
A course programme for the CFP was provided and arrangements were made to observe Group 1 in the classroom setting for a period of three hours, once a week for 12 weeks which would incorporate half of Unit a) and half of Unit b). These arrangements had to be changed when the senior tutor suggested that the observations should be delayed until the beginning of Unit b) when Concepts Fundamental to Health and Health Studies would be taught with a change of format from the one that had been used with the first two cohorts. During this period of negotiation and formation of relationships, the CFP team had gradually introduced the College based internal evaluation strategy with this particular programme, the results of which had led to the proposed change in format and delay in conducting the observations. The results from the College evaluation questionnaires are presented below and are considered to be an important aspect of the study.

**INTERNAL COLLEGE EVALUATION STRATEGY**

The College evaluation strategy included a requirement to periodically evaluate lectures, units of learning and practical experiences using internally validated questionnaires with both tutors and students. The data were then submitted to the Course Board of Studies (CBS), which in turn was followed by meetings attended by the responsible teaching staff who determined whether or not there were any problem areas which needed to be addressed.

Although the evaluation strategy required evaluation techniques to be employed from the beginning of each programme, there was quite a reluctance by many members of the teaching staff to evaluate any aspect of the programme other than through oral feedback. As a result of a large number of informal complaints by this cohort of students to their personal tutors, the first evaluation tool used with the April 1991 group of students was in June 1991. The students were asked to formally evaluate the Psychology lectures given by a JA by completing a questionnaire that had previously been validated by the College. (See Appendix B). Only 28 completed evaluation questionnaires were returned which resulted in a response rate of 33%. The majority of the ratings were on the Partially Satisfied and Unsatisfied scale, particularly in relation to methods of teaching, depth of information, the audio visual aids used or not used and the lecturer. Written comments included preferences for smaller groups, the need for more seminars, requests for fewer three hour long lectures, complaints that the subject was rushed and lacked depth and that the lecturer did not make the subject interesting.

One month later this particular lecturer was replaced by a newly appointed JA for Psychology. Three weeks later, following the change in lecturer the students were asked to evaluate a further group of Psychology lectures. On this occasion 53 completed evaluation questionnaires were returned giving a response rate of 62%, and although the data identified that the majority of respondents were satisfied with the quality of the Psychology lectures and the depth and breadth of information, they were dissatisfied with the length of the lectures, considered that their own objectives had not been achieved, the lessons were considered to be uninteresting if they were not applied to nursing and it appeared that there was a dearth of AVAs. The results from
this data also demonstrated that the respondents considered:

the delivery of the subject was uninteresting and at too fast a rate,
there was too much reading from a book,
that very few, poor audio visual aids were used,
there was a need for more seminars,
that inappropriate teaching methods were used and
there were too many changes of teachers designated for leading the seminars.

There were two requests for more formal lectures, 19 requests for an increase in the number and lengths of seminars; 16 requested fewer and shorter seminars and ten hoped things would stay as they were. It was difficult to arrive at any conclusions from the findings of these two evaluation questionnaires, mainly because of the differences in the response rate on the two occasions and the fact that only one subject and two lecturers had been evaluated. However, there was a strong indication that the students were not at all happy with the teaching or the teaching methods that had been used.

The results from these data collections prompted a request from the Course Board of Studies (CBS) and from the researcher for a tutors' evaluation and report of Part 1, Unit a). This report stated that overall the tutors considered that the Unit had presented an integrated experience to the students and that the teaching sessions had been presented in a logical sequence. Although in their opinion, the teaching methods were usually appropriate to the subject being taught, the tutors considered that the large number of students made it difficult to provide teaching methods to suit each individual. The tutors were generally uncertain that the prior experience of students had been fully utilised by the other students. It was considered that adequate opportunity had been given to the learners to explore topics of interest and value to them but very few students had taken advantage of developing learning contracts or setting their own objectives for learning. The depth of knowledge was considered to be appropriate to the needs of the learners but not always appropriate to their ability. It appeared that in the tutors' opinions, a climate of worthwhile learning, caring, cooperation and investigation had been achieved.

**Evaluation of Part 1, Unit a).**

Following an expressed concern over the unsatisfactory findings from the Psychology evaluations, the contradictory satisfactory comments contained in the tutors' report and an attrition of eight students from this cohort during this Unit, the CBS asked for a students' evaluation of the whole of Unit a). College evaluation questionnaires were completed by the students on the last Friday afternoon of the Unit in the presence of a tutor and 66 completed questionnaires were returned which resulted in a response rate of 85%. A synopsis of this evaluation was available for this study but the actual questionnaires had been mislaid therefore the negative and positive responses could only be used as indicators for further investigation and not considered as accurate data. The data are presented below in Table 4.
The findings from these data demonstrated that there were many positive as well as negative aspects. The respondents considered that the staff had been friendly and welcoming in the Introductory week, but that far too much time had been wasted. It appeared that the students’ considered that the main group was too large and overall preferred the smaller groups for seminars which in their opinion were far more effective. However, the findings also indicated that the use of seminars had presented some logistical problems particularly in relation to the availability of classrooms. Another issue apparently still unresolved was a lack of audiovisual resources.

Table 4. Student Evaluation of Part 1 Unit a)

\( n = 66 \)

<table>
<thead>
<tr>
<th></th>
<th>DY</th>
<th>Y</th>
<th>P</th>
<th>UN</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Introductory Week was Satisfactory</td>
<td>7</td>
<td>28</td>
<td>28</td>
<td>3</td>
<td></td>
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<tr>
<td>Appropriate Teaching Methods Were Used</td>
<td>5</td>
<td>34</td>
<td>17</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>You Were Adequately Assessed</td>
<td>4</td>
<td>24</td>
<td>9</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Environment was Conducive to Learning</td>
<td>4</td>
<td>39</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Helpful, Approachable, Motivated</td>
<td>15</td>
<td>35</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate and Helpful Supervision</td>
<td>21</td>
<td>25</td>
<td>7</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Good Integration of Theory and Practice</td>
<td>5</td>
<td>15</td>
<td>29</td>
<td>4</td>
<td>4</td>
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<tr>
<td>Research Encouraged and Promoted</td>
<td>13</td>
<td>26</td>
<td>12</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Satisfactory Sociology Lectures</td>
<td>9</td>
<td>27</td>
<td>19</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Satisfactory Psychology Lectures</td>
<td>10</td>
<td>35</td>
<td>12</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Appropriate Nursing Studies for the Unit</td>
<td>9</td>
<td>27</td>
<td>16</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Theoretical Aspects - Objectives Achieved</td>
<td>15</td>
<td>37</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfactory Biological Sciences Lectures</td>
<td>13</td>
<td>31</td>
<td>5</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>P.I.P. Development of Skills</td>
<td>8</td>
<td>18</td>
<td>20</td>
<td>6</td>
<td>4</td>
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<tr>
<td>Useful Study Skills</td>
<td>1</td>
<td>3</td>
<td>13</td>
<td>13</td>
<td>25</td>
</tr>
<tr>
<td>Beneficial Placements</td>
<td>20</td>
<td>31</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

The synopsis of the findings from the data obtained from the students’ evaluation of the whole of Unit a) identified a large number of students who were only partially satisfied, uncertain or were dissatisfied with many theoretical aspects of the Unit. It appeared that although in the students opinions the staff were willing and motivated to share their knowledge, skills and expertise, and that they had received adequate and helpful supervision, the majority of respondents commented that all teaching staff had difficulty in relating to them on an equal basis; one written comment was that the relationships resembled those experienced in a primary school. The findings also indicated that some teachers did not like answering questions. The majority of the respondents considered that they had been adequately assessed but others felt limited due to the time constraints, some suggested a possible lengthening of the student day, and a few commented that in their opinion the curriculum was not being followed,
particularly in relation to Health Education, Nursing Models and Nursing Care. It appeared that three other positive aspects were the skills the respondents considered that they had developed through the Personal and Interpersonal Skills (PIP) lessons, the integration of theory and practice and that the practice placements were considered to have been beneficial.

The findings indicated that the majority of students liked the variety of teaching methods used, although the respondents did not consider them to be varied enough. The majority of the respondents commented that a variety of methods made the subjects more interesting, but a minority requested more formal teaching. The findings indicated that the variety of teaching methods used had only been a recent occurrence and resulted from a number of complaints about uninteresting three hour lectures. It also appears that there was a unanimous request for more audiovisual aids (AVAs) particularly an increase in the use of overhead projectors (OHPs), and that small group work was the most popular followed by discussion and lectures, with large group work and student led seminars being the least popular.

The students' comments reflected that they were encouraged to seek, select and read appropriate research studies but although they had found this difficult without prior knowledge of research methodology and appreciation, the majority were satisfied or partially satisfied with the integration of theory and practice. The findings demonstrated that many of the students considered that the Psychology lectures had improved with the change in lecturer and had commented positively on the links between seminar groups and the lectures. The majority of the students considered that although there had been too many lengthy Psychology lectures with no application to nursing, these had improved recently. The findings indicated that the students felt that they had not been treated as equals and in fact had been treated like primary school children, but alternatively, it appeared that the students did not like taking responsibility for their own learning. It appeared that many of the students' comments also reflected a dislike of self directed learning, particularly when there had been very little guidance. Other negative comments were linked to the style of lecturing, the teaching methods employed or not employed and the lack of AVAs. The students felt that they could not take notes from the lectures, that were sufficiently clear and understandable at a later date, and very few seemed to like the format in which the lectures were presented. It appeared that the students would have preferred to have been able to ask questions and get reasonable answers.

During a discussion with the CFP team, the tutors stated that they did not think that the individual students' learning styles had been catered for and that the students were not really responding to self directed study. The tutors suggested that they themselves had some misconceptions and confusion regarding Health Education and Health Studies, Nursing Models and Nursing Theories and the purpose of the practical placements. Between them, there was also a diversity of opinion as to which teaching methods were appropriate for which subjects. They also suggested that the title Nursing studies was confusing for the students, because the subject content of the lessons was really Health and Health Education.

At a tutors meeting held on 30th July the CFP team decided to change the format of
the Nursing Studies and Health Studies courses for the next Unit, as has been stated, to one that would more closely reflect the philosophy of the course in an attempt to reduce some of the confusion and misconceptions. The changed format was agreed and copies were circulated to the relevant members of the College staff.

**DATA TRIANGULATION**

In an attempt to study the issues from more than one standpoint, it was decided to design, pilot and validate a questionnaire for the large cohort, during the period in which the initial unstructured classroom observations were being conducted with a small group of the students. It was considered that each of these methods would further illuminate the areas of concern that had arisen from the internal evaluations. It was deemed necessary to determine what the students' preferred styles of learning and teaching methods were; what helped them to learn most effectively; whether in fact they disliked taking responsibility for their own learning and were their concepts of health education, health promotion and patient teaching similar to those suggested in the aims for the first two Units of the CFP.

An earlier suggestion was made that for the purposes of this study triangulation was considered as a reflexive activity and that each new finding was used to shed light on the previous one. This was enabled by conducting semi-structured interviews with the members of teaching staff who had, or were going to have, a major teaching role with this particular cohort of students. These three methods for the collection of data were used concurrently over a period of nine months. The questionnaires were designed and piloted during the second month of classroom observations, adjusted as a result of the pilot study and then distributed to every member of the April 1991 cohort. The semi-structured interviews with the members of teaching staff were conducted in the sixth month period following the commencement of the classroom observations and during the analysis of the data from the returned student questionnaires. The findings, emerging themes, analyses and areas for further focus are presented below in the order in which the data collections were conducted.

**NON PARTICIPANT CLASSROOM OBSERVATION**

The intention was to conduct free and unstructured non participant classroom observation with Group 1, for a three hour morning period each week during the whole of Part 1. Unit b), for the subject Nursing Care which incorporated Health Education and Patient Teaching. The three subjects had been merged in an attempt to help the students to think of Health Education and Patient Teaching as a normal part of Nursing Care, and not as separate entities. The periods for the subjects, classrooms and the named nominated tutors for each of the five Groups were timetabled and circulated for Unit b), but due to staff sickness, alterations to the timetable and because during Part 1. Unit b), each of the five Groups had four different tutors, the subjects in actual fact overflowed into Part 2. Unit a).

An introduction to the 17 students in Group 1. took place in the first week of the Unit,
together with an explanation of the purpose of conducting classroom observation with the group during particular teaching sessions, and the importance of the non-participative role of the observer. This appeared to be readily accepted by both the students and the tutor and by mutual agreement, observations were commenced the following week and over a period of five months, 16 observations were conducted with this Group.

The first observation period was planned to last for the duration of the three hour teaching session but ceased after 10 minutes following a request from the tutor to abandon the observation for this session. A subsequent interview disclosed that the tutor had not felt well, was embarrassed and had suffered an acute attack of nerves, but would welcome the presence of the observer for the remainder of the teaching periods in the Unit. This abrupt ending of an observation period did not occur again and each of the observations lasted between one and three hours depending on the length of the actual teaching input and the time allocated in the session to self directed study or guided study, when the students would go to their own preferred area. The amount of time for self directed and guided study varied according to the preferences of the tutor who led each of the teaching sessions.

The intention of conducting non-participant observations was thwarted by two main factors which resulted in an unintentional change to what Field and Morse (1985) describe as Participant-as-Observer. On three occasions when a tutor failed to attend, a suggestion was made that the observer should teach the group, but the role of the observer had been re-negotiated during the third observation period following repeated requests for corroboration of facts by two tutors and examples for Mental Handicap by the students, during the two previous periods. The new role and parameters for the observer were that responses and advice would be given if they were required, but the role of teacher or facilitator would not be assumed, whatever the circumstances. Therefore the three requests to teach the group were firmly declined.

The number of students attending the Group 1. sessions gradually dwindled from 17 at the beginning of Part 1. Unit b) to 11 at the end of Part 2. Unit a), a factor which was reflected in the attendance at all teaching sessions for the whole cohort and the five individual Groups. It became apparent that the students had read the curriculum submission documentation and understood that they had an element of choice in both the theory and practical experiences, and therefore would only attend sessions that they felt would help them pass the assignments and end of Part 2 Examination. These the students considered, were of the utmost importance to them, because passing both were essential to their continuation on the course. During discussions with the students between teaching sessions and at informal and formal meetings with the student representatives, the students displayed their anger and frustrations and passed some very bitter comments regarding the discontinuation of a number of their colleagues, who had either failed an assignment or the end of the Part 1. examination at the second attempt. They felt quite strongly that the examination system was not one of continuous assessment, but a series of 'hurdles that had to be jumped' and resembled 'the Grand National Horse Race', hence their determination to attend only those subjects that were identified in the examination papers. The students considered that the examinations did not test what had been studied so therefore they would study
what was to be examined. The tutors suggested that this could result in the students becoming super passers of examinations at the expense of being knowledgeable doers as required by the UKCC (1986).

The concern regarding this poor attendance at teaching sessions was expressed in an unofficial letter from a senior tutor to the ENB, the results of which had quite far reaching effects. The response was in the form of a directive from the ENB to the CBS that necessitated the introduction of a policy which required all students to attend all teaching sessions and sign a register before entering each classroom. This was indeed contrary to the Course philosophy of providing an element of choice in theory and practice according to the needs and previous experience of individual students; and treating the students as adult learners and encouraging them to take increasing responsibility for their own learning. The result was a conflict between what the UKCC (1986) deemed as essential skills and knowledge to enable Professional Registration, and the ENBs interpretation of the term Adult Education which is very similar to one described by Jarvis (1983), who suggested that:

'Adult' can be regarded here as an adjective, describing the type of education that occurs; a form of education that is adult in content, teaching and learning methods, relationships and in respect of the environment in which it occurs.

During informal discussions with the Group and each of the tutors, it was established that this enforced attendance did not help the relationships between the staff and the students, all of whom felt that the students were being increasingly treated like children instead of adult learners.

At the beginning of each of the observation periods an unobtrusive position was taken at the back of the classroom until the third occasion, when the students insisted that the observer should be seated amongst them. On each occasion brief notes were taken throughout the observation period and at the end of the lesson when the students had left the room, an informal discussion was held with the teacher who evaluated the teaching and offered an opinion as to the success or failure of the lesson. Immediately after this informal discussion, the rough jottings and notes of the observations were transcribed into fieldnotes. The immediacy of recording the observations is essential because it is recognised that the longer the gap between observation and transcription, the less accurate the information will be and many small significant occurrences may be forgotten (Field and Morse 1987, Polit and Hungler 1989). (An example of the field notes may be seen in Appendix C). A synopsis of the major findings from the 16 observation periods held with Group 1, which are considered to be of significance and relevance to this early part of the study, is presented below.
SYNOPSIS OF THE FINDINGS FROM THE CLASSROOM OBSERVATIONS

Number of Tutors

Although the Group should have been taught by one tutor for Nursing Studies, to ensure continuity, the Group had five different tutors, including one Director of Nurse Education who stepped in at the last minute; and one Student Tutor on practice placement from the University, the only planned change in designated teaching staff, of which the students were given prior notice. These changes resulted in a lack of continuity in subject matter, some topics being missed completely, others being repeated and on three occasions the students’ preparatory reading and seminar preparation was not utilised. There was also a variation in the depth and breadth of subject matter. From the looks exchanged between some of the students and not so quiet asides during two of the lessons, it was apparent that either the teachers’ level of knowledge was considered to be superficial, or the needs of the students had not been considered.

Methods of Teaching, AVAs and Subject Integration

A variety of teaching methods were used by the five tutors during the observed periods, although each one appeared to favour one particular method. Two appeared to favour a questions and answers teaching method interspersed with brainstorming and discussion periods. Two other tutors used OHPs and lectures as their teaching method and on each occasion this appeared to be appropriate for the subject matter being taught. One tutor favoured the talk and chalk method of teaching interspersed with humorous stories regardless of the subject matter being taught, which on one occasion was preparation for a student led teaching practice. Each of the tutors provided handouts at the end of their teaching sessions and references for further reading during the private study periods but the only AVAs used during the 16 observed periods were OHPs. During four observed teaching periods one tutor overtly related aspects of Health Education to actual nursing care and the importance of teaching patients how they could adopt a healthier life style, and one tutor who was observed, always took the opportunity to relate the subject being taught to the sociological, psychological and biological science aspects currently being taught in the Units. As stated previously, this linking of the other subjects to nursing care was considered by the CDT to be essential to the teaching of holistic care, but was observed to be the exception rather than the rule.

Student Response

During each of the teaching sessions that were observed the students appeared to respond extremely well to whatever teaching method was being used. All but one of the students regularly wrote down some notes during the teaching periods and all the students participated at some time during the lesson, either by asking and answering questions or presenting their work. On each occasion when students were asked to prepare for a student led seminar there were a few asides of ‘Oh no not again' but
each one did do the necessary work. The only observed disharmony occurred when tutors were late, failed to arrive to teach or when it was suggested that the group should undertake some guided study for the remainder of the morning period. From the comments and loud mutters that were overheard, this was considered to be an 'opt out' used too frequently by some of the tutors.

Student Tutor Relationship

The relationship between each of the tutors and the students appeared on the majority of occasions to be that of equals. Each of the tutors were on first name terms with the students, breaks for refreshments were always negotiated and questions were always answered or dealt with sympathetically. During each of the observed lessons the tutors also appeared to consider the particular cultural and ethnic needs of the students. Their awareness and consideration was demonstrated by explanations of their anecdotes, mnemonics and the background to similes and examples and a lack of assumptions regarding the students' cultural upbringing. All of the tutors tried to introduce informality in the seating arrangements in the classrooms but the students invariably preferred to sit behind tables or desks and would rearrange the furniture to achieve a more formal setting. It was observed that the signing of the daily register and the forced attendance at all of the teaching periods appeared to be the main 'bone of contention' that made the students feel they were treated like school children. Comments were overheard which referred to the fact that they were treated like the University students when it suited the College, but not when it came to taking responsibility for their own learning. During discussions between the tutors and the students in the first ten minutes of three consecutive teaching periods, it became apparent that there was a dichotomy here. The students wanted to take responsibility for their own learning by attending the subjects they felt were relevant, but this did not appear to include making arrangements for, or selecting appropriate practical placements in the community to meet their individual learning needs. This in the opinion of the whole Group was another 'opt-out' by the teaching staff.

Private Study/Self Directed Study

On four separate occasions the tutor responsible for teaching the Group was not available because of ill health and as a result of a breakdown in communications in the College, no alternative teaching arrangements had been made. On the first of these occasions a passing tutor suggested that the Group should do some self directed studying for three hours and this was accepted by the students with good grace; nine of the students went to the library and seven went to their rooms. On the next occasion a tutor who was teaching Group 2 arrived after an hour and taught each of the two Groups in turn for half an hour at a time, interspersed with self directed study. On the third occasion the Group had prepared for a student led seminar and after half an hour when no tutor had appeared to facilitate the session, the students organised themselves and had a very productive morning, albeit without any constructive feedback. The fourth time that a member of teaching staff was not available to teach this Group, the students spent half an hour grumbling about the waste of time and then
proceeded to organise themselves into small discussion groups. Each small group presented a research paper on a topical issue to the others and what could have been a wasted three hours, appeared to be a worthwhile exercise. In an informal discussion with the students at the end of this particular period, they admitted that although they resented having been put into that situation and a lot of precious time had been wasted, they did consider that the exercise had been beneficial. It appeared that although they disliked taking responsibility for their own learning, this Group were having to do just that and were doing it reluctantly, but very well.

**Tutors' Comments**

It is stated above, that at the end of each of the observation periods, a discussion was held with the tutor who had led the teaching period or lesson. On the majority of occasions this was instigated by the tutors who volunteered their own evaluation of the lesson, how successful or not they felt it had been, a resume of their own performance and whether or not in their opinion they had achieved the aims of the lesson. On two occasions the tutors asked for the opinion of the observer before offering their own evaluation but these were refused as tactfully as possible. Three of the tutors always considered that the lesson had been successful and that the Group had responded and participated as planned. One tutor apologised after one lesson for having run out of time and on another occasion felt that the aims and objectives had not been achieved. Three of the tutors suggested after each of the lessons that they really should have asked the students for an evaluation and that they would remember to do this the next time, but in actual fact they did not. In a discussion with one tutor it appeared that a student evaluation was considered to be superfluous because they always responded well to that teaching method and previous experience had proved that they always remembered the lesson because of the 'gory stories'. The student tutor who had conducted an observed teaching practice, did ask the students to evaluate the teaching session but departed from the classroom with the completed evaluation forms before an informal discussion could be held.

**Discussion of the Emerging Themes from the Data (1)**

It was considered that the themes which emerged from the data obtained from the 16 classroom observations, reflected the findings from the data obtained from the College evaluations, both of which are presented above. It appeared that the students remained dissatisfied with the same aspects of their course that they had identified in the evaluations. The findings indicated that in spite of the evidence that the tutors responsible for teaching the Group adopted the philosophy of the College (College Curriculum 1989) and treated the students as equals and adult learners, the students strongly disagreed. It is suggested here that this dichotomy should be expected if two of Knowles' (1978) four major tenets that distinguish andragogy from pedagogy, are considered. It was recommended earlier in this study that the students should have been gradually introduced to independent learning along a learning continuum as envisaged by Knowles (1984). It is suggested here that although it was considered to
be a gradual introduction to independent learning, perhaps the tutors should have helped the students to understand the need to know, before giving them the responsibility of selecting and arranging their own practical placements.

Although self-directed learning according to Jarvis (1983) 'is a form of learning that occurs when a learner embarks upon a process of learning without the guidance of a teacher', the numerous periods of self-directed or guided study without any clear guidelines from the tutors remained an issue. As did the apparent waste of classroom time on a number of occasions through poor organisation and an inadequate communication system. Another theme that emerged from the findings of both sets of data was the students' desire for a greater variety in teaching methods and more AVAs, although the findings indicated that the students appeared to participate in and respond to whatever teaching methods had been used. The indications were that the desire for different teaching methods, resulted from the frequent use of long, three hour lectures rather than a knowledge of teaching methods or preferred learning styles.

The findings indicated a contradiction between the tutors concern regarding their not having catered for the individuals learning styles together with the students lack of response to self directed study, and the tutors expressed opinions that their own teaching methods had been appropriate. This had demonstrated that there was an awareness of, but conversely an apparent disregard for, the need to consider the different learning styles of the students. The previously presented findings from a large number of studies have demonstrated an increasing professional concern regarding teacher awareness of individual learning styles and the need to employ a combination of styles. It is suggested here, like Brink (1988), that if the students' desires for a greater variety of teaching methods were satisfied, all their learning styles would also be accommodated.

An important issue that appeared to emerge from the findings was the difficulty the students had in adopting an holistic approach to their studies. In the majority of lessons it was observed that Nursing Care was taught in isolation from the other course subjects. This aspect, in addition to the acknowledged pressure of the examination system and the expressed resentment by the students regarding the high attrition rate, also reinforced the selection of what were considered by the students to be important subjects and defeated to a large extent, the exercise of merging Health Education, Patient Teaching with Nursing Care. It is suggested here that collectively, all of these factors inhibited student attendance at some of the teaching sessions and as a result of this and the waste of classroom time, could result in an unacceptably high student nurse attrition rate. Therefore, it is considered that the above themes which emerged from the data obtained from the classroom observations, together with the findings from the College evaluations, indicated a number of issues that needed further investigation and clarification.

EXAMINATIONS AND ASSESSMENTS

The teaching staff, College managers and students had all expressed their concerns
regarding the College scheme of continuous assessment of the theoretical aspects for the P.2000 course, and considered that the students were being over assessed. The summative assessment for Part 1 consisted of two written assignments and four examination papers, each of which had to be passed by the students to enable their progression to Part 2 of the course. Although the students were allowed a second attempt at the assignments and examination papers, 14 students failed one or more of these at the end of Part 1 and were discontinued from the April 1991 cohort. These results, in addition to those from previous cohorts, reinforced the Colleges' request for a review of the scheme of continuous assessment and a reduction in the number of assessments and examinations for each of the Parts of P.2000.

The proposals for a reduction in the number of assessments and examinations for each Part was accepted by the validating bodies who suggested that the April 1991 cohort should follow the original scheme until the end of Part 2, but if they so wished, could follow the revised scheme in the Branch programmes. Therefore the April 1991 cohort had to complete three more assignments and pass two more examination papers in Part 2, before they could progress to a Branch programme and benefit from a reduction in the number of theoretical assessments. The revised scheme of continuous assessment for the theoretical components included a reduction in Parts of the course, as may be seen below in Figure 7. Instead of four Parts, two for the CFP and two for each of the Branch programmes, there were now only two.

Figure 7. Revised Scheme of Continuous Assessment.

Summative Assessments of Theory.

   3 Assignments.
   2 Examinations. (3 papers)
Part 2. Branch Programme(s).
   2 Assignments.
   1 Examination. (3 papers)

Student Questionnaires

The decision was taken to use a questionnaire with the April 1991 cohort, based on the issues that had been highlighted in the data obtained from the internal College evaluations and the initial classroom observations. The period of classroom observations and the informal discussions with the Tutors were used for the exploratory stage to enable the design of a structured questionnaire that would seek relevant data. This is considered by Couchman and Dawson (1990) to be an essential stage in the construction of a structured questionnaire in order to avoid gathering a vast amount of superficial or meaningless information. Polit and Hungler (1987) suggested that as a questionnaire schedule is not just a random set of questions that
are pulled out of a hat, some careful thought needs to be given to the sequencing of the questions. They indicated that the sequence of the items should be meaningful to the respondents which in turn should encourage them to complete the questionnaire (Polit and Hungler 1987). Other suggestions proffered by Reid and Boore (1987) and Seaman (1987) were that questionnaires should be inviting and interesting to complete, as unambiguous as possible and written in an appropriate language for the target group. Therefore in this questionnaire, the items were set out in a logical progression using closed and open questions alternately in an attempt to make the questionnaire as interesting as possible. Attention was paid to the construction of the items, every attempt was made to use an appropriate language and the schedules were kept as short as possible.

The questionnaire consisted of 18 items, three were closed questions with fixed choice responses that were intended to provide quantitative data; nine items were open-ended questions to provide qualitative data; and two Likert scales were used for six items which together comprised 18 statements. Following the design of the questionnaire a pilot study was conducted with a group of 10 students from the previous intake on a P.2000 programme. The results of the pilot study identified a need to change item eight to a two part statement in the first Likert scale; 8a) for Hospital settings and 8b) for community settings. It was evident that this statement had been poorly constructed because all 10 students had commented that they could not answer it as they had been encouraged to identify potential learning opportunities in one practice area, but not in both. The remaining items appeared to be satisfactory and provided the data that was required for this part of the study.

A personally typed covering letter for the questionnaire was enclosed, explaining the purpose for the questionnaire and assuring the individual of anonymity and confidentiality, together with instructions for how, when, where and to whom it should be returned. This type of cover letter is considered by Treece and Treece (1986) to encourage participants to take an interest in answering the questionnaire, which was considered particularly important in this instance because of the poor response rates from this cohort for the College evaluations. (A copy of the questionnaire and the cover letter may be seen in Appendix D). A self addressed envelope was also attached to the questionnaire as the internal College mailing system was to be used for their return in an attempt to reduce the cost incurred by postage and to speed up the return of the completed questionnaires. A questionnaire with the cover letter and an envelope was handed to each member of the April 1991 cohort in the five Groups by the tutors, at the end of a teaching session in January 1992. At this time there were only 64 students present across the five groups as three were on sick leave and 19 had left the course.

SYNOPSIS OF THE STUDENT RESPONSES

A total of 64 questionnaires were handed to the students and 41 were completed and returned, which resulted in a response rate of 60 percent. Although not as good a response as was anticipated, it was proposed by Treece and Treece (1986) that 60 percent is considered to be quite high for mailboxes in educational institutions. They
suggested that there are a number of factors which influence the response rate, such as the time in the academic year and the work load of the students. Information obtained from the Registry during the period that elapsed between the distribution and the return of the questionnaires, identified that a further 13 students had left the course. As a result of assuring the students of anonymity it was impossible to determine if any of the returned questionnaires were from students who had left during this period. The assurance of anonymity had been given to the April 1991 students following conversations held with this cohort at the beginning of the course. Although they accepted that this meant anonymity in the presentation of the findings, they had agreed to assist with all aspects of this study on condition that they would not have to identify themselves in any way. This reluctance by the majority of the students, to write their name on any evaluation form was evident throughout the first two years of the course.

Four of these responses were from male students and 37 were from female students, and the number of responses from each of the age groups are presented below in Table 5. Although the response rate was only 60 percent, the numbers of respondents from each age group and the genders are proportional to the number of April 1991 students in each of these two groups as presented in Table 3. above. Therefore it was considered here that the responses were representative in terms of age and gender for the whole group.

Table 5. Responses From Each of the Age Groups.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 - 21</td>
<td>17</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>22 - 25</td>
<td>14</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>26 - 29</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>30 - 39</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>40+</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>0</td>
<td>41</td>
</tr>
</tbody>
</table>

The responses to items three and four, which were intended to identify the individual students' understanding of the terms Health Education and Health Promotion, were compared to the aims and content of the lesson guidelines which had been provided for those responsible for teaching the subject Nursing Care. All of the responses to both of these items were quite brief but contained sufficient data to enable each individual students understanding of both of the terms to be determined by a logical analysis of the content. This was achieved by the development and establishment of a set of evaluator-generated constructions for each of the terms Health Education and Health Promotion to which each of the responses were applied. The quantitative data obtained from the responses to these two questions are presented below in Tables 5a and 5b.

Table 5a. Responses to Question 3. Health Education.

<table>
<thead>
<tr>
<th>Understanding</th>
<th>No Understanding</th>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>n=41</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 5b. Responses to Question 4. Health Promotion.

\[ n=41 \]

<table>
<thead>
<tr>
<th>An Understanding</th>
<th>Had No Understanding</th>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

The responses to the statements in numbers five, six and nine that used Likert scales, demonstrated that the majority of students considered that they had an appropriate attitude to the role of the nurse in Health Education and Patient Teaching and their importance in nursing practice. The responses to the statements in numbers seven and eight (a) and (b) indicated that the preparation for a Health Education role had been included and integrated in all of the studies and that the students agreed that an equal partnership between patient and nurse enhanced Health Education. However, it appeared that there was less encouragement to identify potential learning opportunities for patients in Community settings than there was in Hospital settings. The quantitative data from these five questions are presented in Table 5c. below.

Table 5c. Responses to Questions 5 - 9. Health Education and Patient Teaching.

\[ n=41 \]

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient teaching role is a vital part of nursing practice.</td>
<td>23</td>
<td>17</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Health education is not an important aspect of nursing practice.</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td>Preparation for a health education role has been integrated in all of your studies.</td>
<td>4</td>
<td>31</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>You have been encouraged to identify potential learning opportunities for patients/clients in the:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Hospital settings.</td>
<td>6</td>
<td>26</td>
<td>8</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>b) Community settings.</td>
<td>7</td>
<td>21</td>
<td>5</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Health education is enhanced when an equal partnership between nurse and patient is established.</td>
<td>23</td>
<td>14</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
The findings from the data obtained from item 10 demonstrated that 35 of the students understood the terms and had both experienced and participated in health education and patient teaching in their practical experiences, a few of whom made extensive comments and provided some very explicit examples of both. These respondents had provided similar descriptions to those proffered by Meyer (1989), which had been adopted as the operational definition for the P.2000 curriculum. Six students did not complete this section.

