From FE Student to Qualified Nurse:
A Case Study of National Diploma Students
as Cadets in Transition to HE.

by

Patricia Ann Slator

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Department of Political, International and Policy Studies

University of Surrey

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ABSTRACT

During the 1960s Nursing Cadet Schemes were a recognised pathway into nurse training. The concept of the cadet was reintroduced in 1999 in order to improve retention and achievement within the profession to counter a predicted shortfall of trained nurses by 2018.

This project investigates the choices and decision-making of young people accessing Higher Education (HE) from a cadet scheme, with the opportunity to ‘step-on’ to a nursing diploma programme. A case study methodology was employed, with data gathered through semi-structured interviews with Further Education (FE) students studying for a BTEC National Diploma in Health Studies.

The project follows 21 students, and asks How do FE students go about making choices in relation to 'stepping on' to a nurse education diploma programme in HE and what influences their decisions?.

The choices available to young people and the influences on their decision-making processes are discussed. Conclusions suggest the family plays a significant role in decisions about FE, although the students themselves appear to make the final decisions about pursuing HE. The significance of the work experience is explored in relation to FE choices, and evidence presented demonstrating the value of clinical placements as the cadets gain confidence and skills in preparation for the transition to HE. The research proposes that students are pragmatic in their decision-making utilising vocational opportunities to help the decision-making processes.
A final conclusion proposes that vocational preparation and ‘stepping-on’ is an appropriate route into nursing for a number of young people and although not suitable for all, should be considered more widely than at present.

Recommendations include maintaining cadet schemes and the continuation of widening participation to enable stepping-on, as the preparation of nurses’ moves towards an all graduate profession. Further research is recommended to determine if cadet schemes help improve retention and attrition rates of nurses.
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I am grateful to the students from Valley College for their time given to the interviews. Thanks must also be given to my colleagues and friends for putting up with me; and to my early tutors who made me believe in myself, especially Alan.

To everyone who has helped me realise a dream and enabled me to attain a goal I would never have thought possible, thank you.

This thesis is dedicated to Debs who fought so hard against illness and still found time to transcribe each interview. Sadly she did not live to see the completion of this work.
ABBREVIATIONS

APEL Accreditation of Prior Experiential Learning
BTEC Business and Technology Education Council
CACHE Council for Awards in Children's Care and Education
CFP Common Foundation Programme
DFEE Department for Education and Employment
DFES Department for Education and Skills
DH Department of Health
FE Further Education
FEC Further Education College
FFP *Fitness For Practice* (1999)
GCSE General Certificate of Secondary Education
GNC General Nursing Council
HCA Health Care Assistants
HE Higher Education
HEI Higher Education Institution
LSC Learning and Skills Council
MAD *Making A Difference* (1999)
MDHU Military Defence Hospital Unit
NDHS National Diploma in Health Studies
NHS National Health Service
NMC Nursing Midwifery Council
NVQ National Vocational Qualification
RCN Royal College of Nursing
SEN State Enrolled Nurse
SRN State Registered Nurse
UCAS Universities Central Admissions Service
UKCC United Kingdom Central Council
WDC Workforce Development Confederation
NATIONAL DIPLOMA QUALIFICATION GRADE FRAMEWORK

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1. INTRODUCTION

Nursing and nurse education have undergone fundamental changes in recent years and the impact of these changes is reflected in the recruitment and retention of both students and qualified nurses (Rafferty 1996; Quinn 1995; Castledine 2007). Intervention by the Government can be traced from the mid 1940s to the present day with a plethora of government green papers, white papers, strategies and Acts of Parliament which have impacted on the profession and the educational preparation of nurses (Hoy & Robbins 1979; DH 1999a; James & Jones 1992; Culley & Genders 2003).

Nursing remains a predominantly vocational occupation, and education programmes reflect this with nurses being trained to undertake practical tasks (Peelo et al. 1996; Clarke 2004). However, following the creation of the United Kingdom Central Council (UKCC) for nurses in England and Wales in 1979, major changes were made to provide both “education and training required for the professional practice of nursing [to meet] the projected health care needs of the 1990s and beyond” (James & Jones 1992:12).

The government believed that nurses should be “knowledgeable doers” and be educated to diploma level. Consequently, a more academic programme was created and nurse education moved from the traditional hospital apprentice schemes to university programmes (Bowman & Thompson 1995; Quinn 1995). A number of curriculum changes, based on government white papers, led to the academic component of the nursing programme being delivered in universities, with vocational
placement experience for practical skills undertaken in National Health Service (NHS) Trusts (Quinn 1995).

However, the changes impacted on recruitment figures leading to a reduction in the number of people wishing to enter the profession and the Government once again intervened with a strategy to widen access to nurse education. This objective was also reflected in a later Government initiative known as Widening Participation (DFES 2003b), a recommendation of the Dearing Report 1998 (DFES 1998). The initiative aimed at increasing the number of Higher Education (HE) students from non-traditional educational routes, and traditionally under represented ethnic backgrounds.