The data from item 11 indicated that all of the students had responded to more than one of the statements, which demonstrated that the majority considered that their own style of learning was reflected by a large number teaching and learning methods. It appeared they all considered that they learnt in a number of ways. As may be seen in Table 5d. below, only a minority considered that they learnt by following instructions or hearing about something.

**Table 5d. How Students Considered They Learnt.**

<table>
<thead>
<tr>
<th>Method</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being involved</td>
<td>36</td>
</tr>
<tr>
<td>Seeing something happen in real life</td>
<td>33</td>
</tr>
<tr>
<td>Discussions with peer group</td>
<td>23</td>
</tr>
<tr>
<td>Reflection</td>
<td>22</td>
</tr>
<tr>
<td>Personal experience, feeling, being personally affected</td>
<td>21</td>
</tr>
<tr>
<td>Questioning and receiving answers</td>
<td>20</td>
</tr>
<tr>
<td>Reading about something</td>
<td>17</td>
</tr>
<tr>
<td>Following instructions</td>
<td>15</td>
</tr>
<tr>
<td>Hearing about something</td>
<td>9</td>
</tr>
</tbody>
</table>

The data from item 12 are presented in Table 5e below and it may be seen how divided the students were on how helpful or not they considered some of the teaching methods had been. They were divided in their opinions on Large Group Discussions, Group Work and Dictated notes, but a majority agreed on the helpfulness of Small Group Discussions, Formal Lectures, Informal Lectures, Directed Study, Private Study and Questions and Answers, Demonstrations and Experiential Learning were considered by all but one and two students respectively to be helpful, but the teaching method Practical Work, was considered by all of the students to be either very helpful or helpful.
Table 5e. Item 12. Helpfulness of Teaching Methods. n=41

<table>
<thead>
<tr>
<th>Teaching Method</th>
<th>Very Helpful</th>
<th>Helpful</th>
<th>Not Very Helpful</th>
<th>No Use</th>
<th>Nil Use</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dictated Notes</td>
<td>2</td>
<td>22</td>
<td>14</td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Large Group Discussions</td>
<td>1</td>
<td>19</td>
<td>18</td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Small Group Discussions</td>
<td>11</td>
<td>22</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Formal Lectures</td>
<td>9</td>
<td>23</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Informal Lectures</td>
<td>12</td>
<td>25</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Demonstrations</td>
<td>17</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Group Work</td>
<td>6</td>
<td>18</td>
<td>15</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Directed Study</td>
<td>9</td>
<td>25</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Practical Work</td>
<td>26</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Experiential</td>
<td>19</td>
<td>19</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Private Study</td>
<td>14</td>
<td>20</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Questions and Answers</td>
<td>12</td>
<td>18</td>
<td>6</td>
<td>0</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

The aim of two of the open questions, numbers 13 and 14, was to determine what methods of teaching the students preferred and which ones they felt helped them to achieve their aims. The statistical data for these two items are presented below in Table 5f. The findings from these items both reinforced and contradicted aspects of the data obtained from the previous item. The majority of the students wrote a list of more than three teaching methods in response to each of these two items and in some instances although they preferred a certain teaching method, they did not consider that it necessarily helped them to achieve their aims. Only three of the teaching methods which were identified as preferred methods in response to items 13 and 14, were those that were also identified as very helpful and helped the students to achieve their aims in item 12.

Table 5f. Responses to Items 13 and 14. Preferred Teaching Methods. n=41

<table>
<thead>
<tr>
<th>Teaching Methods</th>
<th>Preferred Methods</th>
<th>Help to Achieve Aims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Discussion Groups</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Formal Lectures</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Informal Lectures</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>Practical Work</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Demonstrations</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Experiential</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Questions and Answers</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Dictated Notes</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Large Group Discussions</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Group Work</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Private Study</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Directed Study</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
The data from item 15 concerning the demands that a preferred method of teaching made on the students, indicated that the majority felt that they had to do a considerable amount of reading; had to think and they had to have an understanding of the subject matter. Eight students did not respond and two indicated that they had no idea what demands their preferred teaching methods made on them.

Two of the items, numbers 16 and 17, had been included in the questionnaire to elicit data which would enable the students' understanding of teaching methods and appropriate learning environments to be determined. The data from these two items would indicate what teaching methods the students would not use in their patient teaching and health education role, and their reasons why not. The findings from these data were compared to the findings from the data obtained from items 10, 11, 13, 14 and 15, in an attempt to achieve a degree of reliability for the responses. The data from these items identified that seven questionnaires had not been completed and two contained totally inappropriate responses, but the data obtained from 32 completed items indicated that the students had a sound understanding of teaching methods and what constituted appropriate learning environments. This gave credence to the data obtained from the other items.

The final simple closed question was included in an attempt to establish if the students liked or disliked taking an increasing responsibility for their own learning. The data from this item identified four negative responses, two incomplete sections and 35 positive responses, 15 of which contained provisos, 'if guidelines were given'. A number of comments indicated quite strongly that there had been a lack of guidelines and sense of direction from the teaching staff, and a number of respondents considered that they were completely on their own.

**Discussion of the Emerging Themes from the Data (2)**

A positive theme which emerged from the data obtained from the completed questionnaires was that the students did have a common understanding of Health Education, Health Promotion and Patient Teaching and considered that both of these were a vital part of nursing practice and included in the role of the nurse. This is an important aspect when the studies of Pohl (1965), Winslow (1976), Cohen (1981) and Macleod and Webb (1985), have demonstrated that one of the reasons why nurses in the past have failed in the role of patient teacher, is because they have not seen it as part of their role. Therefore in this instant it would appear that contrary to a common finding in these studies and others, the role of the nurse has been clarified and made explicit.

The data obtained from the questionnaires indicated that all of the students agreed that the Health Education, Health Promotion and Patient Teaching aspects of care had been included in all of their studies. It also appears that the majority had been encouraged to identify learning opportunities for patients either in a hospital or in the community, but only a minority of responses indicated encouragement in both areas. This suggested that in order to achieve Tilleys' (1987) recommendations, which were:
that nurses need to develop a clear definition of their role in patient education;
that nurse educators need to ensure that they provide students with the course content and clinical experience that will assist them with patient education in practice settings; and
that nurse researchers must investigate the organisational factors within the health care setting which help or hinder nurses roles as patient educators;
the attitudes towards the role of the nurse as a Patient Teacher and Health Educator within the health care settings, and the appropriateness of the areas which are designated for clinical experiences for the students, need to be investigated.

The student dissatisfaction with the lack of variety in the teaching methods that had been used was another theme that emerged from this set of data, as it had from the data collected from the classroom observations and College evaluations. The findings from the data obtained from the questionnaires indicated that all of the students learnt in a number of ways, although not necessarily from their preferred teaching methods. It appeared that only nine percent of the students showed a preference for experiential learning, but 91 percent considered it to be a very helpful or helpful teaching method; five percent of the respondents showed a preference for Directed Study as a teaching method but 83 percent of the respondents considered that it was helpful to their learning, which appeared to be diametrically opposed to their previous comments regarding directed study. It appeared that the findings from this set of data only partially reflected those that arose from studies undertaken by Ramprogus (1988) and Harvey and Vaughan (1990). Their findings indicated that the student nurses did not generally show any preferences for a particular learning style or teaching method and that the most favoured teaching methods were those that were student centred, and the most disliked was the formal lecture. However, the findings from the data obtained from these questionnaires indicated that the students did not show a preference for formal lectures but considered that these were helpful to their learning. In a later study conducted by Sutcliffe (1992) it was demonstrated that students gave the lecture as their preferred method of learning for subjects that were considered to be essential or very difficult.

Another theme that emerged from these data was the seemingly contradictory finding that 85 percent of the respondents appeared to like taking an increased responsibility for their own learning, although 43 percent of those added the proviso 'if adequate guidelines are given'. Six months elapsed following the completion of the College evaluations before an analysis was conducted on the data obtained from the student questionnaires. Therefore it is suggested that the students had, by this time, gradually progressed along a learning continuum to independent learning, as envisaged by Knowles (1984), albeit unwittingly.

TUTOR INTERVIEWS

It has already been stated that a decision was taken to conduct semi-structured
interviews with the members of teaching staff who were having, or would have a major teaching role with this cohort of students during the CFP and the Branch programmes. In an attempt to reflect additional light on the findings which had already been obtained from the student evaluations and the classroom observations, the questions for the interview schedule were based on the themes which had emerged from the data and the identified areas that had caused the CMT some concern.

The names of the relevant members of the CFP teaching team were obtained from the Unit timetables and a list of the staff designated to teach these students in the Branch programmes, was provided by an Associate Director of Education. The 16 members of teaching staff who were identified for the semi-structured interviews comprised three senior tutors, one principle lecturer, three JAs and nine tutors. Each of these members of staff also had a role as a Personal Tutor to six students from the April 1991 cohort.

A draft semi-structured interview schedule was devised and a pilot study was conducted with a principle lecturer and a tutor who were not participating in this particular aspect of the study, but were representative of the target group in status and drawn from the members of teaching staff from the same College. There were two reasons for conducting a pilot study at this stage. One reason was the unfamiliarity of the researcher with this particular data-collection technique and the other reason was to test the actual instrument. Fox (1982) suggested that although pilot studies can be very time consuming, it is a wise investment because they can help in the development of a smoother technique and assist in the revision of an instrument. Prior to the piloting of the interview schedule it was considered that Questions 11 and 12 might have to be changed from closed to open questions. In fact this was not the case as both of the interviewees expanded on these areas without any prompting from the interviewer. The answers given in response to the interviewers' questions provided appropriate information as had been anticipated but as Fox (1982) suggested, the pilot study, although not time consuming, proved to be extremely useful in the development of a smooth technique, particularly in using the tape-recorder and putting the interviewees at their ease. The interview schedule that was used in both the pilot and the full study is presented in Figure 8. below.

**Figure 8. Tutor Interview Schedule**

Question 1. Which methods of teaching do you use most often?
   Why? Would you give me your reasons please?
Question 2. Which methods of teaching (if any) do you never use/ or are there any that you would never use?
   (If no reason is given) Ask why?
Question 3. Which is your preferred method of teaching?
Question 4. What demands do your preferred methods of teaching make on:
   a) the students and
   b) on you?
Question 5. How do your students respond to the teaching methods that you use?
Question 6. When planning a lesson, what do you take into consideration when you select the teaching method or methods that you will use?
Question 7. How would you define, or what is your concept of Health Education?
Question 8. How adequately prepared do you feel you were, to teach Health Education to the Diploma students?
Question 9. How confident do you feel when teaching Health related topics to the students?
Question 10. Do you teach or have you taught Nursing Studies to the April 1991 group?
   If no to teaching Nursing Studies, ask Questions 12 and 13.

Question 11. When teaching Nursing Studies do you include:
   a) a patient teaching element and
   b) health education aspects?
Question 12. Have you been involved in teaching the students how to teach patients/clients, if you have what teaching methods did you use?
Question 13. In whatever subjects you teach, what reference if any, do you make taking or creating learning and teaching opportunities for Health Education with patients or clients?

Each of these members of teaching staff was individually approached and their permission sought for a one-to-one interview. It was explained that the interviewee would be asked a number of predetermined questions in as informal a manner as possible; that the interview would be recorded at the time to enable accurate transcripts to be made following each interview, but that anonymity and confidentiality would be ensured at all times. All the members of staff were also informed that if they so wished, they would be given the opportunity to read their own transcript. This is recognised by Fox (1982), Field and Morse (1985) and Cormack (1991) that although it is very time consuming, the transcription of tape-recordings of structured and semi-structured interviews is considered a pre-requisite to qualitative analysis. On each occasion when the person agreed to be interviewed, a convenient date, time and an appropriate venue was arranged. Ultimately only 12 members of teaching staff were interviewed because one JA was always unavailable, one tutor always cancelled the appointment at the last minute and two tutors left the College before the interviews could take place.

The interviews commenced on each occasion with an introduction, an explanation for the purpose of the interview and as far as possible a friendly and relaxed atmosphere was created. It was explained to each interviewee that they would be asked to answer 10 to 12 questions in their own words and that they might be required to expand on some of their answers. The length of time each interview took varied from 20 to 40 minutes, depending on the individual and how little or much they wished to say. Some kept their responses quite short and others wanted to talk at length and express their feelings on certain matters. During one particular interview the interviewee shared several confidences regarding the management of the programme and hoped that these could be reported anonymously in the very near future. It was also inferred on two different occasions that because the researcher was known to be trustworthy,
the interviewees were being extremely open and honest in their answers. Despite this and the fact that all of the interviewees were colleagues of the researcher and were experienced in speaking in front of quite large audiences, initially each one expressed a degree of discomfort with the tape-recorder, although within a few minutes its presence was ignored. According to Field & Morse (1985) stage fright is a common feature in research where interviews are used to obtain data and particularly when a tape-recorder is used.

A transcript of one of the interviews with a tutor is presented in Appendix E.

SYNOPSIS OF 12 TUTOR INTERVIEWS

The quantitative and qualitative data from the interviews are presented below in the sequence in which the questions were asked.

The findings from the data indicated that the 12 members of teaching staff who were interviewed, frequently used the following five teaching methods which are presented below in Table 6.

Table 6. Teaching Methods Frequently Used.

<table>
<thead>
<tr>
<th>TEACHING METHOD</th>
<th>No OF TEACHERS USING THE METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lectures</td>
<td>5</td>
</tr>
<tr>
<td>Team Teaching and Seminars</td>
<td>2</td>
</tr>
<tr>
<td>Group and Guided Discussion</td>
<td>3</td>
</tr>
<tr>
<td>Handouts and OHP</td>
<td>1</td>
</tr>
<tr>
<td>Talk and Chalk</td>
<td>1</td>
</tr>
</tbody>
</table>

The reasons offered for the frequent use of particular methods are quoted below in Figure 9. in the individual interviewees' own words.
Figure 9. The Reasons for Using Particular Teaching Methods

Lectures.
- We have to because of the size of the groups.
- The groups are too large for group work.
- Because of a lack of previous knowledge.
- There is a lack of facilities and resources.
- The sheer quantity of work one has to get through.

Group and Guided Discussion.
- I think it is the best method.
- I like to challenge them.
- I like to check their knowledge base and for synthesis, reflection and analysis.

Talk and Chalk.
- Because I always have.

Team Teaching and Seminars.
- Because of the size of the groups.
- I think that seminars are more beneficial, with input from the sociologist first, then team teaching for an hour and a half, then small group work.

Handouts and OHP.
- I am the most comfortable with this.

The findings from the responses to question two are presented in Table 6a. below and it can be seen that four of the interviewees could not think of a teaching method that they had never used or would not use at some time in the future. Four other interviewees had never used lectures as a teaching method and each commented that they would not ever consider doing so in the future. Their reasons were very similar and were related to the lack of feedback from the students when this teaching method was used, with one interviewee admitting also to being daunted by the thought of facing over 100 students in one room. The two interviewees who suggested that they had never used Role Play as a teaching method, felt that this was because of a lack of personal experience and not enough time in which to de-role the participants. One interviewee suggested that there was too much information to impart to use Specific Games and another interviewee considered that experiential learning was only suitable for the Mental Health Branch students and not for those in the Adult Branch.
Table 6a. Methods Teachers Would Never Use

n=12

<table>
<thead>
<tr>
<th>METHODS TEACHERS WOULD NEVER USE</th>
<th>No OF TEACHERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>4</td>
</tr>
<tr>
<td>Lecture</td>
<td>4</td>
</tr>
<tr>
<td>Specific Games</td>
<td>1</td>
</tr>
<tr>
<td>Experiential Learning</td>
<td>1</td>
</tr>
<tr>
<td>Role Play</td>
<td>2</td>
</tr>
</tbody>
</table>

The findings from the data obtained from question three which are presented in Table 6b. below, demonstrated that there was a strong preference for what the interviewees considered to be student-centred teaching methods as opposed to the teacher-centred teaching methods that were used most frequently.

Table 6b. Preferred Methods of Teaching.

n=12

<table>
<thead>
<tr>
<th>PREFERRED METHOD OF TEACHING</th>
<th>No OF TUTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Centred - Group Activity/Discussion.</td>
<td>8</td>
</tr>
<tr>
<td>Talk and Chalk - using Questions and Answers.</td>
<td>1</td>
</tr>
<tr>
<td>Tutor led informal Discussions.</td>
<td>1</td>
</tr>
<tr>
<td>Handouts and Group Work.</td>
<td>1</td>
</tr>
<tr>
<td>Practical Tutorials.</td>
<td>1</td>
</tr>
</tbody>
</table>

The findings from the interviewees responses to question four indicated that all 12 tutors considered that the demands their preferred teaching method made on the students were very similar. Each interviewee indicated that their preferred teaching method required the students to participate, interact, be involved and contribute to group work. Two quotations were that 'the students can not just sit there like sponges and soak it up'; three interviewees believed that the students also had to have some previous knowledge, have a high level of motivation and needed to feel safe and secure with both the teacher and their peer group; and two others felt that the students needed to do some preparatory work and background reading and had to be prepared to present their work to the group.

It appeared from the data that the most common responses to the second part of question four concerning the demands their preferred method of teaching made on the themselves as a teacher were, a need to have prior knowledge, a sound knowledge base and the need to do a great deal of preparatory work and research. One interviewee considered that the ability to relate gory stories about the subject was the most important demand closely followed by a personal enjoyment of the subject.
Other aspects that were considered by two interviewees to be demands on themselves, were the need to be flexible, have the ability to think on their feet and act as facilitators rather than teachers. One interviewee felt that the need to be up to date clinically and be familiar with the clinical area was the most demanding aspect of the preferred method of teaching.

Each of the four interviewees who preferred to use Talk and Chalk, Tutor led Informal Discussion, Handouts and Practice Tutorials as their teaching method, considered that the students responded to these extremely well. The eight interviewees who preferred to use Student-Centred and Group Activities as their teaching methods were divided in their opinions. Four found that this cohort of students did not respond to these methods at all well, but conversely, four others considered that the students responded very well indeed and appeared to be very willing to do group work.

The data indicated that there were four main factors that the interviewees took into consideration when they selected teaching methods for their lessons. Each one of them considered the subject matter or content of the lesson and the actual size of the group, six of whom felt that the large number of students inhibited any degree of choice. Some felt that their security in their own knowledge of the subject matter they taught determined their choice of teaching method, and others considered the resources, facilities, level of knowledge required, the knowledge base of the students and their developmental needs. Only one interviewee mentioned as an afterthought that it was important to consider how the students felt about a teaching method.

The findings from the responses to question seven which required the interviewees to describe their concept of, or give a definition for, Health Education, indicated that this question had induced a considerable degree of anxiety. The data indicated that the majority of the tutors had very similar broad concepts of Health Education but there were two who offered very different definitions for the term. The majority considered that Health Education was assisting the person to achieve their full potential, helping people to understand what health is all about, how they can contribute to their own health and presenting the individual with choices. The minority considered that Health Education was:

- taught in an overt manner; such as that found in the media.
- To question where we are in the area of health.

The findings from the data obtained from the responses to question eight indicated a diversity of opinions. It appeared that five interviewees considered that they had been adequately prepared to teach Health Education to the Diploma students, two of whom felt that it had been as a direct result of following a part time course in Higher Education at the same time as teaching the subject. Conversely, four interviewees felt that they had not been prepared at all; one considered that this resulted from the mixture of a breakdown in communications and a lack of preparation; one admitted to not knowing enough about Health Education and one interviewee felt that it had been a case of 'if you teach it often enough you learn it'.
The data obtained from the responses to question nine indicated that six of the eight tutors who taught Health related topics in the CFP were extremely confident in their own ability to teach these to the students. Of the other six interviewees, one felt reasonably confident within the bounds of what had to be taught; one expressed a lack of confidence in this area and four tutors had not been involved at all in teaching Health related topics in the CFP.

The findings identified that six of the interviewees had been responsible for teaching Nursing Studies to the April 1991 cohort in the CFP and when interviewed, all six felt that they had included Patient Teaching and Health Education elements in each of their lessons either overtly or covertly. The other six interviewees who were or would be teaching the students in the Branch Programmes, had rather conflicting views on Patient Teaching and when it should be taught. Two of these stated that they did not include Patient Teaching because it was included in the core study days; one did not include this element at all and asked the researcher to report that it was not taught on the core study days either and should have been covered in the CFP; another interviewee suggested that it was included if it was appropriate but that it was not planned and two interviewees considered that they did teach the students how to teach patients on rare occasions, but it was rather difficult to fit it in owing to a lack of time. It appeared from the data that when and if the interviewees did include a Patient Teaching element in their lessons, or had taught this as a subject, they had used a wide variety of appropriate teaching methods including role play, experiential learning, reflection and case study. When data was sought in relation to taking or making learning and teaching opportunities for Health Education with patients in their lessons, it appeared that three interviewees considered it to be inappropriate in the CFP; seven thought they always made a point of doing so and two supposed that they did, but only on an informal basis.

**Discussion of the Emerging Themes from the Data (3)**

One of the themes which emerged from the data obtained from the interviews conducted with 12 tutors, indicated that each of the interviewees frequently used the same particular teaching method when teaching the April 1991 cohort, which in the majority of cases was not their preferred method. It appeared that the reasons for the frequent use of a particular method ranged from personal preferences to that determined by the size of the group and the lack of resources, but did not include the needs of the students or their likes and dislikes. The findings indicated that the most commonly disliked teaching method was the Formal Lecture, although it was the one most frequently used. According to Vaughan (1990) the latter does not appear to be uncommon. In his study on nine schools of nursing, Vaughan found that the methods that appeared to be most frequently used were the lecture and discussion methods (Vaughan 1990). A previous study of learning styles and teaching strategies conducted by Dux (1989), had also produced what was considered to be a surprising finding, which was the popularity of the Lecture method with groups consisting of Registered General Nurses and Enrolled Nurses and teachers.

Another theme that emerged from the data was that in the opinion of each of the
Interviewees, their preferred methods of teaching were appropriate and required the students to be actively involved, although two thirds of the tutors considered the student response to student-centred teaching methods to be very good and conversely one third of the tutors considered the response to be very poor. It appeared that the developmental needs of the students were considered by a few of the interviewees when planning their lessons, of whom only one considered how the students felt about the method, but the learning styles of the students were not considered at all. These findings are very similar to those contained in the study conducted by Dux (1989). In that study the teachers she had interviewed rarely gave any indication that they considered the needs of their students with regard to their learning styles, when planning learning strategies.

The emerging theme related to Health Education indicated that, with the exception of two interviewees, there was a common understanding of the term. Although the majority considered that their preparation for teaching the subject had been inadequate, they felt very confident in their ability to teach Health Education at Diploma level. Evidence has been presented from a number of studies which have indicated that there was a need for nurse teachers to be adequately prepared for a Health Education teaching role (Faulkner 1980, Syred 1981, Macleod Clark and Webb 1985, and Meyer 1986). Although this evidence has been available for a decade, it appeared that the majority of the teachers in this study had not been adequately prepared for this role.

One of the themes that emerged substantiated some of the findings from the data obtained from the student questionnaire, particularly the opinion that Health Education and Patient Teaching had been included in all of the Nursing Studies lessons in the CFP. However there were some conflicting views regarding the inclusion of these subjects in the Branch programmes. The data also indicated a diversity of opinion in relation to teaching the students to make or take teaching and learning opportunities for Health Education and Patient Teaching with patients. It appeared that some interviewees had included this aspect in their lessons; some considered it to be inappropriate in the CFP because the students had very little contact with patients; and other interviewees thought that they probably did refer to taking all opportunities for patient teaching. It is suggested here that without an agreement on what should be included in the course programme and when it should be taught, there is a risk that nurse education will fail to prepare nurses adequately for their role in Health Education and Patient Teaching. This lack, of agreement was considered by Elkind (1982), Hopps (1983 and Parker et al (1983) to be one of the main obstacles that interferes with the practice of Health Education and Patient Teaching.

**Areas for Further Focusing**

It is suggested that the analyses of the data obtained from the classroom observations, student questionnaires and the interviews conducted with the tutors, have further illuminated the areas of concern that were identified from the data from the internal evaluations. The analyses of the findings from the three sets of data gathered from the contrasting methods used for data collection, indicated that in each set there were the same positive and negative aspects to the course. It appeared that there was
indeed a waste of classroom and teaching time, albeit for a number of reasons, and a selective attendance by the students at some of the lectures for what were considered to be the wrong reasons. Each of the sets of data had indicated that there was a lack of variety in the teaching methods used and that the teachers did not consider the learning styles, or learning preferences of the students when they selected their teaching methods. It appeared that although the students did not respond to student-centred learning with some of the teachers and expressed ambivalence in relation to self directed learning, the individual teachers did not change their methods or teaching approach. It is suggested that the latter raises some doubts regarding the tutors' understanding of student-centred learning.

The consideration was that the data identified a large majority of the students and tutors who had a common understanding of the terms Health Education and Health Promotion, and that Health Education had been included in the majority of the studies in the CFP. It was indicated that the students had a clear idea of the importance of their role in relation to Patient Teaching although the inclusion of this aspect in their studies was debateable. What did appear to be a negative aspect however, was the uncertainty in relation to experiencing Patient Teaching and Health Education in the practice areas. This uncertainty, together with the findings from previous studies by Pohl (1965), Winslow (1976) and Cohen (1981), which had identified that students reported that they wanted to teach more than they actually did in the practice areas, indicated an area for further focusing.

The suggestion here is that the data reported above indicated that the areas for further enquiry were the students preferred methods of learning and their achievements; their ability to progress along the continuum of self directed learning; their ability to practice Health Education and Patient Teaching in the practice areas; the degree to which these aspects were taught in the Branch programmes and the interconnections of these.

CONCLUSION

In this chapter the first stage of the three stage framework for this evaluation study has been presented together with the identified areas for further enquiry. The analyses of the data from the initial investigations have demonstrated that there were many negative and positive aspects of the programme, each one of which indicated a need for further investigation and clarification. As it has been explained in detail, the P.2000 courses were introduced as a result of identified inadequacies in previous nurse education programmes in preparing the nurse for future trends in health care. The identified professional concerns included the high attrition rate of student nurses, the lack of consideration for the learning styles of the students and the lack of preparation for a Health Education and Patient Teaching role. The findings from the first set of data collected in this study indicated that each of those areas had also caused concerns in this programme. As a result of examining those concerns from different standpoints, the findings indicated the need for the questioning to become more focused on those areas and the enquiry to be more systematic and selective in the second stage of the study.
SECTION THREE.

Chapter Seven Contemporaneous Events.

INTRODUCTION

There was a gap of nine months between the distribution of the student questionnaires, the classroom observations and the analysis of data obtained from the tutor interviews, and the receipt of the completed questionnaires from the middle managers. During this period there were a number of contemporaneous events that are considered to have had an effect on the findings obtained from the analyses of the subsequent data. Therefore it was considered necessary, at this point, to present a description and discussion of these events to enable the data to be examined in the true context, before continuing with the progress of this study. Although these events have not brought any unforeseen difficulties in the process of data gathering, it is suggested that the research has been conducted in a far more unstable environment than was anticipated.

During the second and third year of the P.2000 course on which this study was based, there were many more changes than were foreseen and it is further suggested that these have had both desirable and undesirable effects on the teaching staff, students, the College and the practice areas and therefore influenced the findings of this study. As the events were considered to be contemporaneous it is not possible to present them in a logical or progressive order, therefore each event is discussed as an independent occurrence followed by the probable positive and negative effects.

REVIEW OF THE P.2000 COURSE

One of the events which was considered to have had an effect on all aspects of the study and far reaching implications for all the personnel concerned, was an interim review of the P.2000 course held at the College. The interim review by the validating bodies was expected as it had been a recommendation in the original terms of approval for the courses (College Curriculum 1989). As part of the normal process of monitoring such courses at the end of the first three year period, the ENB Education Officer with responsibility for the institution visited a number of the practice areas, the institution and the community units. During the visits, discussions were held with a number of managers, trained staff, student nurses and nurse teachers (Review Report 1992).

During these discussions many issues of concern were raised particularly related to unsatisfactory communications between the College and the practice areas. These issues were:

- placing too many students in the practice areas without any consultation;
- unacceptable student attitudes;
- students arranging their own community placements without adequate communication;
- an excess of teaching and marking hours;
- over assessment of the theoretical aspects of the course;
- subjects being taught and not related to Nursing Studies and an absence of practical nursing skills teaching.

These visits were followed by a formal review, which involved the original validating team members from the University and the ENB meeting with the College managers, service managers and teaching staff. The Review Panel considered that a number of academic, professional and logistical issues needed to be addressed as a matter of urgency and recommended the suspension of recruitment to the P.2000 course until these issues had been resolved.

Therefore the outcome of this review was a suspension of intakes to the College P.2000 course from and including September 1992, until the matters of concern had been resolved to the satisfaction of the validating bodies. The matters of concern reflected some that had been identified from the data that had been collected in the first stage of this study which lends further credence to those findings. The areas of concern that were both identified by the Review panel and coincidently arose from the data, resulted in the following recommendations being made.

A review of the core nursing skills in the CFP, together with appropriate teaching and learning strategies.

Academic disciplines (Pathophysiology, Psychology and Sociology) to be more closely integrated with Nursing Studies.

A greater appreciation of the political environment in which care is delivered, to be imparted to the students.

Measures to be adopted to ensure the majority of the theoretical content of a course component is reflected in questions on related examination papers.

A review of the assessment load on students to be undertaken in preparation for revalidation.

Clarification to be given of the responsibilities of the College and or students regarding all matters relating to placements, including arrangements for placements and changes.

A central point of contact to be established within the College for receipt of enquiries, collection and provision of information and planning and the administration of P.2000.

These and other areas of concern had to be addressed by the College managers and
the CBS within a period of four months in order to achieve revalidation. As a matter of some urgency, all of the students currently attending the College, all members of teaching staff and all of the managers of the practice areas had to be informed of the suspension of intakes for P.2000 programmes. It was well documented in the minutes of the Senior Tutor meetings that there was a great deal of unrest, uncertainty and discontent amongst the students, and a very real fear that they would not be enabled to complete their own programme for a variety of reasons (Senior Tutor 1992, Senior Tutor 1993). There were also feelings of resentment and shame expressed by a number of tutors in the CFP team during 'corridor conversations'. They felt that they had done their best in the circumstances and likened the course to 'laying the track as the train is coming'.

Every member of teaching staff became a member of a working group, each of which had a remit to address particular issues that had resulted in the suspension of the P.2000 course. This effectively reduced the number of tutors who were available for teaching and supervision in the classroom and the practical areas. In a period of four months the College teaching staff worked extremely hard together with members of the University and senior nurse managers, improving the communication system and mechanisms, redesigning the scheme of assessment of theory, rewriting the academic disciplines and the Nursing Studies components in an attempt to achieve a closer integration of the subjects and addressing all the other issues of concern. A report outlining the work achieved by the College was compiled, written and submitted to the validating bodies, who in turn revisited the College and re-approved the P.2000 course for a period of two years commencing with an April 1993 intake. A suggestion was made by the validating bodies at the end of this visit, that the teaching staff should consider modularising the P.2000 course as it was planned to combine the next revalidation of the course in 1994, with the University's BSc degree programme in Nursing Studies (Revalidation 1992).

The achievement of gaining re-approval for the P.2000 course allayed many of the anxieties expressed by both the students and members of teaching staff, but it appeared that the majority of the students from all of the cohorts felt that the price had been too high. The student representatives, of whom there were three elected from each cohort, reported to the CBS, the Academic Board (AB) and the Examination Board (EB) on behalf of their colleagues, that there had been an unacceptable increase in the amount of self directed study and number of cancelled teaching sessions as a result of the involvement of the tutors with the preparatory work for revalidation (AB 1992, EB 1992 and CBS 1992).

**Revised College Structure**

Two months prior to the first visit of the interim review of the P.2000 course, the College Management Board had decided to change the designation of some of the teaching staff in the Department of Professional Preparation which was responsible for the P.2000 course. One of the associate directors (See Figure 5 in Appendix A) had a change of role and title to that of Academic Registrar, which was intended to ensure that practice areas were suitably monitored for student placements. The other
associate director assumed overall academic leadership of the P.2000 course with the aim of ensuring integration of the CFP and the Branch programmes. One senior tutor was given responsibility for the theoretical elements of the CFP, and the other was given responsibility for the practical elements of the CFP. The latter moves were intended to ensure parity between the different CFP intakes and to facilitate communications between the College and the practice areas. Within a period of a few months following the redesignation of some of the staff, four members of the teaching staff resigned. The filling of the vacant posts was accomplished from the existing compliment of College staff.

All of these changes in the designation of a number of teaching staff and the resignations resulted in Group 1., and the rest of the April 1991 cohort having a succession of teachers for each subject area, as Group leaders and as personal tutors. Although the rationale for some of these decisions was managerially and academically sound in the long term, it is suggested here that it was not beneficial for the April 1991 cohort during the last six months of the CFP and the transition to their elected Branch programme. It is further suggested that the numerous staff changes could not have enhanced the continuity of subject matter, encouraged personal trust and relationships with Personal tutors or helped to instill confidence in the management of the College.

**Quality Initiative**

An earlier statement had suggested that the White Paper (HMSO 1989a) which had been presented to Parliament contained the most far reaching reform of the NHS in its history. One of the themes that ran throughout this Paper was an emphasis on the provision of quality health care. This Paper (HMSO 1989a) was closely followed by a number of other White Papers and Reports, all of which also placed an emphasis on, or had implications for improving the quality of health care. As a consequence, a number of quality initiatives were instigated by the different Regional Health Authorities, Research Departments and Professional Bodies. As part of its investment in improving the quality of health care, the RHA funded and launched its own quality initiatives for nursing and midwifery practice and educational establishments in its jurisdiction (RHA 1991).

Inherent in this RHA quality initiative (RHA 1991) was the requirement that each educational institution within the Region had to develop and implement a quality assurance system of its own choice within a period of two years. Following quite lengthy debates and research, the College Management Board appointed a Project Leader to assist them in the achievement of Registration for BS5750. This was the Quality System being pursued by some of the NHS Trusts at that time and seemed to be the most appropriate system for the College (AB 1991). The pursuance of BS5750 necessitated all members of the College staff undertaking staff training by attending quality assurance study days and workshops for the documentation of procedures and policies (Interim Review 1992). The achievement of BS5750 was considered by the majority of the staff to be a goal worth aiming for and would be beneficial for the College, but this was yet another time consuming requirement (Senior Tutor 1992,
Senior Tutor 1993).

This quality initiative ultimately resulted in an increased workload for all members of the teaching staff and a minimum of three extra hours each week travelling between the educational sites. Although the ENB Education Officer was aware of this additional workload particularly for the members of teaching staff, the pursuance of BS5750 was one of the deciding factors in the re-approval of the P.2000 course. It was considered by the validating bodies that in the long term, the students would benefit from clear and well documented policies and procedures and the resulting sound educational practices. It is suggested here that this additional commitment on the tutors teaching time was another factor that could possibly have had a detrimental effect on the April 1991 cohort, because of the reduction in the student/tutor contact time in the classroom and the practice areas.

REGIONAL STRATEGY FOR EDUCATION

Another factor that is considered to have had quite dramatic consequences and could well have influenced the findings from this study, is the chain of repercussions which resulted from the RHA review of their Educational Strategy that was published as a consultation document in April 1992 (RHA 1992), and the numerous subsequent documents. It was acknowledged in this Report (RHA 1992), that the current education strategy (RHA 1986) had been overtaken by all of the changes that had taken place since its production. The Report (RHA 1992) contained six major recommendations, three of which were considered by the RHA to be the key ones, and are presented below.

1. Nursing and midwifery education should integrate with higher education within the next five years.

2. In the short term, in order to achieve a state of readiness for integration, the present six colleges should be amalgamated to form three, each with a minimum of 1000 students.

3. There should be a single overall modular education framework created by each educational establishment which brings together pre- and post-registration nursing and midwifery education. (RHA 1992. p.3.)

The summary which accompanied the RHA (1992) review of the education strategy, stated that the key objective was to ensure that the education strategy 'harnesses the opportunities, challenges and changes of the 1990s and beyond and promotes excellence in health care practice through high quality education' (RHA 1992). A footnote was included which stated that the RHA had a commitment to ensure that education would be of the highest standard and represent good value for money.
The RHA (1992) review document contained a profile of the six colleges in the Region and a map which identified the proximity of those colleges to institutions of higher education. The main proposal in this document was that in the short term the six colleges of nursing and midwifery would amalgamate to create three larger colleges. The rationale for this suggestion was that the amalgamation would assist the ultimate integration into higher education which was to be achieved within a five-year period. Following consultations with representatives from the institutions of higher education, college principals and senior members of college staff, 'which had a mixed reception with backing from six out of ten', an RHA Report (1992a) was published two months later that contained options for the amalgamation. These options were formalised and expanded upon in a further RHA Report (RHA 1992b) in August 1992 and in a RHA News Letter (RHA 1992c) in October 1992.

All of the Reports referred to an excess of nurse teachers within the Region, the need for a reduction in student numbers and a reduction in the projected number of trained nurses required within the Region over the next five years. The staff were reminded of the rapidity with which the College had been formed as a result of a previous amalgamation of three schools of nursing, and of the accompanying difficulties of maintaining existing courses and designing an innovative curriculum. The proposals and recommendations contained in the RHA reviews and Reports were for yet another amalgamation, in this instance with two other colleges which had also been formed from a number of schools of nursing. It was also recommended that following this proposal, the resulting new, large college would be integrated into an institute of higher education within a period of five years. In actual fact the integration of the College into higher education was achieved within a period of three years, the College ceased to exist as such from the 1st of August 1995.

Although the principal of the College held frequent meetings with all members of the staff, these Reports and the events that are referred to below, resulted in high levels of staff anxiety and concern for their future, such as those found in the research being conducted on other P.2000 courses by Jowett et al (NFER 1994). One of the recommendations contained in the RHA review (RHA 1992), was that each college should review the qualifications and teaching speciality of each of its members of teaching staff in preparation for the integration into higher education. When this skill mix review was conducted in the College it produced high levels of anxiety and was initially met with a degree of resistance. When this review had been accomplished, all of the tutors who did not have a Degree were seconded onto courses in higher education that were relevant to the subject needs of the College (Review Report 1992). Although it was considered that this would enhance their chances of employment in the future, not all of those who were seconded were ensured of a place at the college on their return from the courses and this in turn caused increased levels of anxiety.

Concurrently, numerous meetings were being held with members of staff from the two colleges with whom the College would amalgamate, during which plans were being made for the new large College. This entailed a large number of staff travelling backwards and forwards to the other two colleges which were a minimum of twenty miles apart and this, together with the attendance on Degree courses, resulted in
another reduction in the numbers of teaching staff available to teach the current students.

It has been stated that the changes which occurred in nurse education between 1986 and 1989 were anything but slow and steady, but it is suggested here that the rapidity of the changes which were occurred during the period 1992 to 1994, has greatly increased. It is further suggested that these recent rapid changes increased the stress levels and provoked a high degree of anxiety in a large number of the personnel in the College, including the students. It was recognised by Kuhlmann and Jones (1991) that change is not an easy process and that people in the change process can feel confused and anxious, but the changes that are referred to in this chapter were considered to be major changes without any accompanying stability or certainty for the future.

It appeared that the members of the RHA were aware of the probable high levels of anxiety that their Reports would engender (RHA 1992). In an attempt to alleviate this anxiety, a number of well publicised meetings were held throughout the Region to allow individuals' feelings and views to be aired and shared, and a network was established in 1992 for two-way communications between the Service Managers, the RHA and College staff (RHA 1992). A manpower review board was also instigated to examine all personnel issues that were related to the proposed integration into higher education, such as pension schemes, salaries, service conditions, selection procedures, displacement of staff, career prospects and redundancies, with the managerial aim of minimising staff uncertainty (Collegiate 1993). The word redundancy caused even further distress amongst all members of the College staff and a large proportion of the awareness meetings between the staff and the Principal was taken up with this issue alone (Collegiate 1992, Collegiate 1993).

It is suggested here that yet another amalgamation of colleges to form one large College and the additional large numbers of students that had to be catered for; the additional stress of trying to work closely with members of staff from two other colleges; the uncertainty of obtaining a teaching post in the institute of higher education and at the same time managing previously approved pre-registration nursing courses in addition to the innovative P.2000 course, has had a detrimental knock on effect on the tutors and the students. The feelings of uncertainty and high stress levels exhibited by teaching staff were reported in the Interim Report 2 (NFER 1992), where tutors are reported to have felt that their jobs were at risk as a result of links with higher education, and bemoaned the fact that there was so much change to contend with. The resulting 'down sizing' exercise that occurred in the large newly formed College, did nothing to allay anxieties and the high levels of stress, particularly as it was initiated before the April 1991 cohort had completed their programme.

It is further suggested that the students themselves were directly affected by all of these changes. Tutors from the other two colleges were sharing offices with the students' personal tutors some of whom knew they would be leaving; the students' own tutors were frequently not available for personal supervision and tutorials; there was also an increased use of limited resources such as library books, computers and AVAs and the future of the College was in question. There were also fears and anxieties
expressed by the students, during informal discussions, related to future job prospects owing to the projected reduction in the need for trained nurses.

Reform of the NHS

The RHA review (RHA 1992) stated that the reform of the NHS and the subsequent White Papers and Reports were instrumental in determining what changes were deemed necessary for nurse education in the 1990s and beyond. Emphasis was placed on the need for increased efficiency and effectiveness, greater value for money, improvements in the quality of services provided and greater responsiveness to consumers' needs and views. The RHA review (RHA 1992) indicated that the changes that were taking place would in turn bring about changes to the ethos and culture in education and all aspects of care. Nurses who were practising within the new internal market of the NHS such as the New NHS Trusts, were being subjected to the same pressures as those employed within the commercial world of the private sector. It is suggested by Beardshaw (1992) that although the workforce size has remained almost static, the total workload as measured by the number of in-patients and day cases, has increased by more than four percent per year.

The reform of the NHS has resulted in a large number of the health care areas, community areas and institutions gaining NHS Trust status coincidently with the development of contractual arrangements for Nurse Education between NHS employers and education providers (RHA 1992). This development had taken place as a result of the RHA having responsibility for ensuring that there was a match between supply and demand and for maintaining stability and continuity in education and training provisions during the implementation of the NHS reforms.

According to the RHA review (RHA 1992) part of its role was to establish contracts for relevant courses with the colleges of nursing and the institutes of higher education in conjunction with the Trusts and Directly Managed Units (DMU). The mechanisms for contracts between purchasers and providers had been implemented by the RHA in the previous year (HMSO 1989a). The only involvement that the Trusts and DMUs had in this issue, was a responsibility to determine the type, number, the skills and the skill mix of staff that was and would be required for their areas. The contracts were and are formal, specific and detailed and include numbers of students that are required, the desired outcomes and the amount, variety and availability of clinical placements for student nurses.

The results of the contractual arrangements and all that these entailed particularly the skill mix reviews, led to the demand for fewer student nurses and a diminishing need for trained nurses in the future. This was particularly evident in the Mental Health and Learning Disability care areas where government directives had resulted in the closure of a number of large institutions and a philosophy of care in the Community for all people with Mental Ill health and those with Learning Disabilities (HMSO 1990). This had at least two direct effects on the April 1991 cohort and the other P.2000 students. Because of the demand for fewer students and the reduction in areas
for clinical experience, this meant that there was the problem of acquiring adequate and appropriate clinical experience to enable them to successfully complete their course (Review Report 1992). The other effect was the additional demand on the tutors’ time because of the need to frequently monitor and review clinical areas that had been newly designated for student experience.

**ANXIETY AND CHANGE**

It has been stated that a number of researchers and educationalists have stressed the need for long term planning when considering major changes and innovations (Docking 1987, Chinn and Benne 1976). The need for change in pre-registration nurse education was accepted by the nursing profession as a whole and the College staff were committed to implementing the changes that occurred as a result of the introduction of P.2000 (UKCC 1986). During the period April 1992 to September 1994, there were numerous changes as a result of the contemporaneous events, that affected more areas and personnel than those that were affected by the introduction of the P.2000 course. In addition to coping with the innovatory P.2000 course, the staff and the students had to come to terms with the changes that are referred to in this chapter, which in turn evoked considerable anxiety and at times some resistance to those changes. It is suggested by Docking (1987) that resistance to change is a psychological response to the anxiety that change evokes, which may be caused by fear of the unknown, uncertainty, lack of knowledge and skills with regard to the change, or lack of confidence and perceived increase in workload.

As a result of the research findings, the suggestion is that all of these barriers to change applied to the changes inherent in the contemporaneous events that occurred in the period 1992 to 1993. It is demonstrated in the evidence that there had been active support from the managers of the College, a considerable amount of education and training and an attempt had been made to provide effective channels of communication. However, it is considered that the remaining barriers to change contained in the list above, were not addressed for reasons beyond the control of the College and resulted in the expressed levels of anxiety and distress.

**CONCLUSION**

In this chapter a brief description of a number of contemporaneous events has been presented, accompanied by a discussion of the effects that each of these is considered to have had on the teaching staff and students in the College, and therefore on the findings from this study.

As has been mentioned, each of the events in its own right had quite far reaching implications for nurse education and nursing practice, and possibly would have influenced some of the findings from this research. However, it is suggested that all of these events occurring contemporaneously influenced the majority of the findings throughout the remainder of this study. Further evidence in support of this statement is provided in the relevant sections below.
SECTION THREE

Chapter Eight  Stage Two of the Three Stage Framework

INTRODUCTION

This chapter describes the progress of the study through the second stage of the three stage framework as suggested by Parlett and Dearden (1977). This stage may be summarised as a further inquiry which enables the questioning to become more focused and observation and inquiry to be more directed, systematic and selective. The data obtained from the first stage of this study indicated the areas for further inquiry and it is intended in this chapter to demonstrate how the questioning became more focused. The areas that were identified from the data for further inquiry were:

- the students' preferred methods of learning and their achievements;
- their ability to progress along the continuum of self directed learning;
- their ability to practice Health Education and Patient Teaching in the practice areas;
- the encouragement and opportunities available for Health education and Patient Teaching in the community and within the institutions, and
- whether these aspects were taught in the Branch programmes.

The data collection methods that were used in this stage of the study for further inquiry were:

- a questionnaire which was designed to procure information from the nurse managers in all of the practice areas;
- the College internal evaluation used at the end of the CFP;
- critical incidents written by the students in their Branch programme;
- informal discussions which were held with groups of students and teachers with responsibility for elements of the Branch programmes, and
- a formal discussion with the College Counsellor.

Although the original intention had been to conduct non participant observations with the students in the practice areas during the Branch programmes, it was decided that
this method would be both impractical and inappropriate. The reasons for this decision are explained in greater detail below. The findings from the data obtained from the five data collection methods, that are listed above, enabled the questioning to become more directed, systematic and selective. Further enquiry was then conducted by employing three final data collecting methods. These were an amended and up-dated version of the student questionnaire which had been used in Stage One of this study; the internal College end of course evaluations and a follow up interview and or questionnaire, ten months post-course, with the April 1991 students who had successfully completed the P.2000 course.

ATTRITION RATE DURING THE CFP

During the eight months leading up to the transition from the CFP to one of three Branch programmes, a large number of students left the course, either as a result of failing to pass one of the assignments, disciplinary action, or for personal reasons. See Tables 7. and 7a. Although exit interviews were always arranged for students who were leaving a course, very few students from the April 1991 cohort attended one, therefore it is not known what the personal reasons of these students were. At the same time that the classroom observations were completed, the senior tutor for the theoretical aspects of the CFP decided that each of the Groups was too small to be viable and disbanded Group 5. The remaining students from this Group together with students who had been transferred from other P.2000 intakes, were re-allocated to the other four Groups. This reformation and reduction in the number of sub groups was intended to ease the work load of the teachers, to reduce the demand for classrooms and to use the available resources more effectively (Senior Tutor 1992).

Table 7. Reasons for Students Leaving the Course During the CFP. n=86

<table>
<thead>
<tr>
<th>GENDER</th>
<th>FAILED EXAMINATIONS</th>
<th>PERSONAL REASONS</th>
<th>DISCIPLINARY ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>3</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Females</td>
<td>12</td>
<td>15</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 7a. Number of Students Leaving Shown by Group. n=86

<table>
<thead>
<tr>
<th>Date</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
<th>Group 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1991</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>September 1991</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>January 1992</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>September 1992</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>-</td>
</tr>
</tbody>
</table>
Table 8. Course Statistics for the students who progressed from the CFP to the Branch programmes.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers of Students</td>
<td>86</td>
<td>48</td>
<td>59</td>
</tr>
<tr>
<td>GENDER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>18</td>
<td>7</td>
<td>39</td>
</tr>
<tr>
<td>Female</td>
<td>68</td>
<td>41</td>
<td>60</td>
</tr>
<tr>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 - 21</td>
<td>49</td>
<td>26</td>
<td>53</td>
</tr>
<tr>
<td>22 - 25</td>
<td>13</td>
<td>10</td>
<td>77</td>
</tr>
<tr>
<td>26 - 29</td>
<td>5</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>30 - 39</td>
<td>16</td>
<td>9</td>
<td>56</td>
</tr>
<tr>
<td>40+</td>
<td>3</td>
<td>2</td>
<td>66</td>
</tr>
<tr>
<td>ETHNICITY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>British and British Nationals</td>
<td>46</td>
<td>28</td>
<td>61</td>
</tr>
<tr>
<td>English</td>
<td>18</td>
<td>9</td>
<td>50</td>
</tr>
<tr>
<td>Afro-Caribbean</td>
<td>11</td>
<td>7</td>
<td>64</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>African</td>
<td>8</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td>ENTRY QUALIFICATIONS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UKCC Test</td>
<td>7</td>
<td>4</td>
<td>57</td>
</tr>
<tr>
<td>5+ GCSEs</td>
<td>70</td>
<td>37</td>
<td>53</td>
</tr>
<tr>
<td>5 GCSE Equivalent</td>
<td>9</td>
<td>7</td>
<td>78</td>
</tr>
<tr>
<td>With a Science</td>
<td>54</td>
<td>32</td>
<td>59</td>
</tr>
<tr>
<td>ADDITIONAL QUALIFICATIONS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-levels</td>
<td>24</td>
<td>14</td>
<td>58</td>
</tr>
<tr>
<td>Degree/Diploma</td>
<td>2</td>
<td>2</td>
<td>100</td>
</tr>
<tr>
<td>IDENTIFIED BRANCH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>72</td>
<td>35</td>
<td>49</td>
</tr>
<tr>
<td>Mental Health</td>
<td>7</td>
<td>8</td>
<td>114</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>6</td>
<td>5</td>
<td>83</td>
</tr>
<tr>
<td>Undecided</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

During the period of transition from the CFP to the Branch programmes, the term Mental Handicap was changed to that of Learning Disabilities.
Although during the period July 1991 to September 1992, some students were transferred into the April 1991 cohort, as referred to above, these transferred students have not been included in any aspect of the study at any time. Therefore the study is based entirely and exclusively on those students who started their P.2000 programme with the College in April 1991. The number of students from the original cohort remaining on the programme at the end of the CFP was 48, and details are presented in Table 8. above. This resulted in an attrition rate of 41 percent, which is considered to be an extremely high figure when it is compared with the ENB figure of 5 percent, which is presented in a National Audit Office Report (NAO 1992) as an average attrition rate for pre-registration nursing courses during the period 1986 to 1992 (NAO 1992).

It can be determined from the figures presented in Table 8 above, that at this stage in the study, the attrition rate was higher for males than for females and higher in the age range of 26 to 29 years than the other age groups. The attrition rate for the identified Branch programmes was higher for the Adult Branch than the other two, and of all the Ethnic groups, African was the most depleted. Because these figures only represent the statistics for the halfway point of the programme, it is considered inappropriate to draw any conclusions from them, other than to indicate that the four areas mentioned above had the highest attrition rate at this stage in the study.

**Questionnaires for Service Managers**

The data gathered in stage one indicated that the students had a clear idea of the importance of their role in relation to Health Education and Patient Teaching, but there seemed to be some uncertainty in relation to experiencing these during their practical experiences. Therefore it was considered necessary to try and establish if Health Education and Patient Teaching were considered to be important in the nursing care areas, and if the students were encouraged to practice both of these during their practical placements in the Branch programmes.

It has been stated that an original intention was to conduct non participant observations with the April 1991 cohort of students in the practice areas during the Branch programmes. As the study progressed, this was considered to be an inappropriate method for obtaining data which would determine whether or not the students were enabled to practice Health Education and Patient Teaching in the care areas for a number of reasons. The care areas used by the students for their practical nursing experiences covered a very large geographical area which encompassed three Health Authorities, 12 large hospitals some of which had achieved NHS Trust status, three community areas, a large number of private and Social Services hostels and eight Special Schools, and therefore it was considered to be unmanageable by a single researcher.

Another very important aspect which was considered, was an ethical one. It is strongly suggested by a number of researchers (Fox 1982, Polit and Hungler 1983, Treece and Treece 1986), that in any research study the participants' permission should be sought and gained. The number of staff and patients that this could have
involved had non participant observation been conducted in the care areas, was far too large even to consider. The final reason for not employing this data collecting method in this instance, was the diversity of the care areas and the inherent number of variables. The care areas varied in size from 40 bedded units to 650 bedded institutions, which included units that provided care for the mentally ill, people with learning disabilities, those who required care in a general hospital, and large community care organisations. It was considered that the sample should be representative of the population which was to be surveyed, and that if observations were conducted with the students in a sample of the areas, the findings may not have been applicable to the other care areas. The students may have been encouraged to practice Health Education and Patient Teaching in the care areas in which they were observed, but it could not be generalised to include the other care areas where observations had not taken place. It was also considered that the same problem would occur if Group 1. were observed in the clinical areas. Because of the reduced number of the original Group members, they may not have been placed across the three Health Authorities, or in all of the disciplines for their experiences, and this would have resulted in findings that would not be considered to be representative of the population.

Therefore a decision was taken to design and use a questionnaire with the staff in the care areas in order to procure the information that was required. It was mentioned that the care areas were very diverse, so instead of considering simple, stratified, cluster or quota sampling for the survey (Couchman and Dawson 1990 and Cormack 1991), it was decided to approach every middle manager in nursing and midwifery practice in all the areas designated for student nurse placements. The decision to use the middle managers for this survey rather than the Charge Nurses/Ward Sisters was made for two reasons. The first and main reason was that following the publication of the Patients Charter (DoH 1991), the middle managers had been involved with the development of the quality initiative for their own areas of care, and thereafter, responsible for its implementation. The second but less important reason was the very large number of Charge Nurses/Ward Sisters working in these areas; the frequent re-deployment of a number of these trained nurses to the community or other areas of care; the changes in the designation and titles of nurses in charge of wards, homes and units, and the associated difficulties of obtaining an accurate up-to-date list of personnel. The latter was not insurmountable, but was considered to be too time consuming and not potentially as productive as that of approaching the middle managers.

Permission to involve these members of the care teams was sought from each of the Directors of the institutions and community care areas. This involved writing to the Directors of three Community Units, three Mental Health Units, six General Hospitals, three Midwifery Units and three Learning Disability Units. Without exception each of the Directors agreed to their middle managers being involved in the research and an example of the communications is presented in Appendix F.

The questionnaire was designed and a pilot study was conducted with six middle managers who were working in midwifery, mental health, learning disabilities and general nursing, and who would not be taking part in the main study. These were
considered to be representative of the target population because all six were in very similar posts to the other middle managers; and collectively they were working in the four specialties in units or institutions across the three health authorities included in the survey. These managers had each obtained promotion or posts in other health authorities and would not be in their present post when the final questionnaires were ready for distribution.

The findings from this pilot study identified a need to include the word 'client' as an additional alternative term in the items that referred to patient/resident, the word care to be included as an alternative term with nursing practice, and that the word midwifery had been erroneously omitted from four items. The overall results of this study demonstrated that the questions were answerable, were written in an appropriate language and phrased in such a way that with minor amendments, the questionnaire could be used in the main study to procure the required relevant data.

The amended questionnaire consisted of 15 items of which nine were closed questions which together contained 17 statements with fixed choice responses, and Likert scales were used for six items. As with the design of the questionnaire that was used in the earlier part of this study and is referred to above, an attempt was made to make this questionnaire inviting and interesting to complete. Although this is considered to be important (Reid and Boore 1987 and Seaman 1987), this aspect was extremely important at this particular time, because of the increased workload for all care and nursing staff caused by the changes that stemmed from the contemporaneous events which are referred to above. The items were set out in a logical progression and clearly presented with sufficient space between each statement to enable respondents to write any comments they might like to make.

Lists of the names, titles and addresses of the 85 middle managers for the care areas were obtained from the senior tutors and Registry. A personally typed introductory letter explaining the purpose of the study and of the questionnaire, and assurance for the individual of anonymity and confidentiality was attached to the questionnaire, together with a self addressed envelope and instructions for how, when and to whom it should be returned. (A copy of the questionnaire and the covering letter may also be seen in Appendix F). The inter-hospital/Unit/College mailing system, was used for both the distribution and the return of the questionnaires, in an attempt to reduce the cost, particularly for the middle managers and their employing authorities.

Although the covering letter assured every manager of anonymity for themselves and their particular Unit, and this was honoured, it was considered necessary to be able to identify the data with a particular discipline, such as midwifery or learning disability. Therefore the questionnaires were colour coded for each of the disciplines. It was decided to obtain the Health Education and Patient Teaching relevant data from the middle managers before the April 1991 cohort were placed in the care areas for their practical experiences in the Branch programmes. Therefore the 85 questionnaires were sent via the internal mailing system on the 18th of September 1992 to the middle managers in each of the disciplines whose names were on the most up to date lists available to the College at that time, the numbers of which are presented in Table 9 below.
Table 9. Number of Middle Managers in each of the Disciplines. n=85

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Nursing</td>
<td>17</td>
</tr>
<tr>
<td>Mental Health</td>
<td>12</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>13</td>
</tr>
<tr>
<td>General Nursing</td>
<td>37</td>
</tr>
<tr>
<td>Midwifery</td>
<td>6</td>
</tr>
</tbody>
</table>

Although 85 questionnaires were distributed only 54 completed forms were returned by the closing date, resulting in a response rate of 63 percent. During informal discussions with the Senior Tutor responsible for the practical aspects of P.2000 courses, it became apparent that some of the middle managers who had been sent questionnaires were no longer in post or had experienced a change of role. Following further enquires the names of those middle managers were obtained and were subsequently subtracted from the initial number. The numbers for each of the disciplines affected by these changes of role or post, together with the reasons, are presented below in Table 10.

Table 10. Non-Response for Appropriate Reasons.

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwifery</td>
<td>1 on long term sick leave.</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>3 no longer in post.</td>
</tr>
<tr>
<td>Mental Health</td>
<td>4 no longer in post.</td>
</tr>
<tr>
<td>Community Nursing</td>
<td>3 total role change.</td>
</tr>
<tr>
<td>General Nursing</td>
<td>10 total role change.</td>
</tr>
</tbody>
</table>

The actual numbers of middle managers who were in post at the time the questionnaires were distributed and the number of responses by disciplines is presented below in Table 10a. The final number of returned questionnaires remained at 54 but a response rate of 84 percent was achieved which is considered to be very good. According to Treece and Treece (1986), any mailed questionnaire that produces 75 to 85 percent response is doing extremely well.
Table 10a. Response Rate for the Questionnaires. n=54

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Number in Post</th>
<th>Returned Questionnaires</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>14</td>
<td>12</td>
<td>86%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>8</td>
<td>6</td>
<td>75%</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>10</td>
<td>7</td>
<td>70%</td>
</tr>
<tr>
<td>General Nursing</td>
<td>27</td>
<td>24</td>
<td>89%</td>
</tr>
<tr>
<td>Midwifery</td>
<td>5</td>
<td>5</td>
<td>100%</td>
</tr>
</tbody>
</table>

This response rate of 84 percent was much better than had been anticipated particularly when all of the contemporaneous events which are referred to above, were taken into consideration. The number of middle managers who had undergone a very recent change in their role demonstrates how these events were effecting the trained staff particularly in the institutional settings. Two of which had a direct effect on this strata in the nursing hierarchy, and those were the clinical regrading and skill mix exercises, and the quite rapid transfer of people with learning disabilities and or mental ill health from institutional settings to the community.

The responses indicated that all but one of the middle managers had P.2000 students allocated to their areas of care for practical experiences during the CFP or a Branch programme, and the findings are presented below in Table 11. The manager who did not provide experiences for students managed a learning disabilities area.

Table 11. Areas for Practical Experiences. n=54

<table>
<thead>
<tr>
<th>Discipline</th>
<th>CFP</th>
<th>Branch</th>
<th>CFP and Branch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwifery</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mental Health</td>
<td>3</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>5</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Community</td>
<td>12</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>General Nursing</td>
<td>18</td>
<td>15</td>
<td>3</td>
</tr>
</tbody>
</table>

The responses to the item intended to establish whether or not there was a consistency between the Students learning outcomes for Patient Teaching and Health Education and current practice, indicated that six considered that there was not, and 38 considered that there was. One of the items, number three, was intended to establish if the areas of care had a mission statement or a philosophy of care. The findings from the data indicated that 49 of the care areas had a mission statement or philosophy of care or both and five areas had neither. Item number four required the respondents who did have a philosophy of care or a mission statement, to indicate if
this included references to Health Promotion, Health Education and or Patient Teaching. The responses to this item are presented below in Table 12.

Table 12. Mission Statement, Philosophy of Care. n=54

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Health Promotion</th>
<th>Health Education</th>
<th>Patient Teaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwifery</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Mental Health</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>7</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Community</td>
<td>12</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>General Nursing</td>
<td>20</td>
<td>15</td>
<td>16</td>
</tr>
</tbody>
</table>

The findings from item four indicated that 47 areas had a mission statement or philosophy of care which included references to Health Promotion, 38 which included references to Health Education and 41 to Patient Teaching. The responses to the statements in items number five to ten using Likert scales, which are presented below in Table 13., indicated that the middle managers considered Health Education and Patient Teaching to be important even if their area did not have a philosophy of care or a mission statement.

The statements in items number five to ten were phrased in a very similar way to items number five to nine in the students' questionnaire and which are reported in Table 5c above. The intention was to obtain data related to the middle managers attitudes to health related issues, that could be compared with the attitudes of the students to the same issues. If the responses which are presented in Tables 5c above and 13 below are compared, it can be seen that the findings from both are very similar. This indicated that the majority of middle managers who are responsible for providing practical nursing and health care experiences for the April 1991 students, consider that Patient Teaching and Health Education are important parts of nursing practice. It also showed that all but one of these managers agreed that all grades of nursing/midwifery staff should participate in Health Education.

Findings from the studies conducted by a number of researchers (Pohl 1965, Winslow 1976, and Cohen 1981), indicated that nurses are not clear about their role in Patient Education. It is considered here that the findings from stage one of this study, together with the findings from the survey conducted with the middle managers, indicated that both the students and the managers are clear about their role in Patient Teaching and Health Education. The findings from a study conducted by Tilley (1987) resulted in recommendations that as well as developing a clear definition of their role, nurses must also be provided with the clinical experience that will assist them with Patient Education in the practice settings. Although it appeared from the responses to items number 11, 14 and 15, which are presented below in Table 14., that the areas in which the students were placed for their practical experiences were
conducive to Patient Teaching and Health Education, it was considered necessary to focus on this area again in a later part of the study, after the students had experienced longer periods in the practical areas during the Branch programmes.

Table 13. Attitudes to Health Promotion, Health Education and Patient Teaching. n=54

Key. Definitely Agree = DA. Agree with Reservations = AR. Disagree with Reservations = DR. Definitely Disagree = DD. Does Not Apply = NA.

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>DA</th>
<th>AR</th>
<th>DR</th>
<th>DD</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient teaching role is a vital part of care/nursing practice.</td>
<td>48</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Health Education is not an important part of care/nursing practice.</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>47</td>
<td>0</td>
</tr>
<tr>
<td>High priority should be assigned to patient/client Education.</td>
<td>34</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All grades of nursing/midwifery staff should participate in health education.</td>
<td>42</td>
<td>11</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Health education is enhanced when an equal partnership between nurse/midwife and patient/client is established.</td>
<td>36</td>
<td>17</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Only Registered nurses/midwives should participate in health education.</td>
<td>2</td>
<td>5</td>
<td>14</td>
<td>33</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 14. Patient Teaching and Health Education Practice. n=54

Statement                                                                 YES   NO

Are the nursing/midwifery staff in your areas positively encouraged to identify opportunities for:

Patient/client Teaching? 50   0
Health Promotion? 50   0
Health Education? 52   0

Do members of your nursing/midwifery staff carry out planned teaching/health education programmes with patients/clients? 40   13

Is health education/health promotion literature readily available in your areas of care? 48   8
There were no responses in 11 returned questionnaires for the items number 11 and 14, but all other items had been completed clearly.

**Summary of the Findings**

The response rate of 84 percent indicated that the findings could be considered to be representative of the target population. The findings from these data indicated that contrary to a common finding from other studies, the trained staff in the care areas considered that Patient Teaching and Health Education were important parts of the role of the nurse. Unlike Luker and Carees (1989), it appeared that the middle managers considered that it was desirable and realistic to involve all members of the care staff in Patient Teaching and Health Education. As a result of the majority of the care areas having a philosophy of care that was health related, and positive attitudes towards Patient Teaching, it is suggested that the concerns expressed by Syred (1981) and again by Orr (1990), are unlikely to be realised. It appeared that the conventional mode of behaviour on the wards is to conduct Health Education and Patient Teaching.

**Student Evaluation of the CFP**

There was far less reluctance at this stage in the P.2000 programme to use the College internal evaluation scheme to evaluate the different elements within it, particularly as the CBS required evaluation findings for the Review Report (1992) which had to be submitted to the ENB Education Officer and the validating bodies. The Senior Tutors with responsibility for the theoretical and practical aspects of the CFP personally supervised the completion and return of the end of CFP evaluation questionnaires. These evaluation questionnaires had been handed to the remaining 48 students at the end of their last taught period of the CFP, but only 36 questionnaires were returned, which gave a response rate of 75 percent, 12 students having refused to complete the form. Of these returned questionnaires one contained just one response and a large number of the remaining 35 had a total of 76 incomplete items. The findings from this internal College evaluation are presented below as they are considered very relevant and pertinent to this stage of the study. The statements for each item are presented together with the statistical information in Table 15. below, which is followed by a synopsis of the students comments.

The findings from this set of data indicated that there were both negative and positive aspects as there were in the data obtained from the evaluation of Part I Unit a). It appeared that the negative aspects had not really changed and these had caused many of the students to feel stressed, anxious and frustrated throughout the CFP.
Table 15. Student Evaluation of the CFP. n=36.


<table>
<thead>
<tr>
<th>Statement</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>The environment was conducive to teaching and learning.</td>
<td>0</td>
<td>20</td>
<td>13</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Staff were well motivated and willing to share their knowledge, skills and expertise.</td>
<td>6</td>
<td>27</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I had adequate access to and support from my personal tutor.</td>
<td>4</td>
<td>17</td>
<td>6</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>I was given every opportunity to discuss my progress and development.</td>
<td>0</td>
<td>18</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>I was encouraged to think and study the theoretical background.</td>
<td>4</td>
<td>26</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>A variety of teaching methods were used appropriately by teachers.</td>
<td>3</td>
<td>11</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I was actively encouraged to select, read and evaluate relevant research findings.</td>
<td>3</td>
<td>22</td>
<td>6</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>There appears to be a close relationship between the theoretical content and its practical application.</td>
<td>5</td>
<td>17</td>
<td>8</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>The level and content of the following were appropriate:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychology</td>
<td>8</td>
<td>25</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sociology</td>
<td>11</td>
<td>22</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nursing Studies</td>
<td>5</td>
<td>21</td>
<td>6</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Biological Sciences</td>
<td>3</td>
<td>16</td>
<td>12</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>I found the P.I.P. useful.</td>
<td>3</td>
<td>16</td>
<td>12</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>I found the I.T. sessions useful.</td>
<td>1</td>
<td>2</td>
<td>9</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>I found the following teaching methods most helpful for me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lecture</td>
<td>10</td>
<td>19</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Discussion</td>
<td>12</td>
<td>16</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Large Group Work</td>
<td>3</td>
<td>10</td>
<td>6</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Small Group Work</td>
<td>8</td>
<td>17</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Student Led Seminar</td>
<td>2</td>
<td>7</td>
<td>11</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Self-directed Work</td>
<td>12</td>
<td>15</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Work-sheets</td>
<td>9</td>
<td>10</td>
<td>5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Revision Tutorials</td>
<td>16</td>
<td>15</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Synopsis of the Students' Additional Comments

The students' responses regarding the environment being conducive to teaching and learning were all negative. There were 19 written comments for this item which referred to the inappropriateness of a number of rooms, how hot, smelly and stuffy they were, a PA system that did not work, inadequate discipline and a lack of preparation of AVAs which resulted in a waste of time. The findings from another item indicated that some of the students considered that 'just a handful' of tutors were helpful, but many of the other tutors gave conflicting and incorrect advice. These findings conflict somewhat with the statistical information provided in Table 15, where 33 of the students had agreed that staff were well motivated and willing to share their knowledge. Another negative aspect that arose from the comments was the poor support that 13 students felt that they had received throughout the CFP, which in their opinions had been caused by the tutors having a very heavy work load. This set of data also indicated that for a minority of the students there had been a dearth of opportunities for the discussion of progress and development and very little guidance had been given. It was still considered by a minority of the students that too much of the course consisted of self-directed study without a framework within which to work.

The data obtained from the comments related to the variety and appropriate usage of teaching methods, indicated very similar findings to those obtained from the previous student evaluation, which are presented in Table 4. above. The findings indicated that there was an over emphasis on Lectures, that the students felt that they were being 'talked at', that there was too much theory that was not made applicable to nursing practice and some of the teaching methods that were used were more suitable for school children. Another area where there were discrepancies in the data, was that related to research. The statistical data indicated that the majority of the students agreed with the statement, but the written comments indicated just the opposite through the references made to the shortage of or difficult access to books, and the lack of grading for any work conducted by the students in that area.

One of the positive aspects that was indicated by the findings was that the students considered that latterly there had been a close relationship between some of the theoretical content and its practical application. The majority of the students felt that this had not been the case until the last two months of the CFP, but at last there was a relationship between the two. Another very positive aspect that was indicated by the findings was an increased appreciation of both sociology and psychology, but the opposite was indicated for nursing studies and biological sciences. Nursing studies were considered by nine of the students to be repetitive, disorganised, inappropriate and too late in the course; and the biological sciences were considered by just under half of the students to be taught in a very uninteresting way and at too high a level with too much information packed into the available teaching time. The statistical data indicated that half of the students were dissatisfied with the P.L.P. lessons, but the 14 written comments indicated that many of the students considered it to be very helpful. One extremely negative aspect was related to Information Technology (IT), the findings from this set of data indicated that only one IT teaching session had been programmed throughout the CFP, and the majority of the students considered that it
had been a total waste of time.

It can be seen in the statistical data presented in Table 8. above that the students were quite divided on how helpful they considered Large Group Work and Student led Seminars to be, and how the majority considered that all of the other teaching methods were helpful, including Lectures. One contradictory finding that was obtained from these comments, was the stated dislike of self-directed work and the statistical data which indicated that 27 students found it to be very helpful. These findings related to the helpfulness of particular teaching methods, were very similar to those which were identified in the data obtained from the previous student evaluations and questionnaire, which are presented above. It appeared that the students’ preferences for particular teaching methods and how helpful or not they considered them to be, had not really changed during the CFP. These findings are completely opposite to those found by Dux (1989). The April 1991 students demonstrated a consistency in what they felt were the most helpful teaching methods and also in their demand for a greater variety of teaching methods to be used. It is suggested that the tutors for the P.2000 programmes should bear in mind this consistent demand for a variety of teaching methods to be used, and heed the suggestion proffered by Brink (1988), that the learning environment should be organised to accommodate all identified styles of learning.

The findings from the data obtained from the last section of the evaluation questionnaire indicated that the students had very mixed feelings regarding their P.2000 programme. A minority of the comments were positive but the majority were negative, although most of the comments were constructive and contained suggestions for improving future programmes. The findings indicated that some of the students had enjoyed the CFP and considered that the theoretical aspects had been of sufficient depth to suit their needs. However, a four page transcript of the data that were obtained from the final item on the evaluation questionnaire, which is presented in Appendix G., also indicated that the majority of the students had not enjoyed the P.2000 programme. The large number of areas with which they were dissatisfied were:

Assessments and Examinations.
There had been too many summative assessments;
too little preparation for examinations;
Communications and Organisation.
The course was very disorganised;
communications between the College and placements were non existent;
too many last minute changes in the programme;
the distance between the College and the practice areas was too great;
the course suffered from too few resources and a lack of organisation;
the students should have been formally told that the College was not having students in September, rumoured reasons were not good enough.
it was a very confusing 18 months;
Practical Experience.
There was too little nursing practice experience;
there was insufficient preparation for the nursing placements;
the nursing skills teaching was too late in the CFP;

**Theoretical Aspects.**

Quite a large part of the course had been 'wishy-washy';
it was a DIY course;
there was too much theory that was irrelevant to practice;
there was a need for greater flexibility and student choice;
psychology, sociology, physiology, nursing studies and PIP should have been integrated;
too many lecturers did not turn up.

**Stress.**

It was very stressful at every stage, and overall, a very stressful course.

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**Summary of the Findings From the End of the CFP Evaluation.**

A number of authors such as Fox (1982), Field and Morse (1985), Seaman (1987) and Couchman and Dawson (1990), have identified that the use of questionnaires is not the most reliable of research methods to gather accurate data, as the response rate is rarely as high as anticipated, and may include a large number of incomplete items and therefore should not be considered as representative of the target population. Therefore it could be considered that as a result of the large number of incomplete items contained in the returned evaluation questionnaires, the findings from the data should be only be regarded as indicative of the students' discontent and negative feelings towards the CFP, rather than conclusive evidence. However, the findings from this set of data identified the same dissatisfiers that were identified from all of the previous sets of data. It is suggested that the findings demonstrated that the students had identified particular areas of the course that were unsatisfactory, on a number of occasions, and as no apparent steps had been taken to rectify them, they therefore considered it to be a pointless exercise and a waste of time to complete yet another questionnaire. It is considered that support for this suggestion is provided by the volume and content of the additional comments that were written at the bottom of the evaluation questionnaires, which are listed in an abbreviated form above.

**Critical Incidents**

The Branch tutors were approached so that the work load of the students and the feasibility of obtaining data through the method of critical incidents could be discussed. During the meetings held with six Branch tutors, it transpired that on two of the core study days plans had already been made to conduct workshops which would introduce the students to the collection of critical incidents and the writing of Learning Journals, the latter for formative assessment. The tutors suggested that the collection of critical incidents by the students would fit in with their studies in both of these areas and would not interfere with, or add to, the heavy work load.
The purpose of using the critical incident technique for this part of the study, was to obtain data on effective or ineffective learning situations experienced by the students in the practice areas and what, in their opinion, influenced their learning. The intention was to link the collection of critical incidents to the Learning Journals which the students had been requested to write on a regular basis throughout the Branch programme. The aims of the Learning Journal were to help the students to reflect on some of the nursing issues, develop their analytical skills and enable them to become responsible for their own learning. To assist the achievement of these aims, the tutors intended to meet their own group of students at least every six weeks to read and discuss the journals. The tutors suggested that it would be beneficial for the students if the recorded critical incidents related to learning experiences were also read and discussed before being considered as data for the study.

The explanatory notes, guidelines for completion and forms on which the critical incidents were to be recorded were designed, and meetings were arranged with the students on each of the Branch programmes. Examples of the notes, guidelines and forms may be seen in Appendix H. It was decided to meet the each of the groups of students in their Branch disciplines so that explanations and examples of critical incidents could be made relevant to the speciality. During the initial meeting with the group of students on the Adult Branch, all but three students agreed to participate in this part of the study if certain conditions were met. The students unanimously requested that the critical incidents be totally separated from the Learning Journals, that they should only be considered as part of the research and not be seen or discussed with any member of the teaching staff, and that the recording of the incidents be delayed until after the Christmas period. It appeared that the Branch groups communicated quite well with each other because during the meetings with them, the Mental Health and Learning Disabilities Branch groups requested the same conditions, which were agreed with all three groups.

The forms and guidelines for completion were re-designed and handed to each of the students who had agreed to participate. A copy of the re-designed guidelines and the form may also be seen in Appendix H. The students agreed to commence recording the critical incidents, which they considered had influenced their learning, in the New Year and each agreed to record a minimum of nine incidents within a period of three months. The seemingly lengthy period would enable the recording of such incidents both in the institutions and in the community areas. During informal discussions with the students from this cohort, it became very apparent that the majority of them considered that they had too heavy a work load, too many formative and summative assessments and too much to learn in the Branch programmes. Their discontent was demonstrated within a short space of time when, with a few exceptions, the April 1991 students refused to participate in any developmental or formative assessment work such as the Learning Journals.

The response rate for the return of the critical incidence forms was extremely poor, with only one set of three records having been received within the agreed three months. During formal discussions with each of the Branch tutors, it appeared that a number of the students were quite uncooperative with their tutors and were not attending private tutorials or core study days. Follow up meetings were arranged with
the individual groups of students from each Branch, during which it was established that they wished to participate in the study, but the pressure of work was such that there had been little time to think of anything else. During the following nine months, two follow up letters were sent to each of the participating students and eventually 44 out of a possible 405 individual critical incidents were received via the College internal mailing system, which resulted in a poor response rate of 11 percent, the final set of three critical incidents having been received two months before the end of the three year programme. Although the response rate was only 11 percent and therefore should not be considered representative of effective and ineffective learning situations that were experienced by the whole cohort, as this is an illuminative study it is considered to be appropriate to include the findings from the data that were obtained.

An analysis of the data indicated that all of the reported critical incidents were related to the students’ learning. Without exception the students considered that they had learnt something valuable from the incident, after having conducted their own analysis and reflection. Each of the returned critical incident forms consisted of some background information, the students’ account of the incident and their thoughts at the time, the most demanding aspect of the situation at the time and why and how the incident influenced their learning. Some students had typed their record sheets and others had completed the forms that had been provided. As the data were received and analysed, the findings indicated that there were five distinct themes that emerged from the critical incidents, which were:

1. Skills that had been learnt through good examples and role models.
2. The importance of individuality and advocacy.
3. Communications and self awareness.
4. Awareness of patients’ needs learnt from poor practice and role models.
5. Individual teaching and personal experience.

Two examples of the critical incident reports are presented below, one of which is a typed report from a student on the Adult Branch and the other a hand written report from a student on the Learning Disabilities Branch. These are followed by a discussion of the emerging themes from the 44 sets of data.

**Adult Branch Typed Report.**

Before patients are anaesthetized a cannula is inserted into the back of their hand or their arm so that they can be given a number of different drugs without the need for multiple injections.

I assumed that patients were told what to expect when they arrived in the anaesthetic room. However, after assisting with looking after a number of patients before induction I came to realise that they think that when they feel a needle in their hand, they have been anaesthetized. I was not aware of this to begin with so I was surprised when a patient said that he could still see the clock above the door. I
thought he was boasting that, despite being in his eighties, his eyesight was good. When a few minutes later, he said he could still tell the time, I realised that he was becoming anxious about the fact that the anaesthetic was not working. Of course, at this time he still had not been given any drugs.

Once I realised what the problem was, I was able to tell him that he had not yet received an anaesthetic, and also to reassure him that he would be properly anaesthetized during his operation.

With subsequent patients I explained in advance what was going to happen and they appeared to be happy about the explanation.

With hindsight I could see that other patients had the same worry but, because I am familiar with venflons and their function, had not picked up on their fears.

From this I learnt that I should try as far as possible, to see events from the perspective of people who have little to do with hospitals.

**Learning Disabilities Hand Written Report.**

1. Location. Dinnertime at the meal table.

2. Details of what happened. Client is sat in wheelchair, he is profoundly handicapped. Member of staff starts to feed the client, it becomes evident that the client does not want the food, as usually he will open his mouth, but on this occasion he was refusing and turning his face away. The member of staff becomes frustrated and makes these feelings heard to those around her. She proceeds to feed the client - rather forcefully at times.

3. Thoughts at the time. I felt shocked and angry and wondered how the client must be feeling at being on the receiving end of this treatment.

4. What I found most demanding. The most demanding thing was knowing what was best for myself to do. I felt I ought to say something but was very unsure of how to put things so as not to create a conflictive environment.

5. Why and how the incident influenced my learning. The incident made me aware of how important it is that all care staff are fully educated, trained and guided in these aspects.

It influenced my learning by providing an opportunity whereby it was necessary to utilise skills I had learnt in theory with regard to feeding
clients and therefore was hopefully able to exercise some influence on
others' behaviour.

6. Aspects I considered were important to reflect upon. The most
important aspect of the incident I considered was the clients' feelings
-how he would have felt at receiving this treatment. It is always
important to be sensitive to the clients' feelings.

7. What I feel that I have learnt from this incident. That it is
important to provide full education and guidance to all care staff so
that such incidents do not arise. I felt that the member of staff was not
being deliberately 'malicious' or 'uncaring', but was so intent on the
client being fed that she failed to consider the clients' feelings and right
to choose.

DISCUSSION OF THE EMERGING THEMES FROM THE CRITICAL INCIDENTS

The data that were obtained from the critical incident reports indicated that students
from each of the three Branch programmes had participated in this particular aspect
of the study, and had described incidents from both hospital and community care
areas. Six had been completed by students on the Learning Disabilities Branch, 21
by students on the Mental Health Branch and 17 by students following the Adult
Branch. The findings indicated that all of the incidents that were reported were
effective learning situations but not necessarily desirable experiences. The data
included 17 incidents that the students considered to be important and which had
influenced their learning effectively but from a negative aspect. The data
demonstrated that the care had been poor or undesirable in a number of ways and that
upon reflection the student concerned had learnt how not to practice and the
importance of both effective communications and having an awareness of the needs
each individuals patient.

The findings show that a number of the students experienced what Kramer (1974)
described as reality shock and its resolution, both of which are described in chapter
two. In this aspect of the study, the findings indicated that the students experienced
some conflict between the undesirable nursing practice and care that was given and
the desirable care that they knew how to give and that should have been given. It is
suggested that the resolution of this conflict that was used by the students, was one
of the two types described by Kramer (1974) as behavioural capitulation. The
findings demonstrated that some of the students decided to delay exhibiting good
practice until they were in a position of authority and could do so with impunity. It
appeared that there was some conflict between the ideals of education and the reality
of the work place such as those found by Melia (1983) in her study.

Alternatively, the findings from the data also indicated that there were four critical
incidents which had influenced the learning of practical nursing skills as a result of
good nursing practice and role models. The data from each of these incident report forms demonstrated that the respondents considered that they had learnt new skills, developed their own self confidence and were able to apply their knowledge in later practice.

The findings from the data obtained from a further 20 reports identified a variety of effective learning situations that had enabled the students to learn from their own nursing practice during the critical incidents. During each of the incidents the students considered that they had developed a greater self awareness and communication skills whilst working with patients and other members of care staff. The findings also indicated that the students enjoyed and monitored their own development in these two areas and demonstrated a high degree of satisfaction in the achievement of new nursing skills.

It appeared from the findings that three effective learning situations in the practice areas resulted from incidents during which the students received individual teaching sessions. Each of the students considered that the individual tuition and attention was extremely important to their learning and enabled them to practice their nursing skills proficiently.

Although it is recognised that only a small proportion of critical incidents were reported and submitted for this part of the study, it is suggested that the findings demonstrated that a variety of the practice areas provided desirable effective learning situations for the students. The findings also showed that 17 of the students considered that they had experienced some examples of poor care and inadequate communications but had reflected on these issues, had learnt from the undesirable experiences and were resolving their conflict with behavioural capitulation. Kramer (1974) suggests that this resolution is alright in theory, but the right time and climate rarely happens and bad practice can be perpetuated. Additionally concern was being expressed by the UKCC (1986) about the continuing gap between theory and practice, despite the extensive research that has been conducted and reported upon during the last 20 years. The findings from this part of the study demonstrate that this remains the case in some of the practice areas, therefore it is suggested that there is a need for the nurse teachers to become immersed in practice and the practitioners to develop their educational role as suggested by Orr (1990).

The findings from the data demonstrated that all of the students who participated in this part of the study considered that they had learnt a great deal from participating in the practical nursing experiences which had been reported as critical incidents, and had appeared to enjoy learning by this method. The findings showed that these students had developed considerably along the continuum of self directed learning, had increased their analytical skills, developed their self awareness and extended their communication skills. It appeared from the findings that the students who had worked with and received individual tuition from a good role model or mentor had placed considerable value on the learning experiences, which reflects some of the findings from the first of the student questionnaires and the tutor interviews. It is suggested that this also reinforces Orr's (1990) suggestion that nurse teachers need to become immersed in practice, which was also one of the proposals contained in P.2000
(UKCC 1986), and a requirement of the ENB following the review for re-approval of the Course (Review Report 1992).

INFORMAL DISCUSSIONS WITH BRANCH PROGRAMME TUTORS

During the period when the students were recording the critical incidents related to their learning, a number of informal discussions were held with the Branch programme tutors, the majority of which occurred in the staff rooms on the various satellite education sites or in tutors offices following formal meetings. During these discussions which were initiated by the tutors, it appeared that the majority of the April 1991 cohort had expressed their 'disenchantment' with the Course to their personal tutors during tutorials, and to the senior tutors during the core study days. Following a request to meet with the students during one of the core study days to discuss the progress of this study, the tutors indicated that these study days were very poorly attended particularly by the students from the Mental Health and Learning Disabilities Branch programmes, and therefore it would probably be a waste of time. These tutors did not blame the students because they themselves considered that the days were poorly organised and wasted valuable lesson time. The poor attendance resulted in the suspension of the core study days for two months for this particular cohort while the senior tutors redesigned the programme for the remaining core days. Initially these core study days had been timetabled for teaching and learning skills and Patient Teaching, but it appeared that those subjects had not been taught, because each tutor or senior tutor thought they had already been taught.

On a number of occasions the tutors expressed their dissatisfaction with the lack of continuity between the CFP and the Branch programmes. It appeared that despite informal and formal requests to senior members of staff, the tutors from the Branch programmes had been unable to obtain any records of what had been taught in the first 18 months of the Course, and this had made timetabling and lesson planning extremely difficult. It was suggested by some of the tutors that on a number of occasions they had either repeated lessons that the students had attended in the CFP, or had assumed that a subject had been taught at a basic level and subsequently discovered that it had not. In their opinion there was so much new material that had to be learnt in the Branches, that a number of tutors had adopted the lecture method of teaching in an attempt to cover vast areas of knowledge. Three other areas of concern that were discussed during these informal meetings were the increasing pressures of work related to the newly introduced Quality System, the implications of the proposed amalgamation of the three colleges and membership of working groups for the modularisation of the curriculum.

It has been stated that there were a large number of contemporaneous events which affected many aspects of the Course, the personnel and therefore the data obtained in this study. The discussions that were in the main initiated by the tutors, were related to a number of these events, and therefore give credibility to their suggested effects. The feelings and comments in evidence during these discussions were also commonly expressed during large and small staff meetings, overheard in corridor conversations, and reported in numerous minutes, therefore it is not considered that there were any
ulterior motives for their inclusions in the informal discussions (Senior Tutor 1992/1993, Staff Forum 1993, Quality Group 1993).

FORMAL DISCUSSION WITH THE COLLEGE COUNSELLOR

The services of a College Counsellor (CC), who was not a member of the teaching staff, were available for both the students and the staff of the College. Initially it had not been the intention to conduct an interview with the CC or to make any attempt to obtain any such personal and confidential information, however, following a personal approach from the CC, a formal discrete confidential meeting was held during which information pertinent to this study was shared. The substance of the discussion was strictly confidential as was the CCs' annual report to the CMB, and no individuals were named or identified in any way. Although it was agreed that it was unethical to include any specific information that was shared during the meeting, it was suggested by the CC that if certain general facts were pertinent to this study, they could be used.

It was reported that during the period October 1992 to October 1993 the number of College staff who used the counselling service increased significantly from 8 percent in the previous year to 33 percent in this year. Of the client group who consulted the CC, 52 percent were P.2000 students, 15 percent were students on other courses and 33 percent were members of staff. The CC suggested that the reorganisation of Nurse Education was probably the reason for the increase in the number of staff seeking counselling in this period. It is suggested that the information obtained from the informal discussions with the tutors, reinforces the suggestion offered by the CC. However, it appeared that the number of students from the April 1991 cohort who were referred for counselling, was proportional to the number from each of the other four cohorts that sought counselling in that year.

The statistics for referrals, ethnic groups and the age categories were very similar to those for other years, but the CC suggested that there was an increase in some of the areas of difficulty presented by the new clients, such as relationship, stress and anxiety, depression, work problems and exam difficulties. It appeared that this was in common with counselling services in universities, colleges and medical schools which had observed an increase in the number of students seeking counselling and that there had also been an increase in the number of clients 'at risk' from feeling suicidal or having attempted suicide (CC Report 1993). The latter did not appear to be the case with the April 1991 cohort, their stated areas of difficulty were of a very personal nature which included relationships and family difficulties. The CC suggested that some of these areas of difficulty could have been caused by the pressure of work together with the numerous changes that were taking place, and that it had become apparent that it was an extremely traumatic time for all members of staff and the students.

It is suggested that the information obtained from the CC has established structural corroboration for much of the data obtained from the informal discussions with the tutors and the students, which are reported above, and the impact that some of the
contemporaneous events have had on the staff and the students. It is further suggested that this is also reflected in the poor response rate for the reporting of critical incidents.

**STUDENT QUESTIONNAIRE**

The findings from the data obtained from the data collection methods, indicated the areas in which the questioning should become more directed, systematic and selective in order to achieve structural corroboration. Therefore it was considered necessary to study some of the issues from another standpoint. The issues that were revisited were:

- do the students practice Health Education and Patient Teaching in the care areas?
- The students' preferred methods of learning and their achievements.
- The students' progress along the continuum of self directed learning.
- Do the students remain dissatisfied with the same aspects of the course?

A decision was taken to slightly amend and reuse the original student questionnaire that had been designed, piloted and used to obtain data from the students in Stage One of the study. This decision was based on the need to address very similar issues from a slightly different standpoint. The items on the questionnaire were amended in several areas to complement the changes in the cohort such as the age ranges; an item that would establish that they had commenced the course in April 1991, and one that specifically addressed patient teaching in nursing practice and care. A copy of the amended questionnaire may be seen in Appendix I.

An awareness of the expressed feelings and workload of the students indicated that a personal approach would be more likely to achieve an acceptable response rate for the student questionnaire, than an impersonal approach using the internal mailing system. On a core study day, one month before the end of the course, a meeting was held with the students during which they were asked if they would complete a questionnaire for the evaluation study. A spokesperson for the group expressed a general dissatisfaction related to numerous evaluation forms having been completed during the three years to no avail, but as this questionnaire was part of the study, they would complete it.

**SYNOPSIS AND DISCUSSION OF THE STUDENT RESPONSES**

The questionnaires were handed to each of the 47 April 1991 students who were present on the core study day. Two female and one male student refused to complete that or any other forms for anyone at all, but offered to be interviewed for the study
in privacy at a mutually convenient time, two others did not hand in their forms and one only contained biographical information. The completed questionnaires were collected from the students, which resulted in a response rate of 89 percent. This is considered by a number of researchers to be very good, and may be considered as representative of the whole group (Fox 1982, Treece and Treece 1986). Five of the responses were from male students and 37 were from female students, and the number of responses from each of the age groups are presented below in Table 16.

Table 16. Responses From Each of the Age Groups. n=42

<table>
<thead>
<tr>
<th>Age Group</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 - 30</td>
<td>31</td>
</tr>
<tr>
<td>31 - 40</td>
<td>6</td>
</tr>
<tr>
<td>41 - 50</td>
<td>4</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
</tr>
</tbody>
</table>

It was established from the biographical data that all 42 respondents had commenced the course in April 1991. The findings from the data obtained from the responses to the open ended item number one, indicated that 41 students understood the term Patient Teaching in the context of their role as a nurse. Each of the responses was fairly brief, but an analysis conducted in a similar manner to that carried out on the first student questionnaire, reflected an understanding of Patient Teaching that was related to Health Education and linked to actual nursing practice experience.

The findings from the responses obtained from the middle managers’ questionnaire, had indicated that the students were encouraged to include Patient Teaching in all aspects of care, as had the findings from the data obtained from the students' questionnaire. Therefore item two was intended to identify if the students considered that they had been encouraged to include Patient Teaching while working in the hospital and community care areas. The findings from this item showed that the majority were encouraged to include this aspect in nursing care, in both of these areas. The quantitative data for this item is presented below in Table 17.

Table 17. Encouraged to Include Patient Teaching in Care Areas. n= 42

<table>
<thead>
<tr>
<th>CARE AREA</th>
<th>YES</th>
<th>NO</th>
<th>NIL RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>36</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Community</td>
<td>37</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

The aim of the closed statement item number three was to determine if, after several months of nursing experience in the practice areas, the students included Patient Teaching in the care that they gave to their patients or clients. The findings obtained from the middle managers' questionnaires had indicated that all grades of staff participated in Patient Education, and the intention here was to determine whether or not this included the student nurses. The findings from this item demonstrated that 41 of the students did include Patient Teaching in the care that they gave to their patients or clients.
The responses to the items numbered four to eight which used Likert scales, indicated that the majority of the students had very positive attitudes towards the role of the nurse in patient teaching and the priority that should be given to patient education. The statistical data are presented below in Table 18, and a comparison with the findings from the data obtained from the middle managers for the same aspects, which are presented in Table 13, demonstrated a remarkable similarity between the two. Although data obtained from the informal discussions with the tutors, indicated that there had been too little Patient Teaching input in the Branch programmes, it appeared from the findings in item six that the students considered that preparation for a patient teaching role had been integrated in all of their studies. It was demonstrated that the students had not changed their opinions and attitudes regarding Patient Teaching and Patient Education or preparation for a teaching role, during the period of time that had elapsed following the completion of the first questionnaire.

The responses to items seven and eight also showed that the majority of the students had not changed their attitudes and opinions related to taking increased responsibility for their own learning during the Branch programmes.

It is suggested that the findings from this stage of the study related to Patient Teaching, Patient Education and the role of the nurse in both of these areas, indicated that unlike earlier studies conducted by Powell et al (1973) and Mackean (1979), the student nurses on this P.2000 programme are clear about their role in Patient Teaching, and have not experienced the barrier of inadequacy of preparation for this role.

Table 18. Attitudes to Patient Teaching, Patient Education and Responsibility for Own Learning. n=42

<table>
<thead>
<tr>
<th>KEY</th>
<th>4. Definitely Agree. 3. Agree with Reservations. 1. Disagree with Reservations. 0. Definitely Disagree. 2. Only if it does not apply to you.</th>
<th>4</th>
<th>3</th>
<th>1</th>
<th>0</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>The patient teaching role is a vital part of care/nursing practice.</td>
<td>39</td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>High priority should be assigned to patient/client education.</td>
<td>28</td>
<td>13</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Preparation for a teaching role has been integrated into all of your studies.</td>
<td>19</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>You have been encouraged to take an increased responsibility for your own learning.</td>
<td>30</td>
<td>10</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>You enjoy taking an increased responsibility for your own learning.</td>
<td>15</td>
<td>22</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The aim of the three remaining items was to determine whether or not the students' preferred methods of teaching had changed as the course had progressed, and if they considered what particular teaching methods helped them the most to achieve their learning outcomes. The findings from a study conducted by Ostmoe et al (1984), suggested that students' preferences for the more non-traditional teaching methods are inclined to decrease as they progressed through the nursing course. Their study which was conducted with two groups of baccalaureate nursing students in the USA, and the findings suggested that the students in their study preferred traditional, teacher directed and highly organised teaching strategies (Ostmoe et al 1984). The findings from the data obtained from items 9, 10 and 11 which are presented below in Table 19., indicated that the students enjoyed a range of teaching methods, but like the students in Ostmoe et al's study, demonstrated a preference for the formal traditional teaching strategies and practical work. Ostmoe et al (1984) found a particular preference for the latter with students who were nearing completion of their course, as was shown in the findings from the data for this item. However, the findings which are presented in Table 5e. above, and Table 19. below both indicate that the majority of the April 1991 cohort considered practical work to be helpful in the CFP, but only a minority considered it helpful as they were nearing the completion of the course.

Ostmoe et al (1984), suggested that when students express a dislike for particular teaching methods or strategies, it could be that they have experienced mediocre use of those teaching methods. It is suggested that the numerous comments expressed by the students on the internal evaluation forms, during informal discussions and on the questionnaires, indicated that the dislike for particular teaching methods on this course could have been caused by similar mediocre experiences. Support for this suggestion may be seen in the synopsis of the tutors interviews, where a number of tutors explained that the students have had some bad experiences because of the misuse of some teaching methods.

Table 19. Statements 9, 10 and 11. Teaching Methods Enjoyed, Considered to be Helpful or Disliked. n=42

<table>
<thead>
<tr>
<th>Teaching Method</th>
<th>Enjoy the Most</th>
<th>Dislike the Most</th>
<th>Help to Achieve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal Lecture</td>
<td>20</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Discussion Groups</td>
<td>21</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Directed Study</td>
<td>21</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Practical Work</td>
<td>24</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Experiential</td>
<td>11</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Informal Lectures</td>
<td>18</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Seminars</td>
<td>14</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Self Directed Study</td>
<td>19</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>OHP and Handouts</td>
<td>22</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Role Play</td>
<td>8</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>Tutorials</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
The findings obtained from the data from these three items, number 9, 10 and 11, were very similar to some of the findings obtained from the first questionnaire and which are presented above in Tables 5e and 5f. The findings demonstrated that the teaching methods which the students appeared to enjoy the most, were not in their opinion, necessarily the same teaching methods that were the most helpful in the achievement of their learning outcomes. The reasons provided by the students for this, were that the formal teaching methods and strategies provided a firm knowledge base around which they could read and study. It is suggested that the evidence which is provided above and below, has shown that although the majority of the April 1991 cohort have frequently requested the usage of a wider variety of teaching methods, they remained consistent both in their preferences and how helpful or not they considered them to be.

The findings from data obtained from one of the internal evaluations that had been conducted in the Adult Branch programme indicated that a formal teaching approach became increasingly important to the majority of the students as they progressed through the course. A synopsis of the findings from the evaluation of Part 2, Unit A, in the Adult Branch, which was contained in a report submitted to the CBS, indicated that the majority of the students had requested that:

- a balance should be achieved between small group work and tutor directed work;
- there should be more lectures and less group work;
- a wider variety of teaching methods should be used and
- core study days be abolished.

The findings demonstrated that the respondents considered there was insufficient time for teaching methods other than lectures and tutor led/directed teaching. However, a synopsis of the findings obtained from evaluations conducted at a similar stage in the Mental Health and Learning Disabilities Branch programmes, did not indicate that the respondents were dissatisfied with the teaching methods and approaches which had been used in their programmes; but the findings did show that the students in these two Branches also considered the core study days to be a waste of precious time. An investigation of this dichotomy between the Branches regarding an expressed dissatisfaction with the teaching methods and approaches, identified that two totally different evaluation forms had been used to obtain the data. A copy of each of these may be seen in Appendix J.

During the period in which the April 1991 cohort commenced their Branch programmes, the CBS had suggested that a wider variety of evaluation tools and methods was required, particularly those which incorporated both qualitative and quantitative approaches. The evaluation form that had been used with the students on
the Mental Health and Learning Disabilities Branches had a quantitative approach, and contained items that were intended to obtain very different data to those that were obtained from the items on the students' qualitative evaluation form used in the Adult Branch. There were no items related to teaching methods on the former evaluation questionnaire, whereas the latter contained two items designed to elicit data on the most helpful and least helpful teaching methods. It appeared that in this instance, the students on the Mental Health and Learning Disabilities Branch programmes were not provided with the opportunity to comment on what they considered the most helpful and least helpful teaching methods. Further investigations into the internal evaluations of each of the Branch programmes, indicated that the aspects of each programme which had been evaluated, the frequency with which these had been conducted and the variety of forms which had been used, were too diverse and Branch speciality orientated to be relevant to this study.

END OF COURSE EVALUATIONS.

A decision was taken to include the April 1991 cohorts' evaluation of the whole programme, as it reflected the majority of both the positive and the negative aspects that had been identified by the students in the College evaluations, throughout the three year period. As part of the College evaluation strategy, the tutors had obtained formal student evaluations of the whole programme on the last core study day in the final week. The evaluation form that was used had both a qualitative and quantitative approach and consisted of six statements. The statements invited the students to comment in their own words on three positive aspects of their P.2000 course and to indicate three areas in which they felt the course could be improved, together with suggestions for 'methods of improvement'. A copy of the form may be seen in Appendix K.

The evaluation forms were handed to the 42 students who were present on the last core study day, by a tutor who remained with the group until each member had ceased to write. A total of 27 forms were completed and returned to the tutor who was responsible for the evaluation exercise, and 15 blank forms were left on the tables which resulted in a response rate of 65 percent. A number of researchers, have suggested that such a response rate may be considered to be an acceptable figure and the findings considered to be representative of the target group. However, when the comments related to the completion of evaluation forms which were made by the students four weeks earlier, are taken into consideration, it is suggested that this particular response rate may be considered as extremely good. The findings from the data obtained from the end of programme evaluation forms indicated that three of the students had not identified a minimum of three positive aspects, and eight students each considered that there were four or more areas which could be improved upon. The findings identified a total of 76 positive aspects of the programme, and 95 areas that could be improved upon. An example of a completed College evaluation form is presented below in Figure 10. The themes which emerged from the qualitative and quantitative data are presented in Tables 20 and 21., and are followed by a discussion of the themes and the students' comments.
Figure 10. An Example of a Completed College Evaluation Form.

Positive Aspects of the Course.

1. The sociological and psychological components have given me a better and broader view of life and people. I felt that this made me a better (student) nurse.

2. It has helped me to understand myself better, PIP skills will never be wasted.

3. I feel that, although there are many things wrong with this course, the underlying basis is right. We are being taught to stand in other peoples' shoes and look at their problems.

Areas that Could be Improved Upon.

1. Biological science went far too deeply into a few subjects eg. action potentials, and not always deeply enough into others. Where was the anatomy?

2. To pass every assessment, both practical and theoretical, first time throughout the course, to have no days sick, be well motivated and hard working - just to fail the final exam because the examiners asked tortuous questions is CRAZY. I suggest that one should be able to build up credits which count towards the final exam. For example the 3 year course work could constitute 5% of the final mark.

3. I am a grown woman and I still feel that we are treated as children. We have to put up and shut up with lectures that start late or are cancelled. Part 2a has been chaotic. We are still told that we should be good at time management by tutors and at the same time left kicking our heels in College when we could be getting on with other more pressing matters.
Table 20. Summary of the Positive Aspects of the Course. n=27

<table>
<thead>
<tr>
<th>Positive Aspects</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>The theoretical aspects of the course were good.</td>
<td>10</td>
</tr>
<tr>
<td>The CFP was a good introduction to the theoretical aspects in preparation for the Branch programmes.</td>
<td>7</td>
</tr>
<tr>
<td>An exploration of the Holistic components of the person and health was enabled.</td>
<td>3</td>
</tr>
<tr>
<td>The organisation of our own placements was good for time management.</td>
<td>2</td>
</tr>
<tr>
<td>There was excellent supervisory support throughout the course.</td>
<td>2</td>
</tr>
<tr>
<td>The importance placed on PIP skills and personal growth was good.</td>
<td>12</td>
</tr>
<tr>
<td>The balance between community and ward placements was good and valuable.</td>
<td>2</td>
</tr>
<tr>
<td>Although there is much wrong with the course, the underlying basis is right.</td>
<td>2</td>
</tr>
<tr>
<td>The placements and the variety of them was good.</td>
<td>10</td>
</tr>
<tr>
<td>I have made very many friends.</td>
<td>6</td>
</tr>
<tr>
<td>The summative assignments were extremely useful.</td>
<td>2</td>
</tr>
<tr>
<td>There are some positive aspects to the course, but I need longer to think about them.</td>
<td>1</td>
</tr>
<tr>
<td>The ability to apply theory to practice.</td>
<td>2</td>
</tr>
<tr>
<td>Supernumerary status.</td>
<td>8</td>
</tr>
<tr>
<td>It was an enjoyable course.</td>
<td>2</td>
</tr>
<tr>
<td>The course enabled reflection.</td>
<td>2</td>
</tr>
<tr>
<td>It was a very tough course.</td>
<td>2</td>
</tr>
<tr>
<td>It has ended!</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 21. Areas of the Course which Could be Improved Upon.  \( n = 27 \)

<table>
<thead>
<tr>
<th>Areas for Improvement</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>The core days were a waste of time, they need abolishing or much better planning.</td>
<td>6</td>
</tr>
<tr>
<td>More attention to the stress that is caused by the course.</td>
<td>4</td>
</tr>
<tr>
<td>Examination papers should have numbers on them and not names.</td>
<td>1</td>
</tr>
<tr>
<td>PIP should be conducted by the same tutors as in the CFP.</td>
<td>2</td>
</tr>
<tr>
<td>The continuous assessment is all wrong, every piece is pass or fail, it should not be so.</td>
<td>6</td>
</tr>
<tr>
<td>Lack of organisation amongst the tutors.</td>
<td>6</td>
</tr>
<tr>
<td>Too much petty bureaucracy.</td>
<td>1</td>
</tr>
<tr>
<td>Poor organisation in all aspects.</td>
<td>11</td>
</tr>
<tr>
<td>Assessment dates should be better planned.</td>
<td>4</td>
</tr>
<tr>
<td>Longer placements for nursing experiences would benefit us all.</td>
<td>9</td>
</tr>
<tr>
<td>More support is needed in the clinical areas by tutorial staff.</td>
<td>5</td>
</tr>
<tr>
<td>Poor communications in every respect.</td>
<td>12</td>
</tr>
<tr>
<td>Lack of formative work.</td>
<td>2</td>
</tr>
<tr>
<td>The CFP should be reduced to 12 months.</td>
<td>5</td>
</tr>
<tr>
<td>There was a lack of tutorial support.</td>
<td>9</td>
</tr>
<tr>
<td>More basic anatomy would have been beneficial.</td>
<td>2</td>
</tr>
<tr>
<td>It was a D.I.Y. course.</td>
<td>2</td>
</tr>
<tr>
<td>Far too much group work.</td>
<td>3</td>
</tr>
<tr>
<td>Not treated as mature students at all.</td>
<td>2</td>
</tr>
<tr>
<td>The CFP was too Adult Branch orientated.</td>
<td>1</td>
</tr>
<tr>
<td>Exam results could have been made known in a better way.</td>
<td>2</td>
</tr>
</tbody>
</table>
DISCUSSION OF THE EMERGING THEMES.

The data obtained from the evaluations were first analysed by the Branch tutors. They had identified the themes which had emerged from the data, and from these had devised a list of categories under which each of the responses had been placed. This analysis was closely followed by a request for an informal meeting, before the data and the original evaluation forms were handed over for inclusion in this study. During the meeting with the tutors, they expressed their feelings of shock, hurt and dismay caused by the findings that they had obtained from the data, particularly the number of areas which the students had identified as needing to be improved. In the tutors' opinions, although they considered that the students had received a 'bit of a raw deal', they felt that the students had over reacted to recent events and had let these influence their feelings about the whole course. The events to which the tutors were referring, were the recent changes to the examination system and the lack of tutors available to teach during the previous two months. It appeared that four weeks before the April 1991 cohort sat for their final examinations, the Examination Board changed both the format for the examination papers and the system by which the students were notified of the results, and that unfortunately the students had not been informed of these changes. The lack of tutors available to teach the students had been caused by an influenza epidemic which had reduced the number of available tutors by two thirds.

Alternatively it can be suggested that the negative comments which were related to the examination system, resulted from the recent changes and lack of appropriate communication with the students. It is further suggested that the data related to the lack of tutorial support and organisation amongst the tutors could have resulted from a dearth of support during the last two months of the programme caused by the influenza epidemic, particularly at a time when the students considered they had the greatest need. However, the findings from the data obtained from previous internal evaluations, classroom observations, informal discussions and formal meetings, indicated that these were two aspects of the programme with which the students had already expressed their dissatisfaction, as indeed they had regarding ineffective communications.

The findings from this set of data indicated that the majority of the remaining areas which the students considered could be improved upon, had been identified as areas for improvement throughout the programme. A comparison between the data obtained from the internal student evaluation conducted at the end of the CFP and the data obtained from the student evaluation of the whole programme, indicated that both sets of data refer to the same unsatisfactory aspects. It appeared that communications between students and tutors, tutors and their colleagues and the College and the placement areas had not improved; too much teaching time had been wasted; the programme suffered from too few resources and a lack of organisation and it had caused a high level of stress which, the students considered, had been ignored.

Although outnumbered by the negative aspects or areas with which the students were dissatisfied, there were many positive aspects of the programme that were identified in the data. One of the positive aspects was the benefit many of the students
considered they had received from the PIP 'course'. The data indicated that the majority of the students considered that the variety of placements and nursing experiences in both the hospital areas and the community had been beneficial. Some considered that they had been able to apply theory to practice and been enabled to practice holistic care, and others had appreciated having supernumery status. The findings from the data demonstrated that there were a number of aspects of the programme that were satisfactory for a minority of the students and unsatisfactory for the majority and equally the reverse applied. However, it is suggested that structural corroboration has been achieved for the findings obtained from the sets of data, which has identified a number of aspects which were considered by the majority of the students, to be unsatisfactory throughout the whole three years of their P.2000 course.

**STUDENT SATISFACTION WITH THEIR P.2000 COURSE AND STUDENT ACHIEVEMENTS.**

Unlike many of the data collection tools described in this study, the College questionnaire used to evaluate the course as a whole, required to the respondents to identify themselves at the top of the first page. The findings from this set of data demonstrated that although two respondents had not completed this particular section, it was possible to identify which of the 27 respondents had passed their final examinations and assignments and successfully completed their P.2000 course. The course statistics for the successful members of the April 1991 cohort are presented below in Table 22. Although an analysis of the data obtained from the individual results of the final examinations and assignments and the students' evaluation of the whole course, enabled comparisons to be made between each students' overall satisfaction with the course and their achievement and success, it did not enable a comparison to be made between the achievements of the individual student's and their preferred teaching or learning methods. The quantitative data from which the comparisons were made are presented below in Table 23.

The data has shown that the students' satisfaction or dissatisfaction with the course did not appear to be related to their individual successes or achievements. It appeared that although the two students who had not passed their final examinations had both achieved similar grades throughout the course, only one of them considered that the course had been unsatisfactory. The data also indicated that out of the 12 students who had expressed dissatisfaction with the course, seven had achieved an average of Good and/or Safe and Satisfactory grades for the course; similarly, six of the students who had indicated that they were satisfied with the course, also achieved an average of Good and/or Safe and Satisfactory grades. It is suggested that the findings from this set of data has demonstrated that the students' achievements throughout the course or their success or failure, did not appear to influence their opinions regarding their satisfaction or dissatisfaction with their P.2000 course.
Table 22. Course Statistics for the April 1991 Cohort, n=86

<table>
<thead>
<tr>
<th>Nos of students</th>
<th>14:4:91</th>
<th>30:9:92</th>
<th>30:3:1994</th>
<th>%</th>
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<tr>
<td>Male</td>
<td>18</td>
<td>7</td>
<td>7</td>
<td>39</td>
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<tr>
<td>Female</td>
<td>68</td>
<td>41</td>
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<tr>
<td>17 - 21</td>
<td>49</td>
<td>26</td>
<td>21</td>
<td>43</td>
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<tr>
<td>22 - 25</td>
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<td>8</td>
<td>61</td>
</tr>
<tr>
<td>26 - 29</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>30 - 39</td>
<td>16</td>
<td>9</td>
<td>9</td>
<td>56</td>
</tr>
<tr>
<td>40 +</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>66</td>
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<td>ETHNICITY</td>
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<td></td>
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<tr>
<td>British &amp; British Nationals</td>
<td>46</td>
<td>28</td>
<td>24</td>
<td>52</td>
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<tr>
<td>English</td>
<td>18</td>
<td>9</td>
<td>7</td>
<td>39</td>
</tr>
<tr>
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<td>11</td>
<td>7</td>
<td>6</td>
<td>54</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
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<td>1</td>
<td>100</td>
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<tr>
<td>African</td>
<td>8</td>
<td>2</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td>ENTRY QUALIFICATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>UKCC Test</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>43</td>
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<td>5+ GCSE</td>
<td>70</td>
<td>37</td>
<td>34</td>
<td>48</td>
</tr>
<tr>
<td>5 GCSE Equivalent</td>
<td>9</td>
<td>7</td>
<td>4</td>
<td>44</td>
</tr>
<tr>
<td>Those with a Science</td>
<td>54</td>
<td>32</td>
<td>21</td>
<td>39</td>
</tr>
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<td>ADDITIONAL QUALIFICATIONS</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-levels</td>
<td>24</td>
<td>14</td>
<td>13</td>
<td>54</td>
</tr>
<tr>
<td>Degree/Diploma</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>100</td>
</tr>
<tr>
<td>IDENTIFIED BRANCH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>72</td>
<td>35</td>
<td>31</td>
<td>43</td>
</tr>
<tr>
<td>Mental Health</td>
<td>7</td>
<td>8</td>
<td>8</td>
<td>114</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>33</td>
</tr>
<tr>
<td>Don't Know</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The high attrition rate of 53 percent for the April 1991 cohort is discussed below.
Table 23. Student Satisfaction with the Course and Student Achievements. n=27

Key.

Satisfaction Scores. Majority of Positive Comments = +. Majority of Negative Comments = -. Equal Number of Negative and Positive Comments = +/-.
Pass = P. Fail = F.


<table>
<thead>
<tr>
<th>Student</th>
<th>Satisfaction with Course</th>
<th>Pass/Fail</th>
<th>Average Grades for the Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>+/-</td>
<td>P</td>
<td>C</td>
</tr>
<tr>
<td>2</td>
<td>-</td>
<td>P</td>
<td>C</td>
</tr>
<tr>
<td>3</td>
<td>+</td>
<td>P</td>
<td>C</td>
</tr>
<tr>
<td>4</td>
<td>+</td>
<td>P</td>
<td>B/C</td>
</tr>
<tr>
<td>5</td>
<td>+</td>
<td>P</td>
<td>B</td>
</tr>
<tr>
<td>6</td>
<td>+</td>
<td>P</td>
<td>C/D</td>
</tr>
<tr>
<td>7</td>
<td>-</td>
<td>P</td>
<td>C/D</td>
</tr>
<tr>
<td>8</td>
<td>+/-</td>
<td>P</td>
<td>C/D</td>
</tr>
<tr>
<td>9</td>
<td>+/-</td>
<td>P</td>
<td>C</td>
</tr>
<tr>
<td>10</td>
<td>+</td>
<td>P</td>
<td>C/D</td>
</tr>
<tr>
<td>11</td>
<td>-</td>
<td>P</td>
<td>D</td>
</tr>
<tr>
<td>12</td>
<td>-</td>
<td>P</td>
<td>C</td>
</tr>
<tr>
<td>13</td>
<td>-</td>
<td>P</td>
<td>C</td>
</tr>
<tr>
<td>14</td>
<td>+/-</td>
<td>P</td>
<td>B/C</td>
</tr>
<tr>
<td>15</td>
<td>+/-</td>
<td>P</td>
<td>C</td>
</tr>
<tr>
<td>16</td>
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<td>F</td>
<td>C/D</td>
</tr>
<tr>
<td>17</td>
<td>+/-</td>
<td>P</td>
<td>C</td>
</tr>
<tr>
<td>18</td>
<td>-</td>
<td>P</td>
<td>D</td>
</tr>
<tr>
<td>19</td>
<td>+</td>
<td>F</td>
<td>C/D</td>
</tr>
<tr>
<td>20</td>
<td>+</td>
<td>P</td>
<td>C</td>
</tr>
<tr>
<td>21</td>
<td>-</td>
<td>P</td>
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<tr>
<td>22</td>
<td>+/-</td>
<td>P</td>
<td>C</td>
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<td>P</td>
<td>C</td>
</tr>
<tr>
<td>24</td>
<td>-</td>
<td>P</td>
<td>B/C</td>
</tr>
<tr>
<td>25</td>
<td>-</td>
<td>P</td>
<td>B</td>
</tr>
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<td>26</td>
<td>-</td>
<td>P</td>
<td>B</td>
</tr>
<tr>
<td>27</td>
<td>-</td>
<td>P</td>
<td>C</td>
</tr>
</tbody>
</table>
PROGRESS OF THE SUCCESSFUL MEMBERS OF THE APRIL 1991 COHORT

Following the end of the P.2000 course upon which this study is based, the intention was to study the progress of the successful members of the April 1991 cohort in the subsequent period of their post-registration employment. The findings from the data which are presented above, demonstrated that in spite of having successfully completed the course, received a Diploma in Education from the University and achieved Registration on the Professional Register, the majority of the students considered that there had been more unsatisfactory than satisfactory aspects of the course. The data obtained from the discussions held with the tutors had indicated that perhaps the students had over-reacted to a few unfortunate contemporaneous events, but data gathered from other sources, have shown otherwise. Therefore in addition to the survey which was conducted on the progress of the post-registration students, it was considered necessary to establish whether or not:

- they had over-reacted or were discontented with aspects of their P.2000 course;
- they had been successful in obtaining a nursing post;
- they had experienced any difficulties in obtaining a nursing post;
- after the ten month post-registration period, they considered that the course had been of value and worthwhile.

The data presented above in Table 22., demonstrated that 41 members of the cohort successfully completed the P.2000 course, but only 19 of these had completed and returned an Exit form which gave a response rate of 46 percent. There was a College policy that required all personnel who were intending to leave their employment or whose course had finished, to attend an Exit interview and complete an Exit form and in this instance 22 members of the April 1991 cohort had refused to comply. As a result of this refusal to comply, the College registry were unable to obtain forwarding addresses for all of the cohort which ultimately caused a considerable delay in obtaining the data that was required for this study. The successful members of the April 1991 cohort were qualified nurses and not students at this stage of the study, therefore in the remainder of the study they are referred to as ex students.

The data obtained from the 19 Exit forms indicated that the ex students intended to practice in various care establishments either in the UK or in their country of origin or had no intentions of seeking employment; but there was a dearth of information regarding the remaining 22 successful ex students. Therefore it was considered to be inappropriate or totally impractical and beyond the available resources for this study to use personal visits and observation as data collection methods. A list of addresses for the ex students was obtained from the College registry and a decision was taken to collect the required data by conducting a postal survey and where feasible, personal interviews. Treece and Treece (1986) suggest, if a researcher wishes to obtain information from nurses who have graduated from a school or college of nursing, it
is cheaper and less time consuming to mail the questionnaires to the members of a particular group, even if the most current addresses are not available because the post office does part of the searching instead of the researcher.

The questionnaire for the postal survey was designed and a pilot study was conducted with four ex students from the September 1990 cohort who were working in learning disabilities and adult nursing areas. The results of the pilot study demonstrated that the items were appropriately written and phrased in such a way that the questionnaire could be used to obtain the final set of data that was required for this study. The questionnaire consisted of nine items of which three were closed questions with fixed choice responses, and six items which were open-ended questions that were intended to obtain relevant qualitative data. Findings from previous sets of data indicated that the April 1991 cohort of students had considered that the completion of evaluation forms was a waste of time and effort. Therefore it was deemed not only necessary, but essential in this instance, to consider the recommendations provided by a number of researchers (Treece and Treece 1986, Patton 1987, Cormack 1991), regarding the length and appearance of the form in addition to the wording of the items, in order to obtain the cooperation of the ex students and achieve an acceptable response rate.

A personally typed cover letter accompanied the questionnaire, which provided an explanation of, and reasons for, this particular survey; its relationship to the study as a whole; the choice of completing the questionnaire or if it was preferred and geographically feasible, meeting to discuss the P.2000 course; the anonymity of the ex students was assured and a paragraph was included that thanked them for their help with the study over the four year period. A stamped addressed envelope, together with a simple interview request form were also enclosed, the latter of which was for completion and return by the ex student if an interview was elected in preference to the questionnaire. A copy of the cover letter, the interview request form and the questionnaire is provided in Appendix I.

The packages containing the post-course questionnaires were posted to the 41 successful ex students, which included six who resided in countries other than the British Isles, at the beginning of the tenth month following the completion of the course. At the end of the following month, only four responses had been received, therefore a follow-up reminder letter was mailed to the entire cohort, which thanked those who had responded and requested the cooperation of those who had not. Ultimately, 18 responses were received which resulted in a response rate of 44 percent, which Treece and Treece (1986) and Polit and Hungler (1983) suggest is too low to enable the findings to be considered representative of the target group. The response rate for this questionnaire was very similar to the response rate for the completion and return of the Exit forms, which was 46 percent, therefore although the findings were not considered to be representative of the whole cohort, they were considered to be relevant to the illumination of this P.2000 course and have been included in the study. The responses consisted of one request for an interview and 17 completed questionnaires which were accompanied by two invitations for meetings to enable the respondents to elaborate on their responses. A synopsis of the findings from the data obtained from the questionnaires, the interview and the two meetings is presented below.
As a result of assuring the ex students of their anonymity it was not possible to
determine if all of the respondents in this survey were the same ex students who had
completed the Exit forms. However 10 of the respondents had identified themselves
on the returned questionnaires and each of them had attended an Exit interview and
completed an Exit form. Additionally, one returned questionnaire was accompanied
by a letter which contained an apology and reason for the delay in returning the
questionnaire, and wishes for the success and completion of the study, and two other
respondents had written their best wishes for the study in footnotes on the back of the
questionnaires which had enabled identification. The findings from the data indicated
that one of the reasons for the initial delay and low response rate, was that some of
the packages had been forwarded to more than two addresses in countries other than
the U.K.

SYNOPSIS OF THE FINDINGS FROM THE POST-COURSE EVALUATION

The first six items on the questionnaire were related to employment and nursing or
health care practice and the remaining three were specific to the P.2000 course. The
aim of the first item was to establish whether or not the ex students had obtained
nursing or health care posts. If the response to this item was negative, the statement
directed the respondents to ignore items two to six, and proceed to item seven. The
findings from the data obtained from items one, two and three demonstrated that 17
ex students were currently employed, of whom 15 had posts in hospital areas and two
had posts in the community. Of these, five ex students were working in Mental
Health nursing and 12 were working in Adult nursing.

The aim of item four was to determine if the ex students had experienced any
difficulties in obtaining their posts. It has been suggested that a number of
contemporaneous events had some undesirable effects on the tutors, students and the
practice areas, therefore it was considered necessary to determine if the changes
caused by the Reform of the NHS, had affected the employment prospects for the ex
students. The data obtained from this item indicated that four respondents, one from
Mental Health nursing and three from Adult nursing, had experienced some difficulties
in obtaining a nursing post, and three of the ex students had unsuccessfully applied
for numerous posts in various parts of the country before achieving their present post.
The findings demonstrated that although a number of the respondents had not
experienced any particular difficulty they commented that there were too many
applicants for very few vacancies.

The RHA Review document (RHA 1992), and the RHA Reports (RHA 1992a, RHA
1992b, RHA 1992c), suggested a need for a reduction in student numbers together
with a reduction in the projected number of trained nurses by 1997. It appeared that
as a result of an emphasis on moving care to the community, the skill mix review, the
closure of hospitals for the mentally ill and those with learning disabilities and the
employment of greater numbers of health care assistants there has been an undesirable
effect on the employment prospects for the newly qualified nurses.

In addition to obtaining data that identified whether or not the ex students had
experienced difficulties in obtaining employment, it was considered necessary to determine if any of those difficulties were related to any identified inadequacies of the course. Therefore item five consisted of an open ended statement that required the respondents to indicate how adequately or not the course had prepared them for their posts. The findings demonstrated that all but one of the respondents considered that the course had adequately prepared them for a nursing post in some aspects and not in others. It was indicated that there had been inadequate preparation and experience related to practical skills and management aspects. The findings showed that the majority of the respondents considered that theoretically they had been prepared for their new role, but lacked the essential basic nursing skills which had caused some difficulties in the work situation, but there was no apparent relationship between the lack of practical nursing skills and the difficulty in obtaining a post. Correspondingly, the findings from the data demonstrated that a number of the respondents considered that the management module of the course had helped them to obtain a post. Three examples from the data obtained from item five are presented below in Figure 11.

Figure 11. Inadequate Preparation for a Nursing Post.

1. The course is very good as far as the theoretical knowledge, but there was a lot lacking in the practical skills. I faced a lot of difficulty in acquiring practical skills. During the training the ward staff did not help me in acquiring the skills even though there were Mentors assigned but they were no good either. They deliberately caused hindrance and made life of the P.2000 students very difficult.

2. I felt it prepared us with a vast body of knowledge, but lacking in practical experience. As always - not enough practical experience.

3. Not very well - I needed a lot more practical input and felt that this has all been learnt on the job rather than during my training, which is when you would expect to learn these things.

The lack of practical skills teaching on the P.2000 course had been identified as unsatisfactory in the data which was obtained from the students' internal evaluations and the ENB Review of the course. It appeared that the ex students remained dissatisfied with this aspect of the P.2000 course, and considered that it had hindered their ability to practice as qualified nurses.

It has been stated that one of innovatory aspects of the P.2000 course was the increase in the theoretical content both in academic Level, subjects, depth and quantity, and an aim of the UKCC (1986), was that the nurse of the future would be a 'knowledgeable door'. Therefore item six was designed to obtain data, from which would it could be determined whether or not the students had been enabled to relate the theoretical
content of the course to their hands on care and practical skills, and had become knowledgeable doers. The quantitative findings from this set of data demonstrated that 17 of the respondents had been able to link the theoretical content of the course to their practice, but had not always delivered the 'best care'. It appeared that these 17 respondents felt that the course had been too idealistic and had not taken the financial and realistic constraints of working in an NHS Trust into consideration. The findings indicated that the respondents considered that it was not always possible to 'do things properly' because of the pressure at work, staff shortages and the stress on the wards, and that they only had time to deliver basic physical nursing care.

The findings from item six showed that the majority of the respondents may be considered as knowledgeable doers, although in their own opinions they were delivering less than good nursing care. As a result of studies conducted by Kramer (1974), it was suggested that the more an educational programme attempts to prepare nurses who can deal effectively with knowledge and developments in technology, for now and for the future, the greater the possibility of producing reality shock. The findings from one of the sets of data in this study, indicated that during the course, some of the students were exhibiting a type of reality shock resolution which Kramer (1974) called behavioural capitulation. It is suggested that the findings from the data obtained from item six, demonstrated that some of these respondents were also exhibiting behavioural capitulation, caused by the course or aspects that were taught on the course, being too idealistic and somewhat removed from the reality of the work place. It appeared that with regard to the delivery of quality nursing care, the course had succeeded in one respect but had failed in another. It had provided the students with the a sound knowledge base, but it had failed to adequately prepare them for the reality of the practice areas.

Item seven was designed to obtain information which would indicate if the ex students had over-reacted to unfortunate contemporaneous events that occurred during the last three months of their course, or if with hindsight, they still considered that particular aspects of the course had been unsatisfactory. This item consisted of two open ended statements which were designed to obtain qualitative data related to both positive and negative aspects of the P.2000 course. An analysis of the data identified that there were 79 responses for positive aspects to the course and 91 responses for aspects which were considered to have been negative and unsatisfactory. The findings from the qualitative and quantitative data which were procured from this item, are summarised and presented below in Tables 24. and 25. A comparison between these findings and those obtained from the end of course evaluations, which are presented in Tables 20. and 21. above, reflected a close similarity between the two.
Table 24. Positive Aspects of the Course. n=18

<table>
<thead>
<tr>
<th>Summary of positive Aspects</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting new people from other disciplines and making friends.</td>
<td>4</td>
</tr>
<tr>
<td>Development of self awareness and personal insight.</td>
<td>7</td>
</tr>
<tr>
<td>Deeper knowledge in sociology, psychology and research.</td>
<td>13</td>
</tr>
<tr>
<td>Development of assertiveness skills and political awareness.</td>
<td>4</td>
</tr>
<tr>
<td>Good being all together for the CFP.</td>
<td>3</td>
</tr>
<tr>
<td>Gaining a Diploma in Nursing Studies and Registered Nurse.</td>
<td>4</td>
</tr>
<tr>
<td>Being able to nurse the sick, although it was a DIY course.</td>
<td>8</td>
</tr>
<tr>
<td>Seminars and student led group work.</td>
<td>3</td>
</tr>
<tr>
<td>The Branch tutors were good.</td>
<td>5</td>
</tr>
<tr>
<td>Emphasis on research based practice.</td>
<td>1</td>
</tr>
<tr>
<td>Encouraged one to think through problems effectively.</td>
<td>3</td>
</tr>
<tr>
<td>Supernumary status for 18 months.</td>
<td>1</td>
</tr>
<tr>
<td>Good time management skills development.</td>
<td>2</td>
</tr>
<tr>
<td>Increased confidence due to self directed approach.</td>
<td>1</td>
</tr>
<tr>
<td>Links with the University.</td>
<td>1</td>
</tr>
<tr>
<td>Valid and well presented lectures imparting vital information.</td>
<td>1</td>
</tr>
<tr>
<td>Emphasis on holistic approach.</td>
<td>3</td>
</tr>
<tr>
<td>Branch work was good.</td>
<td>1</td>
</tr>
<tr>
<td>'Dip in' to other Branches important and valuable.</td>
<td>6</td>
</tr>
<tr>
<td>The theoretical assignments forced one to learn and remember.</td>
<td>1</td>
</tr>
<tr>
<td>There was great support from three tutors.</td>
<td>5</td>
</tr>
<tr>
<td>Being taught to adapt to a changing environment.</td>
<td>2</td>
</tr>
</tbody>
</table>
### Table 25. Negative Aspects of the Course. n=27

<table>
<thead>
<tr>
<th>Summary of Negative Aspects</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress caused by the course.</td>
<td>5</td>
</tr>
<tr>
<td>Lack of leadership from tutors.</td>
<td>1</td>
</tr>
<tr>
<td>Poor communications and organisation in every respect.</td>
<td>11</td>
</tr>
<tr>
<td>Too idealistic, theory/practice gaps, tutors and the College were not in the real world.</td>
<td>7</td>
</tr>
<tr>
<td>Too much emphasis on irrelevant things.</td>
<td>2</td>
</tr>
<tr>
<td>Far too much Group work.</td>
<td>4</td>
</tr>
<tr>
<td>We appeared to be guinea pigs for the academic side.</td>
<td>1</td>
</tr>
<tr>
<td>The continuous assessment scheme is all wrong everything hinged on the final examination.</td>
<td>7</td>
</tr>
<tr>
<td>Too few practical skills taught.</td>
<td>5</td>
</tr>
<tr>
<td>Not enough support from tutors in the clinical areas.</td>
<td>11</td>
</tr>
<tr>
<td>The core days were a waste of time.</td>
<td>7</td>
</tr>
<tr>
<td>Being treated like small children.</td>
<td>2</td>
</tr>
<tr>
<td>No interest or follow up by tutors post-course.</td>
<td>2</td>
</tr>
<tr>
<td>Lectures cancelled without prior notice.</td>
<td>2</td>
</tr>
<tr>
<td>Repetition of lectures and classes.</td>
<td>3</td>
</tr>
<tr>
<td>Inconsistency of information.</td>
<td>2</td>
</tr>
<tr>
<td>It felt like a DIY course.</td>
<td>1</td>
</tr>
<tr>
<td>Poor staff attitudes towards P.2000 students.</td>
<td>6</td>
</tr>
<tr>
<td>Placements for nursing experiences were too short.</td>
<td>7</td>
</tr>
<tr>
<td>The CFP should be reduced to 12 months.</td>
<td>2</td>
</tr>
<tr>
<td>CFP was too Adult Branch orientated.</td>
<td>3</td>
</tr>
</tbody>
</table>
The findings indicated that, upon reflection, the majority of the respondents considered that their personal development and PIP skills, making friends and meeting people from other disciplines, their ability to care for ill people and the knowledge they had gained in sociology, psychology and research had been the most positive aspects of the course. These findings closely resembled those that are presented above in Table 20. However, a comparison that was made between the findings from this set of data, and those which are presented in Table 21, indicated a greater similarity between what the respondents had considered upon reflection, were the negative aspects of the course. The comparison between the two sets of data indicated that the main dissatisfiers or negative aspects of the course, were still considered to be the lack of communications and organisation in all respects, and the lack of tutorial support in the clinical areas; the teaching time that had been wasted, particularly during the core study days; the repetition of lectures, the cancellation of lectures without prior notice and the unsatisfactory examination and assessment strategy.

The aim of item number eight was to obtain data which would indicate whether or not the ex students considered the course to have been worthwhile despite their previously expressed dissatisfaction with a number of aspects. The quantitative data from this item showed that 17 of the respondents considered that the course had been worthwhile for them. However, the findings from the qualitative data obtained from the accompanying comments, demonstrated that for three respondents it had only been worthwhile because it had given them a qualification. One other respondent had enjoyed the student life and another considered that the change in nurse education was meeting the changing health needs and demands, and that the course was working quite well.

The final item, number nine was designed to obtain qualitative data on how the course could be improved. The aim was to determine what the qualified nurses who had successfully completed this particular P.2000 course and had worked in a nursing or care post for ten months, considered to be wrong with the course, and how it could be improved. The findings obtained from this item indicated that the data consisted of carefully considered objective responses, which reflected and expanded upon the data obtained from item seven which is referred to above. Three examples of the qualitative data are presented below in Figure 12., followed by a synopsis of the findings from this item.

**Figure 12. Three Sets of Qualitative Data Obtained from Item Number Nine.**

1. Communication between all parties could have made life so much easier and a good deal less stressful. College should have been a stable environment but it continually changed - from the complete structure of the course to changing formats for final exams at the last minute. At least having lived with the College for 3 years, I can do anything now! It would have been much easier in smaller groups, there seemed to be no personalisation throughout the course, you were one of the many. Teaching nursing is a personal subject which requires discussion, emotion and understanding. How can you do this with a group of 100?
2. Six months less time in college, and that time should be spent on the ward. Longer placements, especially important in Accident and Emergency (2 weeks should be increased to 6 weeks - my rationale being that it was an excellent experience and if you can cope with an emergency there, you can probably cope anywhere).

There needs to be a careful evaluation of lecturers and their standards, clearer guidelines (which do not contradict each other) and careful assessment of marking standards. Not allowing good students to fail 1 or 2 assignments if overall they will make good potential nurses.

Overall I enjoyed the course despite the Grand National element! (Will I make it over the next hurdle or will my career come to an abrupt end?). I am gradually acquiring confidence as a staff nurse - despite a slow beginning and I do not regret doing my nurse training or P.2000 training.

(Good luck with the rest of your study).

3. I must say that it was a very stressful time not only for myself but for most of my fellow P.2000 survivors. I appreciate that all courses can be stressful but I would never wish to repeat the course and have to go through so much upset again. I realise the course is continually changing but the April 1991 course appeared particularly disorganised and many lectures often seemed irrelevant even now. Life as a qualified nurse is so very different and I know every newly qualified nurse will say that. I made many good friends throughout my training and have learnt a lot through my experiences during those three years, but again, I would not like to go through those times again.

Synopsis of the Findings from Item Nine.

The findings demonstrated that the majority of the responses consisted of identified aspects of the course that could have been improved upon and reasons why they were unsatisfactory. It appeared that ineffective communications, poor organisation, the examination and assessment strategy, lack of practical skills and too little practical experience with minimal tutorial support, and the stress that these factors caused, were issues that had needed to be addressed. Although the aim of this item had not been to obtain data on the positive aspects of the course, the findings showed that the majority of the respondents were pleased that they had followed a P.2000 course and as a result of their three year experience considered that they could cope with whatever changes occurred in the future.

As a result of the low response rate for the data obtained from the internal end of course evaluation and the post-course follow-up survey conducted for this study, it is not suggested that the findings are representative of the whole cohort. However, it is suggested that the findings which identified a reluctance by the students to complete evaluation questionnaires, indicated that the majority of the data was obtained from the same respondents in both instances. Credence for this suggestion was obtained
from a comparison that was carried out between the two sets of data, which established a similarity between the findings.

The suggestion is that the results of this survey have demonstrated that after a period of ten months in post-registration employment, which had enabled the ex students to reflect upon their P.2000 course, they had not changed their evaluation of the course regarding the satisfactory and those unsatisfactory aspects that needed to be addressed.

CONCLUSION

In this chapter the progress of the evaluation study through the second stage of the three stage framework has been presented. The areas that were identified for further focusing in Stage One, have been investigated using the data collection methods of critical incidents, questionnaires, the internal College evaluation of the CFP and formal and informal discussions. The findings indicated a need for further investigations, using more directed, systematic and focused questioning, which was achieved by using the data obtained from the College end of course evaluation questionnaire, and conducting a post-course survey of the successful members of the April 1991 cohort. The findings from these sets of data have been presented, together with the statistical data for the successful members of the cohort which demonstrates a high attrition rate for the April 1991 P.2000 course.

The following chapter describes the progress of this study through Stage Three of the Three Stage Framework, which according to Parlett and Dearden (1977), is the seeking of general principles, identifying patterns of cause and effect and placing individual findings within a broader explanatory context. The next chapter therefore presents such information together with a summary and discussion of the findings from this illuminative evaluation study, which includes the desirable and undesirable effects that the contemporaneous events are considered to have had on the students, College and teaching staff and resulting influence these have had on the findings.
SECTION THREE

Chapter Nine. Stage Three. Further Discussion of the Findings, Conclusions, Recommendations and Reflections.

INTRODUCTION

The progress of this illuminative evaluation study of a P.2000 course, held in a Demonstration College, has been presented in chapters six and eight, together with discussions of the findings that were obtained from a number of data collection methods. The in-depth study which has followed the progress of a cohort of students for a period of three years and ten months, resulted in a wealth of information which has been obtained from the student group, members of the teaching staff, other members of the College staff and nurses in the practice areas. The analyses of the data and the progressive focusing of the findings have resulted in the identification of numerous positive and negative aspects and outcomes, together with problem areas and particular issues associated with the rapidity of the implementation of the course and the management of change.

In this chapter the discussion of selected negative and positive findings is taken further and placed within a broader explanatory context. This demonstrates how they relate to each other and with the research literature, and how the resulting conclusions have been reached. The discussions are then followed by the subsequent recommendations which have arisen from the findings and a critique of the research approach that was used. Although it is suggested that the majority of the aspects are inextricably linked and many are interdependent upon each other, the issues that are discussed have been presented in groups and not intentionally in any order of priority or importance. The particular groups were determined by their relationship to key categories such as the management of change theories or the contemporaneous events.

THE RAPIDITY WITH WHICH P.2000 WAS IMPLEMENTED

It has been stated that there were a number of concerns regarding the rapidity with which P.2000 courses were introduced, and the effects this would have on an organisation and the personnel within it. Additionally, the pace and magnitude of numerous other changes which occurred in the subsequent period both in nurse education and in nursing practice, required a great deal of attention. Evidence has been presented which indicates that inadequate organisational arrangements are related to resistance to change and are the stumbling blocks for the effective implementation of innovations. There is also recognition that long term planning is very necessary when major curriculum changes are being considered, and that such written plans need to be put into practice, carefully monitored, and evaluated (Allen and Jolley 1987, Field 1989, Mackenzie 1990, McCalman and Paton 1992).
The findings which have demonstrated that there were negative and positive aspects of the P.2000 programme, also indicated that there were some desirable side effects. One of these was the good working relationship which developed not only between the members of the newly formed College staff, but between HE and the practitioners, and between the senior managers from the different specialties in the surrounding health authorities. For the first time nurse managers and representatives from HE were very actively involved in all stages of the design and development of a curriculum, which resulted in a greater awareness and understanding of the P.2000 reforms. The curriculum for P.2000 was seen to be unique from the point of view that nursing managers and University staff were involved in every respect, from determining the resources that would be required and helping to write the job descriptions for the Principal and the Project Leader, to identifying appropriate practice areas for student placements. This also enabled the design of learning outcomes for the practical placements to reflect closely actual nursing care, and practitioners to be aware of the theoretical content of the course. However, there was also a negative effect from this conjoint development of the curriculum, which was the feeling of inadequacy which was experienced by a number of the tutors. This resulted from the knowledge that they were not considered appropriately qualified to teach what appeared to be the majority of the theoretical content in the CFP.

This seemingly unique occurrence set a precedence because the liaisons were repeated with the quality initiatives which were developed in the NHS Trusts and in the University, and the proposed modularisation of the P.2000 course. Membership of the working groups was drawn from each of these specialties and ultimately resulted in complementary schemes for quality assurance and modularisation of the P.2000 Diploma course, all of which benefitted future students. However, the negative side of the latter from the point of view of the April 1991 cohort, was demonstrated in the findings which identified an increased demand on the tutors time, and are discussed below.

Another positive effect which had been identified in the findings was, that without the Governmental pressure to develop and implement the radically new and innovative curriculum in a short space of time, nurse educationalists would still be introducing some of the innovations. The indications were that the tutors had not actively resented or resisted the changes, or were reluctant to change, but it was inferred on a number of occasions that some of them would have liked to see the completion of the then existing courses, before the introduction of the P.2000 course. This would have entailed delaying the implementation of the P.2000 course in this College for a minimum of two and a half years, which in turn, would have caused numerous problems. It is suggested that for some people, there never is enough time available for the implementation of new ideas, how ever long that time period is.

THE FINDINGS AND THE CONCLUSIONS

The management of change theories, which have evolved over the last three decades, indicate that any change will generate both positive and negative responses (Rogers and Shoemaker 1971, ENB (2) 1988, McCalman and Paton 1992). Although the
suggestion is that the aims of managing change are to accentuate the positive and reduce the negatives, the suggestion here is that this was not achieved in the management of this P.2000 programme. The findings from the data obtained in this study demonstrated that there were a number of problem areas that existed throughout the P.2000 programme, which resulted in numerous negative aspects and undesirable outcomes. Following an examination of the research findings from the studies conducted by educationalists on organisational change and the resulting management of change theories, the conclusion is that a significant number of these problems and negative outcomes resulted from how the changes were managed and the fundamental changes in the management of the education-providers. Each of these particular negative outcomes and problems, which are the lack of resources, teaching time and organisation and communications, are discussed below, as is their relationship to existing theories of the management of change. The other negative outcomes, dissatisfiers and problem areas which have been identified, are also discussed below. Although the conclusions are that these were not directly related to the management of change, they were inextricably linked to the rapidity with which the course was implemented and the change process.

Resources

It was demonstrated that throughout the P.2000 programme one of the acknowledged barriers to change that was not successfully addressed was the inadequate allocation of resources. The need for adequate resources such as nurse teachers, money, materials and facilities had been recognised by the change agents in the planning stages. When the change agents, the Advisory Committee for the proposed College, submitted its proposal for conducting a P.2000 course, the document had contained a forward plan for the resources that would initially be required for the first intake of students, and those needed once the full complement of students had been achieved (AAPD 1989). Those planned resources were central to the design of the course and the curriculum as a whole. The CDT had designed the P.2000 course based on the projected number of teaching staff and material resources that would be made available for the CFP and the Branch programmes. Academic and professional validation for the innovative curriculum was awarded for a proposed scheme that had been designed in extreme haste, and to a degree based on projections. As Watts (1992) has suggested, this was a considerable act of faith by the validating bodies.

In reality, when the first cohort of 100 students joined the College, these planned resources were not made available. Although the funding for P.2000 enabled additional resources to be made available as the numbers of students increased, the lack of appropriate teaching accommodation, books, AVAs and IT resources remained a problem throughout the period in which this study was conducted (AB 1990, 1991, 1992 and 1993). The findings from the data obtained throughout the three years and ten months of this study, indicated that this lack of resources affected almost all aspects of the programme. An additional factor which did not help the situation, was the maintenance of the previously approved traditional pre-registration nursing courses. It is suggested here, that the findings which demonstrated the students' dissatisfaction with these aspects of their programme, were a reflection of the real situation. Docking
(1987) suggested that if an educational institution is both to engage in curriculum innovation and maintain an old curriculum, an injection of resources is required to enable the innovation to be planned and implemented at the same time that existing arrangements are being maintained. This did not occur in this instance.

The conclusion that was reached regarding the provision of adequate resources, was that although this had been addressed before and during the P.2000 programme and had been recognised as crucial for the accomplishment of the innovations, they did not materialise. This is not considered to be the fault of the change agents, but to circumstances that were beyond their control, changes in Regional and governmental policies and the other contemporaneous events.

Organisation and Communications

Other identified barriers to change and weaknesses in the five essential factors necessary for the successful management of change, were the incompatibility of the organisational arrangements with the underlying ideology of the innovations, and ineffective communications. The findings from the initial sets of data identified that two of the aspects with which the students were most dissatisfied were the lack of organisation between the tutors, and lack of or ineffective communications. Subsequent data demonstrated that these were two areas which continued to be problematical throughout the three years of the programme. The problems that were initially identified appeared to be related to the miss-match of resources with the design of the P.2000 course. It was indicated that there were real problems with the number and size of appropriate classrooms, AVAs and the channels of communication, all of which appeared to have caused the students a great deal of inconvenience and anger.

The progressive focusing on these findings demonstrated that there was a lack of effective communications between the teaching staff and the students; the College and the practice areas and between the members of teaching staff. The giving of conflicting advice and information by the tutors, sudden cancellation of teaching periods, confusion amongst the teachers as what and how subjects should be taught, all caused the students some distress. It was also demonstrated that the tutors experienced numerous problems in communicating with their colleagues, which was particularly evident when the students progressed from the CFP to the Branch programmes. It was determined that this break down in communications did not improve as the programme progressed, but in fact worsened.

As a result of their evaluation of six ENB pilot schemes, Payne et al. (1991) suggested that traditional hierarchical management structures could be inappropriate for P.2000 courses. The interim findings from their later study of six Demonstration colleges, indicated that such tight line management often resulted in a waste of tutors time and a general disorganisation (Payne et al. 1991). In common with a number of other colleges, the hierarchical management structure of this College had been determined after the P.2000 course had been designed and developed. Although this had been slightly reorganised into a ‘flatter’ management structure halfway through this study,
the teaching staff were still organised into teams which were led by senior tutors. Each of these teams was either responsible for alternate CFPs or Branch programmes, or was based at different educational sites, and it is suggested here, that these factors, either singularly or cumulatively, inhibited effective communications between the teachers.

A comparison was made between the findings which were related to organisation and communication, and the model of the change process, which is presented in Figure 1. on page 13. The results of the comparison indicated that the whole of Factor 2 (the attributes of the environment) were missing and there were apparent weaknesses in Factors 1 and 3. It is suggested that the findings indicated that there was not a sense of ownership of the change, there appeared to be a lack of information and support and a degree of difficulty in understanding the implications of the changes.

The numerous contemporaneous events are also considered to have had a detrimental effect on the issues of organisation and communications. The long term plans which the College implemented, such as the quality initiative and revised management structure were intended to improve the P.2000 course as a whole and communications in particular. However it is suggested that they did not help the April 1991 students, but in fact were quite detrimental to this cohort. The quality initiative included the development of policies and procedures for monitoring and reviewing practical placements; setting the minimum number of hours that tutors should teach in the clinical areas; and for the accurate recording and accessibility of all timetables and evaluation findings. It took a few months before each of these strategies, policies and procedures were in place and several more months before they achieved their desired effect. The findings demonstrated that during these further periods of change, the April 1991 cohort were experiencing what they described as total disorganisation and ineffective communications in all aspects of their programme. It is suggested, that although the senior tutors considered that the students were kept informed of the changes that were occurring, and that the College managers were attempting to improve matters, the students could only relate to how these issues were affecting them at the time.

Teaching Time

The inappropriate use of teaching time, and the lack of available teachers was another problem area and negative aspect that is considered to be caused by weaknesses in the five essential Factors. (See Figure 1, page 13). The findings which indicated that the students considered too much teaching time had been wasted in the first Unit of the programme, and had caused the CBS some concern, remained an issue throughout the CFP and Branch programmes. Progressive focusing on this area in subsequent data collection methods, demonstrated that the students considered this to have been a problem area throughout their programme, and the findings from the post-course questionnaire identified that the ex students had not changed their opinions regarding this aspect. The findings consistently indicated that the students considered that precious teaching time had been wasted on numerous occasions for a variety of reasons.
As a result of these findings it is suggested that the waste of what was considered to be valuable teaching time was related to the lack of available resources, logistics and to problems of organisation and communication resulting from the geographical spread of placements. Therefore, the conclusion is that a number of identified barriers to change were partially responsible for this problem area, as were the weaknesses in the essential factors. According to Jowett et al (NFER 1994), these time consuming issues were found to be commonplace in their study of six other Demonstration Colleges. However, apart from their own personal inconvenience and expressed frustration, subsequent findings which are discussed below, suggested that the students’ concern regarding the waste of time was also related to their academic workload, and the scheme of continuous assessment. These findings indicated that the majority of the students were very concerned about the high attrition rate of their peers, which they attributed to the large number of assignments and examinations that had to be passed in order to complete the programme successfully. Many of the students had likened the programme to the Grand National by referring to it as a 'series of hurdles that had to be jumped, and those that fell were then out of the race'.

THE MANAGEMENT OF CHANGE AND THE PROBLEM AREAS

Evidence has been provided which demonstrates that there are some essential interrelated factors which must exist as they are crucial for the accomplishment of innovations. Although there are a number of models for the management of change process, the research findings from numerous studies indicate that there is a consensus of opinion amongst the Management of Change theorists of what these factors are. As may be seen in Figure 1 page 13, the five factors incorporate proposals which are considered by the theorists to be necessary for the reduction or elimination of the most common causes of barriers to change. The ENB ((1) 1987) suggested that an innovation may succeed or fail depending on the presence or absence of any of the five factors, and any weakness in one of them could cause a breakdown in the process of change. The findings from this study indicated that the essential factors in this instance, contained a large number of weaknesses and it can be concluded that these resulted in a number of barriers to change that were addressed but, for a variety of reasons, were not resolved.

The research literature indicates that there is a need to select an appropriate change strategy which is also one of the five factors that is present in the majority of models of the change process. In an earlier discussion related to the three change strategies identified by Bennis et al (1969), a conclusion was reached that the implementation of P.2000 would benefit from the employment of all three strategies at different stages in the changes. However, as the need for radical changes in pre-registration nurse education had been identified by the UKCC, and the timescale with which these changes had to be introduced was very short, the power-coercive strategy which is considered to be a top-down approach was used for the majority of the changes. The empirical rational strategy, although considered to be more desirable in certain circumstances, was not used because of the timescale; and as a result of the contemporaneous events and the resulting rapidity with which the numerous additional changes had to be implemented, neither was the normative-re-educative strategy. The
suggestion here is that one of the effects of this was that the teaching staff were not able to be actively involved in the planning, implementation and evaluation of the change process.

The consideration is that this illuminative evaluation of a P.2000 programme has demonstrated that the implementation of the P.2000 course was more problematical than had been anticipated. This reflects the findings from earlier studies conducted on the development of a number of P.2000 courses by Allen (1990), Chandler (1991), Robinson (1991) and Lister (1992). The findings from a study conducted by Allen (1990), indicated that some of the problems being experienced by a number of the colleges in implementing a P.2000 course could have stemmed from the actual management of the courses rather than from problems inherent in the courses as planned. Similarly, Chandler (1991, Robinson (1991) and Lister (1992) concluded that the restructuring of the management framework, the redeployment of the staff and other resources all had undesirable effects on the innovations.

Evidence has been presented in Chapters Three and Four which identified that there were numerous management problems associated with the implementation of the P.2000 course in this College. As a result of the research findings from this study and the deliberations of the management of change theorists, it can be concluded that these management problems culminated in circumstances and an environment which were not conducive for the number of radical changes or the rapidity with which these had to be implemented. Neither were they conducive to allow the adoption of a model which incorporated the five essential factors for the accomplishment of change. These circumstances resulted in the absence of a sound, iterative model for the management of the change process. Further evidence to support these conclusions resulted from a comparison of the findings from this study and the management of change theory and the model of the change process which is presented in Figure 1. The findings from the comparison are presented below in Figure 13.

**Figure 13. Weaknesses in the Five Essential Factors for the Accomplishment of Change.**

* There was no opportunity to conduct a pilot study of P.2000 or any of the associated innovations.

* There was little compatibility between existing beliefs, values and practices and the radical changes inherent in P.2000.

* There were a large number of changes within the working environment that prevented the existence of an ethos in which trust, initiative and critical reflectivity could be encouraged.

* The channels of communication within the organisation were not as effective as they could have been.
* The hierarchical organisation was not conducive for the development of autonomy, or for the individuals to be individually responsible and accountable.

* By virtue of the circumstances, too few members of staff were actively involved in either the formulation or the actual implementation of the innovations, and therefore they did not achieve a sense of ownership.

* There was too little time available for the development of the most appropriate strategies and tactics with which to introduce the changes.

* The change strategy that was selected was not identified in the management of change theory as the most productive in the long term.

Therefore, the conclusion is that the lack of appropriate resources, unsatisfactory and ineffective communications and organisation, which have been identified by the students as dissatisfiers, were in fact barriers to change and were stumbling blocks for the implementation of the innovations inherent in the P.2000 course. A further conclusion is that by virtue of the circumstances, these barriers had not been sufficiently addressed to enable the utilisation of an appropriate theory and model of the change process. This further substantiates the management of change theories which identify that such barriers are caused by inadequate organisational arrangements for the facilitation of the innovations. As a result of the research findings from this study it is concluded that the most significant barrier in the P.2000 programme which should have been eliminated was the inadequate allocation of resources. Although the management of change theories indicate that the proposals in each of the five factors, which are necessary for the elimination of barriers to change, are of equal importance and interrelated and all are considered to be essential, the suggestion is that if adequate resources had been sufficiently addressed, a number of the other student dissatisfiers and problem areas would have been significantly reduced or eliminated.

**Other Negative Aspects**

There were a number of other student dissatisfiers or negative aspects which are considered to have partially resulted from the management of change process and the rapidity of the implementation of the P.2000 course. These are the theory practice gap, the lack of practical skills teaching, an unsatisfactory scheme of assessment and examination, a high attrition rate, teaching methods and learning styles and student-centred learning. The analyses of the findings indicated that these aspects of the programme were, in a number of instances related to the lack of adequate resources and the contemporaneous events.
The Theory Practice Gap

The findings from the data obtained from the student evaluations and questionnaires in this study indicated that there was very little relationship between the theoretical aspects that had been taught in the classroom and the reality of their practical experiences. Another problem that had been identified in the first nine months of the CFP was that a number of the level 2 subjects had not been related to the nursing studies course. However, subsequent focusing on this area demonstrated that this aspect had been successfully addressed. The lack of tutor support and teaching in the practice areas was identified as another dissatisfier, as was the limited practical hands-on experience in relation to the amount of theory that had been taught.

The findings from the final set of data obtained from the ex students, demonstrated that they had experienced what Kramer (1974) described as reality shock. It appeared that there were considerable differences between what they knew to be 'good nursing care', and the reality of the practice areas in which they worked. All but one of the successful members of the cohort had expressed their concern that the course had been too idealistic, and that they were not able to deliver good quality nursing care because of the reduction in numbers of qualified staff, a lack of financial and material resources and the re-deployment of staff into the community. This indicated that these newly qualified nurses had all used behavioural capitulation to resolve their conflict, rather than using the other solution which would have been to leave the profession. As a result the conclusion is that although the P.2000 course was intended to improve the relationship between the interrelated ideas and theories underlying nursing and actual nursing practice, this had not been achieved within the programme for the April 1991 cohort. It appeared that a major barrier was created by the teachers, between nursing 'as it ought to be' and nursing 'as it is'.

It was indicated that although the tutors in the College had a theory and practice remit they spent very little time in the practice areas. As a result of the findings it is suggested that having a theory practice remit was insufficient to ensure that the tutors placed equal importance on both of these aspects of their role. The findings from a series of studies conducted by Crotty (1993) on the changing role of nurse teachers in P.2000 programmes in six colleges, identified that the nurse teachers rejected the idea of clinical teaching. However, they were strongly committed to the concepts of a liaison role but not to a 'hands-on care' role. In her conclusions, Crotty (1993) suggested that the findings from her studies identified that the role of the nurse teacher in P.2000 programmes is being shaped by expediency and practical constraints.

It is suggested here that the findings from this study indicate that the tutors in the College did not have a commitment to their practice role for very similar reasons, but that this could be resolved by the development of joint teacher practitioner roles. Such a possible solution to this dichotomy of expectations from this dual theory practice role for nurse teachers and a narrowing of the theory practice gap, was proffered by the ENB (ENB (2) 1987). However, the suggestion was that although joint appointments of teacher practitioners had been introduced in an attempt to narrow the gap between theory and practice, they have had varying degrees of success and remain contentious areas (ENB (2) 1987).
As a result of the findings in her recently published study conducted on lecturer practitioner roles in nursing, Lathlean (1995) indicated that 'The role is actually and potentially powerful in promoting the dialectic between theory and practice in nursing, rather than attempting to bridge a theory-practice gap'. She has also suggested that in her opinion, progress in this area will be slow, until the issues of the nature of the knowledge underlying the profession of nursing and the best way of learning nursing is determined, and underpins professional courses. Lathlean (1995) further suggested that the aim should not be for 'integration in the sense of attempting to achieve a seamlessness between theory and practice, but for holding theory and practice in creative tension'. A similar suggestion was proposed in the report of an earlier study conducted in Sweden by Norberg and Wickstrom (1990). These researchers proposed that although the theory practice gap should not be so large that the students experience reality shock when they begin to practice, if the gap is completely bridged then education would lose its critical and creative function (Norberg and Wickstrom 1990).

Therefore the conclusions are that for a number of reasons this programme did not enhance the relationship between theory and practice. The gap between the nursing theory which was taught and the reality of practising as Registered nurses was large enough for the successful students from this cohort to experience reality shock. There had been a constructive partnership between service and education in the development and design of the curriculum for the P.2000 course, however it can be concluded that as the programme progressed there were distinct differences in the perspectives and aims of the tutors and the service practitioners. The suggestion here is that if the tutors had followed the practice remit of their role and demonstrated that they were clinically credible, these differences would have been reduced considerably and the theory practice gap effectively narrowed.

Acquisition of Practical Skills

The findings from the data obtained in this study indicated that the students had consistently complained about the lack practical skills teaching throughout the CFP and that there was insufficient practical experience throughout the whole programme. A similar negative aspect was also identified by Elkan and Robinson (1993) as a result of their study of a P.2000 course. They also found that the ward staff and the educationalists had opposing views on the importance of practical skills teaching, and that the more importance the educationalists attached to communication skills, the less it seemed that they attached to practical skills (Elkan and Robinson 1993). Such diversity of opinions on the importance of practical skills teaching had been a problem during the development of the curriculum in this College, as may be seen in Chapters Two and Three.

It was demonstrated that the students' ability to communicate was very effective, however, the majority had felt very unsure of themselves in their early placements because of a lack of practical nursing skills. Subsequent findings indicated that the students considered themselves to be at a disadvantage in this respect at the beginning of every placement and, more importantly, when they achieved their posts as qualified
nurses. It appeared that the lack of basic practical skills, undermined the confidence that their increased knowledge base and PIP skills should have given them. The students felt that they could not just slot in with the other members of the caring team because they did not have the basic skills to do that.

The conclusions are that although the nursing studies element had been revised and the teaching of basic practical nursing skills was included in the CFP for subsequent cohorts, it was too late to rectify the situation for the April 1991 students. It appeared that the successful students had obtained the necessary nursing skills to pass the final practical assessment, even though they did not consider that they had obtained adequate skills to practice effectively as qualified nurses. The skills in question were not related to highly technical nursing procedures but to quite basic skills such as the administration of medication, the giving of simple injections and the application of dressings to varicose ulcers. As a result of the research findings from this study, it can be concluded that the successful students from this P.2000 programme gained their nursing skills largely as a result of their own endeavours and those of the qualified practitioners, rather than as a result of educational planning and tutorial input.

Another conclusion is, that although the lack of tutorial input in the clinical areas was partially caused by a lack of resources and other identified barriers to change, a causative factor was the dichotomy between the values and beliefs of the service practitioners and the educationalists. Although educational research has identified a need for communication skills teaching, self-directed learning and a student-centred approach to be included in pre-registration nurse education, it was not indicated that this should be at the expense of the acquisition of practical nursing skills. It would appear that this is what had occurred in the P.2000 programme in the College, as it had in the course studied by Elkan and Robinson (1993). The findings from this study of the P.2000 programme demonstrated that the differences between the educationalists and the service practitioners, was not based on the importance of practical nursing skills, but on where and who should teach them. The findings also indicated that the ENB Review partially resolved this dilemma for future P.2000 students, but the suggestion here is that if the tutors had taught the students in the clinical areas this problem would have been reduced for this cohort.

Assessments and Examinations

Dissatisfaction with the scheme of continuous assessment had been consistently identified by a majority of the April 1991 students throughout the P.2000 programme. Although the scheme of continuous assessment had been revised, the amendments did not affect the April 1991 cohort until they entered their Branch programmes. The individuality of the students is accepted and recognised, particularly in relation to needs, likes, dislikes and preferences, as is the impossible task of pleasing everyone. What suits one person does not necessarily suit another. However, when the majority of a cohort consistently express their dissatisfaction with a particular issue, the suggestion is that there must be grounds for their complaints. A particular factor that appeared to have caused the students some concern in the CFP, was the perceived need to concentrate solely on the subjects which were to be examined and to forget
Burrell (1988) suggested that a scheme of assessment should enhance rather than detract from the efficacy and pleasure of learning and teaching, and Jarvis (1983) suggested six basic criteria for examinations, one of which is the proposal that examinations should test what has been studied. In this context Jarvis (1983) was referring to nationally set examination papers, which omit questions on the areas that may have been studied in depth in some institutions. Although the College scheme of assessment was not a national one, the findings from the data in this study also indicated that some of the subjects which had been studied in depth were not examined. Because of the desired academic level for such subjects as Sociology, Psychology and Biological Science in the CFP; and the award of a Diploma in Higher Education for the successful students it was considered essential that those subjects were examined. Although elements of other subjects were included in the examination questions, the students’ revisions appeared to concentrate on the main subject being examined.

The conclusions are that there are a number of reasons why the scheme of continuous assessment which was developed for this College, was so problematical. One of the reasons is that sufficient attention was not paid to educational research, such as the suggestions proffered by Burrell (1988) or Jarvis (1983). One major problem which had been identified was that the College assessment strategy was largely responsible for very high anxiety and stress levels. The students considered that most of the pleasure of learning disappeared as a result of having to exclusively concentrate on passing the assignments and examinations. Another reason was the diversity of vested interests regarding the areas that had to be examined. The concerns from HB were that as they would be awarding a Diploma to the successful candidates, the academic subjects had to be examined. An opposing view expressed by the nurse tutors and service practitioners was that P.2000 was a nursing course and therefore nursing should be examined. This resulted in a large number of assessments which included both the academic subjects and nursing and an over-assessment of the students. The findings also indicated that the assessment scheme was partially responsible for an increased work load for the tutors, and is linked to the lack of available teaching time. The scheme of assessment became a burden on their time and effort as a result of administering, marking and moderating the numerous pieces of both formative and summative work. It was evident from the findings that the work load for both students and staff had not been fully assessed.

It appeared that this element of the P.2000 course was another factor that contributed to the lack of available tutors for teaching in the classrooms or practical areas. The conclusions are that the rapidity of the implementation of the P.2000 course resulted in a need to design a scheme of continuous assessment in too great a rush. As with the P.2000 course as a whole there was no time or opportunity to conduct a pilot scheme. The short timescale also prevented the necessary involvement of, and discussion with service practitioners and HE representatives in the design of the assessment tools. The representatives from HB were not able to be involved prior to the formation of the formal links with the University, therefore although there was a diversity of vested interests, there was insufficient time to enable a workable
compromise.

In summary, it is concluded that the rapidity with which such an innovatory pre-registration course had to be implemented, together with the lack of a management structure before the P.2000 course was designed and the resulting late formation of formal links with the University, were the main contributing factors for the unsatisfactory scheme of assessment. The suggestion is that had there been more time and adequate involvement and participation from HE and the practitioners, research findings would probably have been heeded and a more realistic, satisfactory scheme would have been designed.

**Attrition Rate**

It has been stated that one of the reasons for the introduction of P.2000 courses was to reduce the attrition rate for students and trained staff (UKCC 1986). However, 53 percent of the April 1991 cohort did not complete the course which they had started, and this demonstrated an increase and not a reduction in student wastage (NAO 1992). With the exception of examination failures and disciplinary action, the reasons for this very high attrition rate were not known and no identifiable patterns could be determined from the findings. Although it is known that 19 of the April 1991 students were discontinued from their course as a result of failing one or more theoretical assessments at the second attempt; one was discontinued as a result of disciplinary action and one student transferred to another college; the reasons why the other 27 students left their course is unknown. The findings indicated that there were a number of unsatisfactory aspects of the course and unforeseen events that occurred, which may have contributed to the attrition rate for this cohort. The conclusion is, that one of the contributing factors may well have been similar to those found as a result of earlier studies conducted into the stress and coping strategies used by student nurses. Those research findings suggested that many young people with initiative and enterprise found that the rule-bound and restrictive ethos of nursing was incompatible with their personalities (Payne et al 1994).

One of the recommendations contained in P.2000 (UKCC 1986), was that the courses should be flexible with a student-centred teaching and learning approach, and that students should be encouraged to exercise their choice and preferences and become self directed learners. However, none of these criteria existed for the April 1991 cohort, and it is concluded that these may well be the reasons why a number of students left the course particularly during the CFP. An alternative suggestion is that the majority of the 41 students who had successfully completed their course and consistently identified these aspects as dissatisfiers, could have been the same students who had responded to the data collection methods throughout the study, and had remained on the course despite the negative aspects.

Other factors which may have been responsible for the high attrition rate include the personal reasons which were reported to the College Counsellor (CC), which are presented on page 150. The findings which indicated that the assessment and examination scheme was inappropriate and had caused the students to be over-
assessed, had suggested that the reasons why some of the students failed their examination papers and assignments, could be attributed to the conflicting advice that was given by some of the tutors, or that the examination papers were not appropriate for the subject that was being examined (EB 1994).

As a result of the findings from this study, the conclusions are that there are a number of possible reasons for the very high attrition rate from this programme. One of the main causative factors which is considered to be responsible for a high proportion of the unacceptable wastage rate, particularly in the CFP is the unsatisfactory assessment and examination system. This consideration reflects very similar explanations for high wastage rates amongst students on other P.2000 courses, which have been reported by Payne et al (1994) as a result of their study of six other Demonstration colleges. One other possible reason for the attrition rate reflects those which have been identified in studies that have been conducted by Kramer (1974), Miller (1985) and Elkan and Robinson (1993), on the relationship between theory and practice. The suggestion is that because of the gap between theory and practice and the resulting reality shock, a number of students may have employed what Kramer (1974) termed conflict resolution, and discontinued their training.

In summary, the conclusions are that although the exact reasons for the high attrition rate of students on this P.2000 programme are not known, the findings have indicated a number of highly probable causative factors, some of which can be partially related to the management of the change process. The other factors such as personal and family problems, disciplinary action and illness can not be linked with or attributed to any particular aspect of the change process.

**Teaching Methods and Learning Styles**

One of the areas of concern that had been identified from the three sets of data obtained in the first stage of this study, was the students' dissatisfaction with the teaching methods that had been used. Subsequent findings demonstrated that throughout their course the students had consistently requested the use of a wider range of teaching methods to no avail. Investigation into the lack of variety of teaching methods identified numerous reasons why particular methods were used to the exclusion of others. With one exception, the learning styles of the April 1991 cohort had not been taken into consideration during lesson planning. Similar findings had resulted from an investigation conducted by Dux (1989), into whether or not nurse teachers considered the learning styles of their students when formulating teaching strategies. In her study, resistance to change by the students was also given as an explanation for using less progressive methods of teaching (Dux 1989). However, although the April 1991 students had refused to enter into contracts of learning and had expressed a dislike of taking responsibility for their own learning, a resistance to change had not been identified by the tutors as a reason for using particular teaching methods.

The students in this programme did not express their preference for a particular teaching method, but identified a number of methods which they enjoyed. Conversely,
the students considered that those which they enjoyed were not the most helpful, and that they learnt in a number of ways from a wide range of teaching methods. Therefore it is suggested here, that even if the teachers had not overtly considered the individual learning styles of the students, but had used a wider variety of teaching methods, this would have catered for their needs. However, it was demonstrated that neither of these strategies had been used with the April 1991 cohort.

It was demonstrated that the majority of the students' initial dislike of, and demands for fewer, formal lectures gradually changed as they progressed through the course. The majority of the students requested a reduction in the use of small group work and a greater number of more formal teaching methods as they neared the end of their course. This change in attitudes towards these teaching methods indicated that the passing of the assessments and examinations had become the priority. The students considered that they gained more information and new knowledge from formal lectures than they did from small group work, which the majority considered to be a waste of time. This indication that the students believed that the factual information needed in order to pass the examination could be obtained most economically from formal lectures, reflected the findings from earlier studies conducted by Orton (1981), Ogier (1981) and Vaughan (1990). These authors suggested that the consequences of traditional pre-registration courses which contained a final examination paper at the end of three years, were that students were happy to be taught through teacher-centred methods (Orton 1981, Ogier 1981, Vaughan 1990). An earlier suggestion in this study, which had been based on educational research findings, was that the students dislike for particular teaching methods may well have been caused by mediocre experiences of those methods during the CFP. However, it is suggested that this reason should be treated with caution, because in the early stages of the course the students had in fact identified the formal lectures as less than good experiences.

Educational research has demonstrated that there is considerable support for a teacher awareness of the individuals' learning styles and preferences. However, as a result of studies of the learning style preferences of nursing students, both Ostimoe et al (1984) and Brink (1988) suggested that there were additional factors which educators should take into consideration that were of equal importance. These were identified as other student characteristics, the type and level of the programme, the nature of the subject matter, the available resources and teacher preferences and style. Although she supports these recommendations, Coulter (1990) suggested that the major changes inherent in the P.2000 courses will have implications for resources in colleges which could tempt the teachers to return to a widespread use of the lecture method. She considered that this would appear to be the most economical and effective way of using the available teachers and classrooms and other resources (Coulter 1990).

The conclusions are, the learning styles of individual students, or their learning characteristics were not taken into consideration during this P.2000 programme, it would have been extremely difficult to do so for the April 1991 cohort in the given circumstances. It appeared that Coulter's (1990) prediction had transpired. It is suggested that the available resources and therefore the circumstances in which the programme was conducted were further affected by the contemporaneous events. It is not suggested that the majority of the tutors in this study intentionally disregarded
the need to consider the individuals' learning styles, but had responded appropriately in the circumstances that prevailed at the time. The majority of the tutors had followed some of Ostmoe's et al's (1984) and Brinks' (1988) recommendations, but had not considered other student characteristics. What can not be determined from the findings is, that the tutors would have behaved any differently and considered the learning styles of the individuals if adequate resources had been provided, and the circumstances had been more conducive.

Therefore the conclusions are that this negative aspect of the programme was caused by a number of factors. There was a lack of adequate resources which is considered to have resulted from the absence of an effective management of change model and perpetuated by unforeseen contemporaneous events. This in turn resulted in the tutors reverting to what were seen to be the most economical and effective ways of utilising the available resources; and the use of teaching methods based on personal preference and comfort, rather than on the learning styles and preferences of the students. Although reiterating an earlier suggestion, a further conclusion is that if a wider range of teaching methods had been used by the teachers, this aspect of the P.2000 programme would have been far more positive. It is accepted that the teachers need to feel comfortable with a particular teaching method, but it is debatable if it is educationally sound to use a method simply on the basis of it being the personally preferred method, or 'because I always have'.

Student-centred Learning

Although the course was based on the philosophy of the P.2000 curriculum which advocates the importance of a student-centred learning approach to learning, the results of this study indicated that the tutors had very diverse concepts of what constituted student-centred learning. A number of educationalists such as Tight (1983), Rogers (1983), Brandes et al (1986) and Farrington (1991), considered student-centred learning to be a process in which individuals take the initiative in diagnosing their own learning needs and formulating their aims, and identifying the available and appropriate learning resources. These considerations supported Knowles' (1975) suggestion that it was difficult to imagine any teaching, other than lecturing, which does not involve students in their own learning, and that if the teacher set the agenda, devised the learning needs and identified the resources that would be used, then this was teacher-centred not student-centred learning (Knowles (1975).

In relation to Knowles' (1975) suggestion, the data indicated that all of the teachers who thought they used student-centred teaching methods were in reality, using teacher-centred methods. These included the informal discussion groups, small group work, student led seminars, role play and question and answer sessions. All of these had been directed, led, controlled or instigated by a member of the teaching staff, who considered that they had the responsibility for every aspect of the students learning. Prew (1989) suggested that many individual nurse teachers may experience some difficulties in adopting student-centred educational methods, as they require a different orientation and attitude from the teacher, and are not just a new set of teaching strategies. The latter point of Prews' (1989) suggestion was evident in this study, as
some of the tutors had expressed their difficulties in adopting some of these methods and strategies, but remained convinced that their methods were student-centred.

A particular problem identified by Lister (1992) in his study of the early stages of a P.2000 course in one health district, was that a content-centred and tutor-centred course had resulted from designing the curriculum during the restructuring of the college management. He suggested that as a result of the curriculum teams not having a say in how the process of education was to be carried out, they had focused on the content of the course first (Lister 1992). Although the curriculum for this College was designed in similar circumstances, the conclusions are that the lack of a student-centred approach in this programme occurred for dissimilar reasons. The CDT had designed and achieved validation for a student-centred course, but as a result of subsequent ENB and UKCC requirements, a number of changes had to be made during its implementation (ENB 1989, EB 1992). The April 1991 students were given very few opportunities to determine what theoretical aspects they wished to study and there was very little flexibility in the timetable.

The indications are that there are tenuous links between this negative aspect of the programme and the management of change, particularly in relation to the compatibility of the changes with existing beliefs and values, and in-service education for the nurse tutors. However, the conclusions are that although the UKCC (1986) and the ENB (1989) recommended that all P.2000 courses should adopt a student-centred approach to learning, it is suggested that these professional bodies had not fully realised the implications of such an approach. Similar suggestions were made by Farrington (1991), as a result of his study of 30 educational institutions. The findings from his study indicated that there appeared to be a general commitment to the notion of student-centred learning, but that it was poorly understood. Farrington (1991) also noticed that there was more discussion and lip-service paid to the idea of a student-centred approach to learning than was actually practised. He suggested that:

... one would expect to place the students at the heart of any educational activity, but how much individual choice, how much teacher involvement, how much freedom we give to individuals is problematic for all of us at individual, institutional or greater levels, and is not helped by the sometimes prescriptive labelling and sloganising with which we are confronted.

(Farrington 1991. p.20.)

The conclusion is, that to advocate a student-centred approach to learning in any course that requires the participants to achieve specific learning outcomes, to be safe to practice and satisfy the standards of a professional body, is contradictory and an issue that needs to be resolved. In this respect, the reality of the course appeared to be at odds with the philosophy for the P.2000 curriculum in a number of ways. Although a student-centred approach was not used and the teachers did not appear to fully understand the concept, the conclusions are that such an approach would have been extremely difficult, as it appeared to be incompatible with the other restrictive
elements. It is further concluded that P.2000 has inadvertently promoted a move away from student-centred approaches by the increase in the number of students in the groups, the stipulation that all students must have the same core experiences and the inclusion of a more academic syllabus.

**Positive Aspects of the Course**

Although there were a number of positive and satisfying outcomes identified in this illuminative study of the P.2000 programme, each of these also had some negative aspects. A discussion of these outcomes is presented below together with what were considered to be the influencing factors and the conclusions which have been reached.

**Practical Nursing Experience**

The practical nursing experience was identified as one of the most successful aspects of the programme. Although the students demonstrated their dissatisfaction with the length of time that had been allocated for their practical nursing placements, they considered that both the variety and the actual practical nursing experiences had been valuable, enjoyable and informative. The data obtained from the critical incident reports indicated that, although some of the students experienced a type of reality shock, they had been able to analyse the situation, reflect on their feelings, suggest possible solutions and had learnt from the situations. It was apparent that some of the placements did not necessarily provide desirable learning environments, but they did provide valuable learning experiences. The dipping-in placements in the CFP, where the students visited a variety of areas for one or two days per week, were not appreciated by the students until much later in the course. Initially they had indicated that they could not apply the theory to practice and they resented having to make the arrangements for their own placements. However, with hindsight they appreciated the latter as an introduction to taking responsibility for their own learning, which they considered they had unwillingly done for the whole course.

As the students experienced placements of a longer duration the majority of them considered that they could become involved with actual hands-on-care, work as member of the caring team and apply some of the theory to their practice. A suggestion that students should have the opportunity to apply learning to practice as soon as possible to enable cognitive changes to take place, had been identified in a study conducted by Gott (1982). However, as a result of the ENB (1989) curriculum guidelines for the sequencing of practical experiences, such opportunities had not been provided in this programme. Therefore, as a result of the large amount of theoretical input in the College without the opportunity to apply it in practice until the end of the CFP, it was not surprising that the majority of the students considered that the sequencing of academic input and practical experiences was unsatisfactory. Similar findings were identified by Rafferty (1992) as a result of her study of the first two years of a P.2000 course. She suggested that this long delay before students have the opportunity to practice hands-on care was one of the problems with the P.2000 courses. She further suggested that this would do very little towards reducing the gap
between theory and practice (Rafferty 1992).

A very positive aspect of the programme appeared to be the experiences that were gained in all of the Branch specialities during the CFP. The reservations, which had been expressed by a minority of the students, about the value of such broad experiences, possibly reflected a failure of the CFP to adequately convey the philosophy of the P.2000 course. The most satisfactory aspects from the students' point of view, were the experiences in the Branch programmes, the placements in the community and the institution care areas. Although it appeared that the students were aware of all of the organisational changes and problems being experienced by the units and caring teams, and that the staff were helpful and supportive, they remained convinced that their own achievements, development and progress had been their own responsibility.

The conclusions are that as a result of these experiences, the successful students had progressed along the learning continuum and become self directed learners and knowledgeable doers, albeit not in the way it had been originally intended. There were appropriately prepared mentors and nurse managers in the practice areas, but there had been an absence of tutors which was considered by the ENB (1989 and Jarvis (1992), as one of the structures which must be available for reflective practice to take place. However, it was demonstrated in the critical incident reports that those students who had participated in this data collection exercise, had reflected with insight, and reflective practice as defined by Jarvis (1992) was a frequent occurrence in their practical experiences. The final conclusion is, that the nursing practice half of the P.2000 programme had provided the experiences as required by the ENB (1989) guidelines, and had played an important part in enabling 47 percent of the students to successfully complete the course.

Health Education and Patient Teaching

Another of the positive aspects of the course which had been identified and was related to the role of the nurse as Health Educator and Patient Teacher, indicated that in this area two of the aims for P.2000 had been achieved. Concerns had been expressed by numerous educationalists and other professionals, regarding the preparation of students for these roles, and whether or not they would be encouraged and enabled to practice Health Education and Patient Teaching in the clinical areas. As a result of an extensive study of the role of Health Education by hospital nurses, Syred (1981) recommended that such preparation for these roles should include instruction in teaching, communication and counselling skills and advanced behavioural science courses. A further suggestion was that as well as the inclusion of these subjects in the courses, nursing students should be assessed on their teaching and counselling skills as part of their final examination (Syred 1981). Additionally Syred (1981) also considered that as the ward sister is the key figure in the hospital nursing hierarchy, it is that person who should be 're-educated to encourage and direct the nursing staff to carry out the aims of increased levels of health education'. Whether or not the ward sisters have been re-educated in the intervening years between this study and that conducted by Syred (1981), the findings indicated that
Health Education and Patient teaching were being encouraged and practiced by the nursing staff in the care areas used as practical placements used by the April 1991 cohort.

All of these student related recommendations were included in the P.2000 course, and the results gave further credence to Syred's (1981) findings. The analyses of the data obtained from the students, the tutors and the middle managers all demonstrated that the students had been prepared for these roles; they believed in the importance of these aspects in patient care; they had been encouraged to practice Health Education and Patient Teaching in community and institutional care areas and included both aspects when they delivered nursing care. Although it is suggested that the students were apparently prepared for these roles, it is unclear how this was achieved.

Therefore, the conclusion is that although there was an apparent confusion and disagreement exhibited by some of the tutors and a number of student dissatisfiers, the inclusion of appropriate subjects, teaching strategies, practical nursing experiences and student receptiveness and endeavour, together achieved the desired outcomes. Although, in this particular aspect, the implementation of the P.2000 programme demonstrated that what is planned is not necessarily that which is translated into practice, the difficulties which were experienced are considered to be only partially related to the management of the implementation of the changes. The link that can be tenuously attributed to the management of change process, is a weakness in one of the five essential factors. The weakness was an insufficient preparation and in-service education of the teachers for a Health Education and Patient Teaching role, which had resulted in the confusion as to what should be taught, by whom and at what stage in the programme.

Theoretical Elements

Another very positive area in this programme was the value and worth that the students placed on their increased knowledge base, particularly in Biological Science, Sociology, Psychology and Research Methodology. Although it was demonstrated that some of the students were dissatisfied with a number of the theoretical elements, it was subsequently indicated that these decreased as the course progressed. The majority of the students' comments had reflected that in the first half of the CFP, subjects had been taught in isolation without any relevance to nursing; there had not appeared to be any logical progression of subjects and the teaching methods used were considered to be boring, lacking in variety and at times inappropriate. These findings also indicated that the majority of the students had experienced some difficulty with one or more of the academic subjects at some time during the CFP. However, in the second stage of the study, the indications were that the students and ex students were able to apply their knowledge to practice and considered that from the theoretical point of view, they had been adequately prepared for their new roles and were knowledgeable doers.

The problems that were identified in the early part of the study regarding the lack of integration of the subject content, had been identified by the tutors as an area of
concern at the curriculum planning meetings. Although they understood the reasons for dividing the academic subjects into separate courses within the CFP programme, the tutors suggested that the students would experience some difficulty in trying to relate these to nursing, and in viewing the course as a whole entity. The suggestion was that team teaching for the academic subjects would solve these problems and therefore this was included in the teaching strategy. However, these problems were not solved for the April 1991 cohort as team teaching did not materialise for a number of reasons.

The conclusion is that the difficulties which the students experienced were caused by the rapidity with which the P.2000 course was implemented, and were perpetuated by a number of subsequent changes. It has been argued that the haste in which the course had to be designed and implemented did not enable the management of change theories and model of change to be adopted and this has caused a number of stumbling blocks for the implementation of the P.2000 course. The suggestion is that one of these stumbling blocks was the difficulty experienced by the April 1991 students in relation to the theoretical aspects. Further events and circumstances prevented the plans which could have rectified this situation from being implemented and therefore perpetuated these difficulties. However, the majority of the 41 students who successfully completed the programme, considered that they had gained a vast amount of worthwhile knowledge, and by the end of the programme could relate and apply the academic subjects to their other nursing knowledge. It can not be determined from the data if the high attrition rate is attributable to any difficulties experienced with the integration of the subject matter, but it is considered that it was not helpful.

**Relationships**

The most positive aspects of the programme, although not without some negative elements, from the students point of view, were the friendships which had developed, the relationships with the majority of staff in the clinical areas, and the support and help from some of the tutors, particularly in the Branch programmes. A number of the students had formed friendships with members of their peer group, which in their opinion, would survive for the rest of their lives. However, it appeared that the friendships which had developed did not cross the boundaries of specialities. The relationships that had been formed during the CFP and continued into the Branches, were amongst students who had intended to follow a career in a particular speciality, such as mental health nursing. One of the criteria used for the selection of particular students for each of the five sub groups, had been that the mix and match would enable them to provide each other with moral support. It appeared that the latter had been achieved, but it did nothing to promote cohesiveness between the Branch programmes. Although the inadequacies of the core study days during the first half of the Branch programmes had been identified, the intention that these days would help the students to identify with the whole cohort was not achieved. Instead, it appeared that the core study days had inadvertently promoted a greater cohesiveness between the students on each of the Branches, and created three separate courses.
The relationships between the students and the nursing, para-medical and medical staff in the clinical areas were highly valued by the majority of the April 1991 cohort. On the whole the students had considered that for them, the relationships which they had formed in the clinical areas was one of the most successful aspects of the P.2000 course. Initial resentments and difficulties that had been experienced by a minority of the students, had gradually diminished as they had progressed through their Branch programme. The suggestion is that this may well be attributable to the staff in the practice areas becoming more familiar with the P.2000 course, and or the students having longer placements in which they were able to function as members of the caring team.

The students had considered that their relationships with the teaching staff had been very good during the introductory period of the course, but felt that these had deteriorated during the CFP. The findings indicated that this had been caused by a number of problems which had resulted from the circumstances rather than deficiencies of the individual tutors. However, it is not suggested that the tutors were perfect or paragons of virtue, but that any perceived lack of commitment of an individual, lack of knowledge or experience and inadequacies were exacerbated by a lack of resources and the numerous changes that occurred.

The relationships between the students and the tutors improved as the students progressed in their Branch programmes, then rapidly deteriorated towards the end of the course. The latter appears to contradict the statement that the relationship between the tutors and the students was a positive aspect of the course. However, until the end of the Branch programmes, the majority of the students had considered that their relationship with some of the tutors had been good. During the third year of this course, the teaching staff were more than a little concerned with their own future prospects. There was the real threat of redundancy for those that could not prove both their academic worth to the University and their practical nursing expertise to service managers. As far as the teaching staff were concerned, it was perceived as the 'survival of the fittest'.

The conclusions are that the breakdown in relationships between the students and the tutors at such a late stage in the programme, had been precipitated by an ineffective communication system, an influenza epidemic and a number of the contemporaneous events. Although the ineffective communication system has been identified as a major barrier to change, and is considered here to be one of the causes for the breakdown in relationships, it is also suggested that the other two issues had a greater influence on this negative outcome. Therefore, the conclusion is that although there could have been a more satisfactory organisational background and communication system, the breakdown in relationships at the end of the programme were due to circumstances which were unfortunate, but beyond the tutors control.

**Communication Skills**

One of the most successful parts of the programme was the PIP skills course which had been introduced as one of the innovatory aspects of P.2000 in this College.
number of the students had not particularly appreciated this element in the first half of the CFP, but by the end of the 18 month period, half of the student group felt that it had extremely useful. As the students progressed through their programme it became apparent to the tutors, the qualified nurses in the practice areas and the students themselves, that the PIP skills course had been extremely worthwhile. The majority of the students had developed a greater awareness of an individuals' needs, an increased self awareness, self assurance, self confidence and in the majority of cases, were able to communicate effectively. This supports the numerous recommendations which have been proffered by a number of researchers in the last 12 years, that there is a need to include communication skills teaching in all pre-registration nursing courses. As a result of their studies, Wilson-Barnett and Osborne (1983), Gutt (1984), Field (1989) and Dux (1989), have each suggested that the prerequisite for the production of critical, self reliant and reflective practitioners, is the ability to communicate effectively. What they did not suggest, was that this should be of greater importance than the acquisition of practical skills (Wilson-Barnett and Osborne 1983, Gutt 1984, Field 1989, Dux 1989).

The suggestion is, that collectively, the findings indicated that the P.2000 programme has enabled the successful students to be critical, self reliant and reflective practitioners with the ability to communicate effectively. However, the conclusions are that it is possible that these desirable commodities were gained at the expense of achieving practical competence. If that is the case, the successful members of the April 1991 cohort should be able to apply the former, in order to achieve the latter, albeit a little late. In their study, although they found that some of the educational staff placed more importance on PIP skills than practical nursing skills, Elkan and Robinson (1993) suggested that it would be premature to conclude that by the end of their training P.2000 students will not 'be armed with the necessary practical skills to enter their first jobs'. The conclusion is that Elkan and Robinson's (1993) suggestion was not premature, as the findings from this study of the P.2000 programme demonstrate that the successful students had not acquired the necessary practical nursing skills to enable them to function appropriately in their first jobs.

**SUMMARY OF THE CONCLUSIONS**

The overall aim of this case study was not to make decisions on how worthwhile the innovations or the programme are, but to document and interpret as fully as possible the participants' experiences, put them into context, and contribute to decision making in the future. The illuminative evaluation approach which was used has enabled a comprehensive understanding of the realities which surrounded such an innovatory pre-registration nurse education programme. An overall perspective of the course has been conveyed, which has separated the 'wood from the trees' and has emphasised the interconnections of features that might otherwise have been looked at in isolation. Two other contributions that this study has provided are, a summary of different viewpoints, agreements, disagreements, satisfiers and dissatisfiers from various consumer groups such as students, teachers and nurse managers; and it has helped to separate thoughts which have become muddled without destroying a sense of the
complexity of the problem.

The new strategy for nurse education had been proposed, designed and welcomed by the nursing profession, and following lengthy negotiations for governmental approval and financing, was implemented in 13 Demonstration colleges in 1989. What was not welcomed however, was the rapidity with which the curricula had to be designed, validated and implemented. The concerns were that such inordinate haste would result in an ineffective management of the changes which would have far reaching implications for the quality of the courses.

The conclusions which have been reached are that the time scale with which the course had to be introduced did not allow adequate time for the rational and cohesive planning of the educational processes to take place. Neither did it allow time or opportunities for the change agents and the CDT to pay sufficient attention to the deliberations of theorists or the findings from educational and evaluation studies. Numerous educational and nursing studies have been conducted in the last three decades pertaining to curriculum innovation and the management of change. The resulting recommendations have stressed the need for curriculum planning to be based on sound theoretical principles, the need for injections of adequate resources, and the employment of change theories and strategies. Those studies have also indicated that, if not carefully implemented, the introduction of numerous innovations in an unstable environment can ultimately result in a 'domino effect'. There could be a widening of the theory and practice gap, the attrition rate for students could be increased as a result of experiencing reality shock and there could be a dilution of the educational experiences.

The findings from this study not only provide credibility for those concerns, they also demonstrate the detrimental effects which can result from implementing such a new course in a constantly changing environment. The conclusions are that the P.2000 programme on which this study was based, did not reach its full potential, neither did it achieve all the aims of the UKCC (1986). In addition to the rapidity with which it had to be introduced, there were the multiple concurrent changes that occurred, all of which resulted in a lack of 'breathing space' that could have enabled a number of problem areas to be addressed. The results of this study reiterate the need to apply the recommendations that are contained in the vast amount of management of change and educational theories, if nursing education is to achieve its goals in the future.

Indeed, although the focus of this study has been the illuminative evaluation of one P.2000 programme conducted in one Demonstration College, its implications go well beyond the development of pre-registration nursing courses. According to Polit and Hungler (1983), the weakness of such a research strategy is its questionable adequacy as a basis for generalisations. However, although it can be argued that the dynamics of one situation may bear little resemblance to those of another, it is hoped that this in-depth study will provide further substance for debates about the introduction of what are considered to be radical changes.
CRITIQUING THE RESEARCH APPROACH

In reflecting on the research approach that was used for this study, it is considered that it was successful in achieving the aims of the research that are presented in chapter five. However, it is worth considering and reviewing a number of substantive and methodological points.

Theoretical Stance

It was decided that it was not possible to adopt a theoretical stance for this study, but to conduct the research in order to arrive at a theory, and on reflection this is still considered to have been appropriate. The initial decision had been taken as a result of the complexity of the course, the number of variables and areas that were considered to be problematical. However, as a result of the findings, it could appear to have been equally appropriate to have based the research on theory relating to the management of change. Although Treece and Treece (1986) suggested that it is acceptable to conduct research in order to arrive at a theory, they also proposed that a thorough examination of the area would probably suggest research possibilities. However, an examination of the area on which the study was based identified a need to evaluate the innovative P.2000 course, and the particular relevance of change theory was not indicated by the findings until the second stage of the three stage framework.

The Dual Role of Internal Evaluator and College Employee

Although the advantages and disadvantages associated with the role of internal evaluators had been researched and as a result the role of a neutral evaluator had been adopted, there were a number of unforeseen problems which were experienced as a result of having the dual role of an internal evaluator, and being an employee of the College.

One such problem arose very early in the planning stage. The decision to evaluate the P.2000 course by studying one of the programmes was fully supported by the managers of the College, who wished to know if the course was 'on the right lines, and whether or not it worked'. However, because they also wanted to use the research findings to assist other colleges with the implementation of further P.2000 courses, they suggested that a comparative study would produce findings that would be generalisable and therefore more appropriate than an illuminative study. Following some lengthy negotiations in which the research proposal was discussed in greater detail, the differences were resolved and no further pressure was applied at all during the study. The other issues that arose from being an internal evaluator stemmed from the circumstances and the environment in which the study was undertaken, rather than from the managers.

A distinct advantage in conducting this study in the capacity of an internal evaluator
was the wealth of information that was obtained by virtue of the trust which resulted from the good working relationships that had been formed over the years. As was the insight which was gained into the true feelings, attitudes, motivations and concerns of the staff. Also the fact that the participants volunteered additional information, as did members of staff who were not involved in the study. Another advantage was the knowledge of, and the ability, to access all relevant records and papers with complete impunity, which enabled a depth of information which would not have been available to an outside evaluator.

One of the difficulties which was experienced, was balancing the need to fully report the findings of this study against the need to preserve the dignity and feelings of some of the members of teaching staff. It would have been so easy to have inadvertently hurt some of the individuals who had exposed their innermost feelings and opinions, or who had been observed in private situations that an outsider would not have experienced. Another difficulty was how to report the enthusiasm, the desire to make the educational experiences worthwhile, the motivation and the wholehearted commitment to P.2000 that was demonstrated by a number of the tutors, without demonstrating a high degree of subjectivity. This degree of commitment in the constantly changing and turbulent working environment, was demonstrated on one occasion by a tutor who, while working in an excess of fifty hours a week, commented that 'we all are really working ourselves out of a job'. Upon reflection, the data collection methods and tools that were selected for this study did not enable all of this information to be reported in an objective manner. However, it is hoped that as Patton (1987) suggested, a practical solution has been employed through replacing the mandate to be objective with a mandate to be fair and conscientious in 'taking account of the multiple perspectives, multiple interests and multiple possibilities.

However, in addition to the difficulties which arose from the confidential nature of some of the information, and the ethical issues that had to be addressed, there was a price to pay for these advantages. The circumstances in which two thirds of this study was conducted were extremely difficult. The contemporaneous events which occurred caused a marked increase in the work load of the teaching staff, and a great deal of uncertainty for both the staff and the students. This all resulted in a drop in staff morale and a reluctance from the April 1991 students to comply with the majority of the tutors requests. This reluctance was reflected in the response rates for both the internal evaluation questionnaires, and the data collection tools used for the research. There was less reluctance in the latter, but it remained a problem throughout the study.

Resources

Initially the time in which to conduct the study and the financial and material resources had been successfully negotiated, but as the study progressed it became apparent that these were inadequate. The two days which had been designated for the research study would have been adequate had the other College commitments not impinged upon this time. For quite long periods at a time these two days were used for other College duties and projects. This resulted in having to concentrate the
research during one month in every five to enable the analyses of the data, the development of the subsequent data collection tools and write up the findings. This change in the arrangements together with the personal uncertainty of future employment, the high stress levels exhibited by fellow colleagues and a constantly changing environment were not the most conducive circumstances for conducting a longitudinal study.

An original intention had been to conduct non-participant observations with the students during their practical placements in the hospital and community areas. The purpose of conducting these observations was to determine whether or not the students practised Health Education and Patient Teaching in the care areas. However, this data collection method was not used for a number of reasons, the main one being the associated with the geographical distribution and the variety and number of these placements, which indicated that it was unmanageable for one researcher. On reflection, this particular method would have been a more appropriate one to procure the information that was required, than the method which was used. It could be suggested that if a research assistant had been available it would have enabled non-participant observation to be conducted. However, Yin (1989) has suggested that in case studies there is little room for the traditional research assistant, because only a more experienced investigator will be able to take advantage of unexpected opportunities rather than being trapped by them. Therefore, the conclusion is that a sound decision was taken in the circumstances, but the data collection method that was used in this instance was not the most appropriate had there been an additional available and experienced investigator.

Critical Incident Reports

The data collection method of critical incident reporting which was used with the students at the beginning of their Branch programme, produced some extremely valuable and enlightening information. However, as a result of the low response rate for these reports and the time scale within which they were received, which was very disappointing although not surprising in the circumstances, it is suggested that the discussion and presentation of some of the findings were inadequate. The research literature indicates that a fairly large number of incidents should be collected before any sense can be made of the data or before any themes can become apparent (Cormack 1991). Therefore, although the data were carefully analysed and the results demonstrated that five distinct themes had emerged from the small number of reports, it was considered that the findings were appropriate for inclusion in the report, but were not representative for the whole group.

On reflection, although only 44 out of a possible 405 individual reports were received, these had been completed by 18 of the students from across the three Branch programmes. If the response rate from the students, as opposed to the number of reports is examined, it can be concluded that more importance should have been placed on the information which had been obtained. Some additional support for this conclusion may be found in a suggestion proffered by Polit and Hungler (1983). They suggested that the quality of the data obtained from critical incident reports were
dependent on the communication skills of the participants, and one of the positive aspects of this study was that the students had developed extremely good communication skills. According to Cormack (1991), one of the advantages of using critical incident reporting technique is that, more often than not, it provides useful and insightful information, as was the case in this study. This would appear to support the suggestion that the report could have provided a clearer insight into the aspects of how the students' considered they had learnt from their practice, and developed critical ability and reflective skills. Jarvis (1992) suggested that:

"...reflective skills is creative/experimental action. New skills, new ways of doing things are tried out as a result of reflecting upon why a performance has achieved the outcome it has. This means that the professional performances will consistently be experimental and creative but this does not mean that they will be innovative, because reflective learning can demonstrate the validity of the procedure and the knowledge as easily as it can show that there are better ways of doing things. (Jarvis 1992. p. 178.)"

The analysis of the data from the students reports identified that this had happened to them in each of the critical incidents, but has not been adequately discussed in the report. It is acknowledged in research literature and from the findings from this study, that the use of this technique has a number of advantages. However, it is suggested here that the contemporaneous events and the low student morale prevented the realisation of the maximum potential of this technique. On reflection, it was a very time and resource consuming exercise from a personal point of view, and in fact increased the workload of the students in what transpired to be a stressful course.

Areas for Further Research

As with the majority of evaluation studies, despite the richness of the data which has been obtained and the sound conclusions which have been reached, there is one important recommendation and two areas of research that emanate from this study. All three areas are directly related to the conclusions reached, two of which are also related to the management of change theories.

The Theory Practice Gap

The conclusions demonstrated that the relationship between theory and practice was not enhanced for the April 1991 cohort. In fact the gap between the reality of practising as Registered nurses and the nursing theory which had been taught, resulted in the students experiencing reality shock. Numerous proposals and possible solutions which would enable the theory practice gap to be reduced, have emanated from a number of studies, but have as yet not proved to be successful. The ENB requirement that tutors should be credible practitioners and spend a proportion of their time
teaching the students in the clinical areas, was one such proposal, but for numerous reasons this did not occur in this study. However, the suggestion is that further research into the effects that this proposal would have on the theory practice gap would be very useful for the professional education of nurses. This is considered to be particularly important as the pre-registration education for nurses has moved into HE, and there will be a greater need for those who teach the theoretical aspects of nursing to be credible practitioners and not further removed from the realities of practice. However, this is not to be confused with the joint appointments of teacher practitioners, as research findings have demonstrated that such posts have had varying degrees of success and failure.

**Acquisition of Practical Skills**

One of the conclusions reached was that the student nurses who followed the P.2000 programme were ill-equipped to practise what they had been educated for. Although this aspect is related to the theory practice gap, it is one that needs to be addressed to prevent the production of an unmarketable commodity. The conclusion reached was that there were several reasons why the students had not acquired the necessary basic skills, some of which were the contemporaneous events, ineffective course planning and a diversity of opinion on the importance of practical skills teaching. It is acknowledged in the research literature that the ideal circumstances, within which change should be introduced, rarely exist (ENB (2) 1988). However, in this study the initial circumstances were far from ideal and subsequently had worsened. Therefore, the suggestion is that a further evaluation study on other pre-registration programmes, which have been implemented in more conducive environments, would be extremely important for nurse education and the nursing profession.

**Management of Change**

As discussed in this chapter, it was concluded that a number of detrimental effects arose from introducing a number of innovation into a constantly changing environment. Great importance had been placed on the P.2000 course by the nursing profession, but insufficient time had been allowed for the application of management of change theories to enable successful implementation to take place. One aspect which did not help was the lack of opportunity to conduct one or more 'pilot' schemes which could have identified some of the negative outcomes of the programme. The findings from this study will not be of benefit to other P.2000 courses, because the majority have been absorbed by institutions of higher education, are modularised and now form part of the Degree in Nursing courses. However, although it is unlikely that optimum conditions for the implementation of innovations will exist in the future, it is suggested that the change agents, CDTs and the heads of educational establishments should analyse the nature of the innovation, determine the magnitude and potential impact of the change/s and assess the conditions and environment within which those changes are to be introduced.

'The suggestion is that the following conclusion, and its' inherent recommendation, is
generalisable to any educational establishment or professional body that is contemplating the implementation of such an innovatory curriculum.

The recommendation is that the same degree of research, professional expertise, consideration and thought which was devoted to the radically different strategy for nurse education, which will have such far reaching effects for the immediate and future education of the caring profession, and therefore on the health and well-being of the nation, should have been given to the conditions and situations within which they were implemented.

In conclusion, it is not suggested that as a result of this study of one P.2000 programme that educational decision making has necessarily been made any easier, but it is considered that an increased awareness of the evaluated programme should influence and improve any decisions that may need to be made in the future.


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APPENDIX A

Structure of the Three Schools of Nursing.

Structure of the Newly Formed College.
Figure 4a. School 1. April 1989

School of Nursing  ____________________________  Health Authority

Director of Nurse Education  ____________________  District Nurse Advisor

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Figure 4c. School 3. April 1989

Figure 5. The Structure of the Newly Formed College and Link with the University.

College of Nursing and Midwifery ← University
APPENDIX B

College Evaluation Form
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CFP PSYCHOLOGY

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Please tick the appropriate box to indicate your opinion. We would welcome any comments that will help us to interpret your ratings.

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<td>2. Relevance to the course</td>
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<td>3. Amount of material in the seminar</td>
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<td>4. Opportunity for participation</td>
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<td>5. Variety of approaches - are they sufficiently varied</td>
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<td>6. Would you like more or fewer seminars?</td>
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<td>7. Would you like longer or shorter seminars?</td>
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<td>8. Overall, how do you rate your seminar leaders facilitation skills?</td>
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ANY OTHER COMMENTS

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Page 233
APPENDIX C

Field Notes from One Classroom Observation Period.
Thurs 9th Sep. 1971

Group 1

Good introduction.

Time: 

8:10 a.m.

Q: A. Humour - pupils enjoyed.

Quantity: Rubrics, whiteboards.

For information: cereals!

Activities: Lesson plan outline on next page.

No one person seems to dominate.

Majority answer questions - in brainstorming.

Good and clear.

17 students present

Group cohesion.

Brought in: linked psychology, sociology.

Q: A. Brainstorming - notes taken by all.

Activity: All students participated. Who cut out etc.

Laughter predominates. 1 student dominated the group at times.

Good ability using skills, session - hour one.
**Subject:** Nursing Studies  
**Venue:** Demonstration Class, 17 Squash Court  
**Students Present:** 19  
**Tutor Present:** CT

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<td>Participant lead</td>
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<td>Questions Answered</td>
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</table>

**Teaching Methods Used:** Dicta Notes, OHP, Lecture, Discussion, Q. and As. Handouts, Refs.  
**Brainstorming:** Wel Appropriate and good

<table>
<thead>
<tr>
<th>Production</th>
<th>Good</th>
<th>Main Body of Knowledge</th>
<th>Conclusions/Summary</th>
<th>Aims and Objectives</th>
</tr>
</thead>
</table>

**Sessions:**

All students participated in the practical exercise. The whole session was lively and engaging. The group was divided into smaller teams, and each team was assigned a different task. The teams worked well together, and everyone contributed to the overall success of the session.

One student began to dominate the group at times. A mature student.

Disagreement - Some of the group members were interrupting each other. A question from one Dominant student, shown by non-verbal actions, such as shaking heads.
APPENDIX D

Student Questionnaire and Correspondence
All Students
April 1991 Intake
Diploma in Nursing Studies.

Dear Student,
I would greatly appreciate it if you would complete this questionnaire for me which will assist me in my illuminative evaluation study of the Diploma in Nursing Studies course for the College of Healthcare.

I know you are extremely busy and that time is very precious, but I would be very grateful if you could return the completed questionnaire in the envelope provided, by 4pm on Wednesday 6th April 1992.

A box will be provided for the collection of these completed forms, underneath the Room Allocation Board in the Enquiries/Reception area of the College at the Hospital. Total anonymity will be ensured.

Thank you

Research Fellow
1. Gender.

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<td></td>
<td>Male</td>
<td>Female</td>
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2. Age.

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<td>41-50</td>
<td>51-60</td>
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3. In your own words please describe what you understand by the term Health Education.

4. What is your understanding of the term Health Promotion?
<table>
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<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>5.</td>
<td>The patient teaching role is a vital part of nursing practice.</td>
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<td>6.</td>
<td>Health education is not an important aspect of nursing practice.</td>
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<td>7.</td>
<td>Preparation for a health education role has been integrated in all of your studies.</td>
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<td>8.</td>
<td>You have been encouraged to identify potential learning opportunities for patients/clients in a) Hospital settings b) Community settings.</td>
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<td>9.</td>
<td>Health education is enhanced when an equal partnership between nurse and patient is established.</td>
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10. In your practical experiences, what health education and or patient teaching have you observed or participated in?
11. Which of the following statements most closely reflect your style of learning?

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<td>a) seeing something happen in real life</td>
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<td>b) hearing about something</td>
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<td>c) feeling, being affected by something</td>
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<td>d) reading about something</td>
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<td>e) being involved</td>
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<td>f) reflecting on information/experience</td>
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<td>g) discussing issues within a peer group</td>
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<td>h) questioning and receiving answers</td>
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<tr>
<td>i) following instructions</td>
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12. How helpful do you find the following?

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<th>Very Helpful</th>
<th>Helpful</th>
<th>Not a lot of use</th>
<th>No use</th>
<th>Not included</th>
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<tbody>
<tr>
<td>a) Dictated notes</td>
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<td>b) Large discussion groups</td>
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<td>c) Small discussion groups</td>
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<td>d) Formal lectures</td>
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<td>e) Informal lectures</td>
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<td>f) Demonstrations</td>
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<td>g) Group work</td>
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<td>h) Directed study</td>
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<td>i) Practical work</td>
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<td>j) Experiential</td>
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<td>k) Private study</td>
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<td>l) Question and answer sessions</td>
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</table>
13. Which methods of teaching do you prefer?

14. Which methods of teaching help you to achieve your aims?

15. What demands do your preferred methods of teaching make on you as a student?

16. Which teaching methods are you least likely to use in your nursing role of health educator, patient teacher?

17. Why?

18. Do you enjoy taking an increased responsibility for your own learning?
APPENDIX E

Transcript of an Interview with a Tutor.
A Transcript of One Interview with a Tutor.
The interview was conducted in the tutors' own office at the College and lasted approximately 30 minutes.

Key. Intervener (I). Tutor (T).

I. Which methods of teaching do you use most often?
T. Team teaching predominantly.

I. Why? Can you give me your reasons please?
T. Because I think that seminars are more beneficial, with input from the sociologist first, then team teaching for an hour and a half, then small group work.

I. Which methods of teaching (if any) do you never use?
T. Lecturing. I have never ever lectured to students in my life and I never ever will.

I. Which is your preferred method of teaching?
T. Informal discussion methods, I like to get the students involved. I like them to use the experience that they bring with them, what ever that is, and marry it up with new information.

I. What demands do you think that your preferred teaching methods make on
a) the students and
b) on you?
T. a) Most students want to participate and I am very aware of the little quiet ones that tend to sit back, and I try to get those involved so that they feel that they are contributing. The more the participation the better the learning.
b) Demands on me? It is making sure that I am as up-to-date as possible.

I. How do the students respond to the teaching methods that you use?
T. Once they have sussed you out, very well indeed. Once they realise it is a two way situation they respond, and the Project 2000 students are quicker to respond and discuss a point than those on the existing courses. There is more critical thinking, more awareness and more ability to stop you and say 'Ah well'. It is fascinating to watch some of the mature ladies manifesting the same sort of anxieties as the younger students show in stress situations, although I don't think age is relevant, I think it is maturity.

I. When planning a lesson what do you take into consideration when you select the teaching method or methods that you will use?
T. The size of the group. My knowledge of the subject, security with the subject, and if I am very secure with the subject with just reading around the subject to bring myself up-to-date.
I. How would you define, or what is your concept of, Health Education?
T. Health Education should be tailor made for the client group. The client group should want to change to a healthier way of life with some understanding and knowledge of how to marry up a change of behaviour within financial constraints. As opposed to Health Promotion which is where you have been educated and we are encouraging them to carry on with the change in behaviour.

I. How adequately prepared do you feel you were, to teach Health Education to the Diploma students?
T. I don't have the community background so I did not opt for this subject when offered the choice. I am not sure if it is a lack of preparation on my behalf or a lack of communication. I have found it very frustrating when in my tutor group, having discussed aspects of Health Education, other tutors have approached things from a different angle. I think it is 50/50 lack of preparation and breakdown in communications.

I. Do you teach, have you taught Nursing Studies to the April 1991 group?
T. Yes I am still teaching Nursing Studies to this group.

I. When teaching Nursing Studies do you include:
a) a patient teaching element and
b) health education aspects?
T. Yes at all times.

I. Could you expand on these please?
T. I always attempt to use a patient centred approach or hypothetical patient, lead them into different ways of doing things, appropriateness in time and ways.

I. Have you been involved in teaching the students how to teach patients/clients? If you have what teaching methods did you use?
T. Not as such, no.

I. In whatever subjects you teach, what reference if any do you make to taking or creating learning and teaching opportunities for Health Education with patients or clients?
T. I probably haven't done that formally because at this stage they are not really having any experience with patients. I think that level would be more appropriate in the Branch programme.
APPENDIX F

Communications for Directors and Questionnaires for Middle Managers.
5th October 1992

Mrs
Business Manager

Dear Mrs

I am a member of the teaching staff of the College of Healthcare and a part-time post graduate student in the Department of Educational Studies, University of Surrey, Guildford.

I am currently undertaking an illuminative evaluation study of a Project 2000 course held at the College, which will take approximately three and a half years to complete. It is my intention to follow the progress of one cohort of students throughout this three year nursing course.

I am writing to you in this instance with a request to involve the senior members of your nursing staff in my evaluation of this course. I would greatly appreciate your permission to send each senior member a brief questionnaire to complete related to aspects of patient teaching, health education and health promotion. Please may I assure you that there will be no postal expenses involved, the information gathered will remain confidential and anonymity will be guaranteed at all times.

If you would like further information regarding the study I am undertaking I would be delighted to come and talk to you at your convenience.

Thank you for your time, I look forward to a favourable response.

Yours sincerely

Mrs Frances A Holmes
Research Fellow
18th September 1992

Dear Colleague

I am a member of the teaching staff of the College of Healthcare and a part time research student at the University I am currently carrying out an illuminative evaluation research study of Project 2000 courses held at the College of Healthcare.

I realise that you are extremely busy, but I would greatly appreciate your co-operation in completing this questionnaire as it really is an important aspect of my study. The aim of the questionnaire is to establish your perception of the role and current practices of the nurse in relation to patient teaching and health education.

Any information you give will be treated with the strictest confidence and in no way can it be traced back to you or your area of care.

Would you please return the completed questionnaire in the envelope provided via the inter-hospital mailing system, by October 30th 1992. Thank you for your co-operation.

Yours sincerely

Mrs Frances A Holmes
Research Fellow
Please do not write your name on any part of this form

CONFIDENTIAL

Please place a tick in the appropriate box

1. Biographical Data

Gender

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<th>FEMALE</th>
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What age category are you in?

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<th>41-50</th>
<th>51+</th>
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2. Professional Qualifications

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<th>RMN</th>
<th>RNMH</th>
<th>RSCN</th>
<th>RM</th>
<th>HY</th>
<th>DN</th>
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</table>

ENB Courses completed

3. Do the areas for patient/resident/client care that you manage have a mission statement or philosophy of care?

   YES   NO

If the answer is No please go on to question 5.
4. Does the mission statement or philosophy include references to:

The Promotion of Health

Health Education

Patient Teaching

In this section would you please circle the number beside each statement which best conforms with your view.

4. Definitely agree ✓✓
3. Agree with reservations ✓
2. Only if it doesn't apply to you or

1. Disagree with reservations x
0. Definitely disagree xx

5. The patient teaching role is a vital part of care\n nursing practice. ✓✓ x xx
   4 3 1 0 2 23 27

6. Health education is not an important aspect of care\n nursing practice. 4 3 1 0 2 28 32

7. High priority should be assigned to patient\client education. 4 3 1 0 2 33 37

8. All grades of nursing\midwifery staff should participate in health education for patients\clients. 4 3 1 0 2 38 42
9. Health education is enhanced when an equal partnership between nurse/midwife and patient is established.

10. Only Registered Nurses/Midwives should participate in health education.

In this last section would you please place a tick in the relevant box.

11. Are the nursing/midwifery staff in your areas positively encouraged to identify opportunities for

a) Patient/client teaching? YES NO

b) Health promotion? YES NO

c) Health education? YES NO

12. Are Diploma in Nursing Studies (Project 2000) students allocated to your areas of care?

If the answer is YES, is this during the Common Foundation Programme or the Branch Programme?

13. Do you consider that the learning outcomes for these students regarding patient teaching and health education are consistent with current practice?

YES NO
14. Do members of your nursing\midwifery staff carry out planned teaching and or health education programmes with patients\clients\residents?

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15. Is health education\health promotion literature readily available in your areas of care?

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<th>YES</th>
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If the answer is YES, is the literature

a) given to the patients\clients

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<th>YES</th>
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b) available for them to take

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<tr>
<th>YES</th>
<th>NO</th>
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c) other, please state

Please Leave Blank

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Thank you for completing this questionnaire. Please return it in the envelope provided.
APPENDIX G

Transcript of Students Comments
The balance of relation of theory to practice is inappropriate.

Depends on who's doing the teaching - a good discussion can be just as constructive as a lecture.

Revision sessions prior to exams were extremely helpful.

Lectures are useful if coupled with discussion/exploration of lecture material (as in Sociology lectures).

Student led seminars are often at a high standard but there is not often a recognised opportunity to make notes eg Nursing studies.

I find discussion work useless in large groups but good in small groups. Self directed work is only useful when there are clear objectives.

8. Final comments

There seemed to be a lot of theory that could be discounted as irrelevant to practice. More flexibility and student choice is much needed. Anything summative is a nightmare for all students - this changes priorities away from learning to merely surviving the course. Very stressful at every stage.

Why can’t we have sessions where we can integrate all aspects of psy/sociology, physiology + PIP + NS. This was only done for revision session in great detail, yet judging by previous exam question, we should have reached this standard some time ago.

A very confusing 1½ years. Lots of changing around of exams/summatives sometimes lack of organisation/communication eg changed lectures, lecturers not turning up.

I think we should all be formally told, the College is not having students in September. Rumoured reasons why not, isn’t really good enough. Will anybody want to give us jobs at the end, knowing we’ve received our diploma from College! Everywhere I go, in the Healthcare setting, I’m being asked to explain the Nursing Times Article! Which I can’t do. I wish we could have continuous assessment. Many potentially good nurses will/and are being lost through these awful - memory testing - exams!! I think this course has made me more assetive and in control of my learning - I hope I will become a competent practitioner at the end. Role on March 94! I look forward to branch - the CFP has been very wishy-washy!!

We should have more practical experience where we can
relate our theory to practice.

I have enjoyed very much the CFP and look on it as a re-
education.

I find a great deal of lack of communication between
tutors, placements, students etc. This is very confusing
and annoying. Also I feel there is too much summative work
pressure. I feel these projects are very useful and great
learning experiences. The problem is they are too close
together and require an awful lot of time. Is there any
possibility that they can be more spaced out and perhaps we
can be given them in hols/or reading weeks.

I have enjoyed being here very much on the CFP.

All in all I’ve enjoyed the CFP but there have been moments
when I’ve felt very disheartened with it, for instance when
placements weren’t organised properly and we weren’t
expected. The final few months Christmas onwards
(especially Easter ->) has been very hectic and stressful
not only have we been experiencing ward work and adapting
to the different hours but we’ve had a lot of assessed
written work and exams to cope with. I think everyone has
been adversely affected by this causing apathy. It would
have been better if these could have been spaced out a
little more.

I think that placements should be worked out more – ie
travelling to and from ie distance and not repetition ie
elderly wards in "Dipins" + elderly in elderly "Dipins" ie
no surgical/medical experience.

Preparation to go into ward areas; we were not sufficiently
prepared for those who haven’t had any nursing experience.
The nursing skills at the end of the CFP is rather
untimely. Communication difficulties have been
episodically frustrating - but the CFP has been a
challenging and interesting course. Confidence needs to be
instilled in students to help them cope with a very
delicate situation in terms of workload, and with project
2000.

I think that the CFP was indepth enough to suit our
practical placements and the stage we are at the moment.
In a lot of areas the course was very disorganised which
caused us, students, lots of frustration. In certain areas
it was character building and made us aware of a part of
ourselves that we didn’t even know existed. I hope that
intakes coming behind us will learn from our mistakes and
adjustments being made will suit them.

Yes things are improving - I guess practice makes for this.
This the 3rd group is more relaxed than the 2nd.

Why are we having the skills week at the end of the
programme? As a 'nurse' these seem to me to be essential requirements previous to dip-ins. NB PIP in action here -> this course has been a positive part of my life and I am proud to be on it. It has helped develop my confidence and motivation and I now feel I have a future.

No students preparations were made before the ward experiences. Some skills were demonstrated after experience in the ward.

With all its problems, on the whole I've enjoyed the course. My concern is that at the end of the course I will not have attained the standard of a competent nurse as quite a bit of the course is very wishy-washy and Do-it-Yourself. There's a need for better feedback via tutors with regards to personal progress. On the whole its not as bad as everyone makes out but there are problems that need sorting out - Good luck! Roll on March 1994! With regard to summatives/exams - far too stressful knowing you can be discontinued at any period of the course. Why can't previous achievements be considered as well? eg practical assessments/summatives/past exams? The system at present seems very cruel and unfair - you will lose a lot of good nurses this way.

We need less summatives and more placements. Elderly placements should definitely be of our chosen branch, if selection has been made. What about one set of exams at the end of CFP?

The Nursing Studies week planned at the end of the CFP would be more useful prior to our placements out on the ward.

Earlier practical input. More information on exam technique earlier. Also could we have mock exam papers which are actually of the same format as the exams we're taking. Better support structure from personal tutors/lecturers.

I feel that we should have more feedback from our summative assessments and exams so that we can actually learn from our mistakes and find out where we are doing well. I am also concerned about the number of times lectures etc are changed. It makes it very difficult to organize our time.

1 There seems to be some confusion when our Senior Tutor is absent and another makes a decision in her absence - students are left at times with contradiction later when Senior Tutor returns.

2 Last minute changes in the students programme may be the college's idea of flexibility but it's unpredictable uncontrollable -> stress. Although I realise it is sometimes unavoidable we do have lives outside FHC of HC.
I have been impressed with the high morale of staff considering the recent problems. I know you know we are over-assessed!

Insufficient ward experience and consequently a lack of theory to practice. Perhaps this will occur on our Branch programs.

The content and ethos of the course is laudable but seems to suffer from lack of organisation/resources. Feedback on one’s progress seems to be in terms of PASS or FAIL. Assessment is a bit like running in the Grand National, at every hurdle you see people falling and wonder if you’ll make the next fence - the finishing post is a long way off and the course is scattered with riderless horses!

No student preparation was made for dip.ins. Skills weak at end of CFP is untimely.

I had a change in Personal Tutor. I’m now in a CTG. I do find this an improvement.
APPENDIX H

Critical Incidents Reporting Forms and Follow-up Letter.
CRITICAL INCIDENTS

ILLUMINATIVE EVALUATION STUDY OF A PROJECT 2000 COURSE - APRIL 1991 INTAKE.


Dear Student

Following our meeting last week at which I requested your further assistance with the collection of data for the study of your nursing course, and with the agreement of your course tutors, I would greatly appreciate it if you would record some Critical Incidents that are specifically related to your learning in the practice areas. I do understand that you have a very heavy work load, but this exercise is an important means of collecting relevant data on actual incidents that influence your learning, either positively or negatively, in the practice areas.

If you agree to assist me with this part of the research, would you please record three incidents that have influenced your learning during one working week, in each of three consecutive months.

Thank you again for your help and assistance.

Frances Holmes
Research Fellow
METHOD OF RECORDING

Please use the sheets of paper that are provided, using a separate one for each critical incident. You may write on the back of the page if you so wish, as a couple of sentences for each aspect of each incident should be sufficient.

Please do this anonymously, do not name any individual, ward, institution or yourself, but do use evolved names if other people, systems or organisations are involved.

Would you please send your reports in the internal post to me at ........ Hospital. Your anonymity will be observed totally and confidentiality will be respected at all times.

WHAT YOU MAY LIKE TO INCLUDE IN YOUR DESCRIPTION:-

1. Background to the incident, time, place location.
2. Details of what happened - your account and/or accounts of others.
3. What your thoughts were at the time.
4. What you found most demanding about the incident.
5. Why and how the incident influenced your learning.
6. Which aspects of the incident you consider are important to reflect upon.
7. What you feel you have learnt from this incident.
CRITICAL INCIDENTS FORM

BRANCH PROGRAMME_____________________________________________

WEEK ENDING, SATURDAY_________ PRACTICE AREA__________________

Please recall and describe at least three incidents which occurred in your clinical/practice placements, during the last week, which have influenced your learning or you consider were important to your learning.
April 1991 Student Group

Re Critical Incidents

Dear Student

If you agreed to help me in the research of your Diploma in Nursing Studies course, would you please try and send me some of your recorded, Critical Incidents related to your learning experiences in the practice areas? You can give them (in an envelope) to any of the College secretaries who will forward them to me via the internal postal system. I would greatly appreciate your help in this matter as I am at present trying to analyse the data that I have collected for this part of the study.

If you have already given me your 9 critical incidents, thank you very much and please ignore this request.

May I wish you all a very happy Christmas and a successful New Year.

Yours sincerely

F A Holmes, Research Fellow.
APPENDIX I

Amended Questionnaire for the Student Group
Please place a tick in the appropriate box

Biographical Data

Gender

[ ] MALE

[ ] FEMALE

What age category are you in?

[ ] 20-30

[ ] 31-40

[ ] 41-50

[ ] 51-60

Did you commence your P.2000 course in April 1991?

[ ] YES

[ ] NO

1. In the context of your role as a nurse, what is your understanding of the term 'patient teaching'?

2. In your practical experiences, are you encouraged by the nursing/care/midwifery staff to include patient/client teaching in:

   a) the community

   [ ] YES

   [ ] NO

   b) the hospital/residential care?

   [ ] YES

   [ ] NO
3. Do you include patient/client teaching in the care you give to patients/clients?

YES  NO

In this section would you please circle the number beside each statement which best conforms with your view.

4  Definitely agree.  3  Agree with reservations.
1  Disagree with reservations.  0  Definitely disagree.
2  Only if it doesn't apply to you

OR

You find it impossible to give a definite answer.

4. The patient teaching role is a vital part of care/nursing practice.  4  3  1  0  2
5. High priority should be assigned to patient/client education.  4  3  1  0  2
6. Preparation for a teaching role has been integrated in all of your studies.  4  3  1  0  2
7. You have been encouraged to take an increased responsibility for your own learning.  4  3  1  0  2
8. You enjoy taking an increased responsibility for your own learning.  4  3  1  0  2
Please place tick in the appropriate box.

9. Which of the following teaching methods do you enjoy the most?

- Formal Lecture
- Informal Lectures
- Discussion Groups
- Seminars
- Directed Study
- Self Directed Study
- Practical Work
- OHP and Handouts
- Experiential
- Role Play

Would you please answer the following questions.

10. Which of the above methods of teaching do you dislike the most and why?

11. Which method/s of teaching help/s you the most to achieve your learning objectives?

Thank you for completing this questionnaire.
APPENDIX J

College Evaluation Forms
PRACTICE PLACEMENT EXPERIENCE (CLINICAL)

GROUP: Date:
PLACEMENT: UNIT:

OBJECTIVES OF EVALUATION:

1. To establish the extent to which students are exposed to learning experiences.
2. To identify whether the student has achieved the expected level of competence and the unit learning outcomes for practice.
3. To assess the adequacy of supervision of the student.

Please indicate your response by placing a tick in the appropriate box of your choice for each section and making comments in the space provided.

<table>
<thead>
<tr>
<th>1. I was notified of my named facilitator/assessor prior to starting in environment.</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
</table>

PLEASE COMMENT:

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<tr>
<th>2. I visited my placement environment prior to starting work there.</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
</table>

PLEASE COMMENT:

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<tr>
<th>3. I was familiarised with local policies and procedures relating to health and safety within 2 days.</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
</table>

PLEASE COMMENT:
4 My orientation to the environment was completed within 5 days.

PLEASE COMMENT:

<table>
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<tr>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
</table>

5 I was able to discuss the learning outcomes for this unit with my facilitator/assessor within 5 days.

PLEASE COMMENT:

6 I felt included as a member of the team.

PLEASE COMMENT:

7 I was able to participate in the holistic care of patients/clients.

PLEASE COMMENT:

8 Opportunities to observe/assist with activities has helped me in achieving the learning outcomes.

PLEASE COMMENT:
8. I have experienced the most difficulty in relation to:

<table>
<thead>
<tr>
<th>Topics</th>
<th>Type of Difficulty</th>
<th>I have sought help</th>
</tr>
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PLEASE COMMENT:

9. a) I was made aware of relevant research literature

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<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
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</table>

b) and have read/evaluated selected sample of findings.

PLEASE COMMENT:

10. Links between related subjects were highlighted.

PLEASE COMMENT:

FURTHER COMMENTS
4. The recommended preparatory reading was easy to understand.

PLEASE COMMENT:

5. The level and depth of the subject matter was appropriate.

PLEASE COMMENT:

6. The material covered is relevant to the theme of the unit.

PLEASE COMMENT:

7. I have fully understood the topics covered.

PLEASE COMMENT:
9 I worked with my assessor for at least seven hours per week.

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<tr>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
</table>

PLEASE COMMENT:

10 My progress was continuously monitored and recorded by my facilitator/assessor.

PLEASE COMMENT:

11 I had access to research literature and findings pertinent to the environment.

PLEASE COMMENT:

12 My prior experience was taken into consideration

PLEASE COMMENT:
13 The ward\area environment was conducive to teaching and learning.

PLEASE COMMENT:

<table>
<thead>
<tr>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
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</table>

14 There was opportunity to relate theory to practice within this learning experience.

PLEASE COMMENT:

15 I had adequate support and guidance in preparing my ongoing project/assignment (if applicable).

PLEASE COMMENT:

FURTHER COMMENTS:
EVALUATION OF THEORY COMPONENTS

OBJECTIVE OF EVALUATION:

1. To find out if the student feels that they achieved the theoretical learning outcomes of the unit.

2. To identify recurring areas of difficulty for action.

(To be completed at the end of each unit of learning).

Please indicate your response by placing a tick in the appropriate box of your choice for each section and making comments in the space provided.

1. The preparatory reading list was helpful.

   PLEASE COMMENT:

   | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE |

2. I was able to gain access to some of the recommended reading materials.

   PLEASE COMMENT:

3. I spent time familiarising myself with some of the recommended reading material.

   PLEASE COMMENT:
STUDENT EVALUATION OF A SESSION

GROUP:                          DATE:

TITLE OF SESSION:

LECTURER IDENTITY:

OBJECTIVES OF EVALUATION:

1. To provide feedback for the lecturer
2. To assess the value of the session for the student’s learning.

For use as a sampling tool by individual lecturer at pre-determined phases of programme.

Please indicate your response by placing a tick in the appropriate box for each section and making comments in the space provided.

1. I was made aware of the learning outcomes for the session.

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<thead>
<tr>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
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PLEASE COMMENT:

2. I found the session easy to listen to and learn from.

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<tr>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
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PLEASE COMMENT:

3. There was maximum opportunity for me to participate.

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<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
</tr>
</thead>
</table>

PLEASE COMMENT:
4. The delivery of the session was clear and comprehensible.

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<th>STRONGLY AGREE</th>
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<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
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</table>

PLEASE COMMENT:

5. The pace of delivery was neither too fast nor too slow.

PLEASE COMMENT:

6. I had opportunities to ask questions.

PLEASE COMMENT:

7. I was able to link this session to other relevant areas of the programme.

PLEASE COMMENT:
8 The style of delivery enhanced my interest in the topic.

PLEASE COMMENT:

9 The teaching aids used helped me with my note taking.

PLEASE COMMENT:

10 I feel that I have achieved the learning outcomes for this session.

PLEASE COMMENT:
APPENDIX K

End of Course Evaluation.
EVALUATION OF COURSE

GROUP NAME DATE
SUBJECT BRANCH

OBJECTIVES OF EVALUATION

1. To give feedback to the course planners.
2. To monitor the appropriateness of the programme.

Please indicate below three positive aspects of the course.

1. Please comment:

2. Please comment:

3. Please comment:
Please indicate three areas which you feel could be improved upon with suggestions for methods of improvement.

1. Please comment:

2. Please comment:

3. Please comment:
APPENDIX L

Post-course Questionnaire and Letter.

Dear Colleague

Although having very recently retired from the College, I would like, and indeed am expected to, complete the longitudinal evaluation study that I am conducting on your particular P. 2000 course.

At the beginning of May 1991 I outlined my strategy for this study which included a follow up of all successful course members, 10 months post - Registration. Therefore I am writing to you, hoping that you will assist me with this final but essential part of the data collection.

In this instance I am asking if you would please either -

a) complete the enclosed Questionnaire and return it to me;

or

b) if preferred, and it is geographically feasible and possible, meet me at your convenience to discuss the P. 2000 course from your point of view.

I would like to reassure you that complete anonymity is and will be assured at all times.

This is the last time that I will be contacting you and asking for your assistance with this or any other piece of research. But I would like to take this opportunity to thank you most sincerely for all your help and cooperation during the last four years and to wish you all the very best for the future.

Yours sincerely

Research Fellow.
Would you please answer each of the following questions.

1. Are you currently employed in a Nursing or Health Care post?

   Yes  No

   (If your answer to this question is NO please go on to Question 7)

2. In which Branch of Nursing/Health Care do you work?

   Adult  Mental  Learning  Children
   Nursing  Health  Disabilities

3. Where is your place of work situated?

   In the community  In a hospital setting

4. Did you have any difficulties in obtaining this post?

   Yes  No

   If your answer is YES, what difficulties did you experience?

   Comment: ............................................................................................................
   ............................................................................................................

5. How adequately or not do you feel the course prepared you for your Nursing/Health Care post?

   Comment: ............................................................................................................
   ............................................................................................................
   ............................................................................................................
6. Have you been able to link and use the theoretical content of the course to your current practice? 

Comment: 


7. Looking back at the 3 year Project 2000 course, what do you consider were the 6 most-

Positive Aspects


Negative Aspects


8. Overall, was the course worthwhile for you?

YES NO


9. How could the course have been improved, or are there any final comments you would like to make? 

(Please continue on the back of this page if you need more space for your answer).

Thank you for completing this questionnaire. Would you please return it in the envelope provided.

I would rather meet with you to discuss the course.

You can contact me by telephone to make the arrangements on the following number:

Telephone Number..........................................

Name..........................................................