A document published in 1999, Making a Difference Strengthening the nursing, midwifery and health visiting contribution to health and healthcare (MAD), set out strategies to “strengthen and improve [the] education and training” of nurses and midwives (DH 1999b:1). A key recommendation was to introduce modern cadet schemes by involving local Further Education Colleges (FECs) and establish partnerships between FECs and Higher Education Institutions (HEIs) to meet the needs of the changing NHS. In common with a number of HEIs, one institution local to my own FEC entered dialogue with its feeder NHS Trusts and local FECs. The aim was to identify a way forward to meet the Government requirements, and the changes to the nursing curriculum, following the publication of the MAD document.

One government strategy for widening participation has been to look at ways in which students can ‘step on’ to pre-registration diploma programmes (Culley & Genders 2003). An example of this has been the re-introduce cadet schemes, first established during the 1960s as an entry into nurse training (Connell 2002). Cadet
schemes today are developed through local partnerships with NHS Trusts, HEIs and FECs in an attempt to meet the local needs (Culley & Genders 2003). The bases for the schemes are vocational programmes, which include skills competencies, enabling potential students to ‘step-on’ to a pre-registration nursing programme at a predetermined entry point.

One such project was established in partnership between the HEI, an NHS Trust Hospital and an FEC. The FEC in question is a large, mixed economy college in the South of England which for ease of identification will be referred to as ‘Valley College’ for the remainder of the thesis, (see Appendix One for a fuller description). The college has gained Associate College status from the local HEI and this has enhanced the development of the cadet programme. The project enables FE students to ‘step-on’ to the nursing diploma programme following successful completion of a BTEC National Diploma in Health Studies (NDHS). The students apply to ‘step-on’ through a process of Accreditation of Prior Experiential Learning (APEL) and a decision is made by the HEI admissions staff to allow the students to step-on, or not.

The research for this project was undertaken when the scheme was in its third year and, although close monitoring had been undertaken, no formal research about the value and success of stepping-on programmes had been carried out. The rationale for this current research is to contribute to the debate about cadets and stepping-on from a vocational programme. This will be achieved through interviews with FE students about their expectations, experiences and subsequent choices and decision-making processes during their FE programme.

The research aims to identify factors which influence the decision-making processes of those students who choose to follow a career in nursing and have the opportunity
to apply to 'step-on'. The stepping-on facility enables the students to undertake a shortened nursing programme by joining an already established cohort of student nurses at a point two thirds of the way into the first year of a three year programme of study. It is specifically the stepping-on process which lacks rigorous research and it is hoped that the project will contribute to the limited knowledge base and theoretical debate which currently exists.

A number of early cadet schemes during the 1960s were successful in providing access to nursing, and I was one of many nurses who achieved entry into the profession through this route. Current available literature regarding cadet nursing programmes acknowledges the significance of the early schemes, and the access to nursing they provided. The majority of published research to date focuses on reviews and evaluations of current programmes (Genders & Lockley 2001; Blomfield & Horne 2002; Draper & Watson 2002; Watson et al. 2005).

This research has been conducted using a phenomenological approach through analysis of a case study of an FE College offering young people the opportunity to study for a BTec National Diploma in Health Studies. A significant component of the BTec programme is work experience. Students wishing to pursue a career in nursing are afforded the opportunity to undertake work placements, as cadets, at a local NHS Trust. The Trust is in partnership with the local HEI and the FEC to enable those students who wish to, to apply to step-on to a nursing diploma programme following successful completion of both their FE programme and practical work-based competencies and skills.

The focus of the research is the choice available to the FE students and their decision-making processes in determining whether or not to step-on and follow a
shortened nursing programme. Consideration is given to models of choice and decision-making against a backdrop of government and nursing policies which impact on both further and higher education for young people.

The research question underpinning this thesis is: *How do FE students go about making choices in relation to 'stepping on' to a nurse education diploma programme in HE and what influences their decisions?* In order to answer the question, a broad view has been taken to include a historical perspective of nursing, theories of decision-making, the vocational-academic debate and government policies.

Chapter two contextualises the research from a nursing perspective and presents a brief account of the early pioneers who established the formal education and training of nurses acknowledging the importance of credentials within the profession. Government policies are also discussed and consideration given to how they impact nurse education today. I reflect on the reintroduction of the cadet nurse and the role of the cadet in access to nurse education programmes, and I present a case for stepping-on to nursing programmes. Consideration is also given to the value of skills acquisition during work experience and how this impacts on the FE student. A review of the literature pertinent to cadet nurses is provided and a comparison of different cadet schemes within the UK is made. The chapter also considers the professionalism of nursing and the blend of skills and knowledge required to be a professional.

In chapter three I examine approaches to research and research methodology and argue for the use of case study as a research method when undertaking a small scale research project. Data collection is also outlined including consideration of utilising a
semi-structured interview as a means of collecting the data. Careful consideration is
given to ethical issues surrounding the data collection, and methods of analysis.

Chapter four critically evaluates the literature on a range of issues including models
of choices and decision-making for the FE student and the influences of friends and
family on the decision making process. A brief discussion on turning points and
fateful moments and the influences of class and culture on decision-making is also
included. The chapter concludes with a discussion on how the differing models of
decision-making and are identified within my own study.

Chapter five considers the student experience of studying for a BTEC National
Diploma in Health and Social Care. A discussion on young people’s choices and
decision-making processes in transition from school to college is presented and
evaluated. The influence of family, friends and professionals is considered and I
present evidence from the data to determine what influences young people in their
choice of studying for vocational qualifications. This chapter also discusses the
concept that work experience and skills acquisition is a significant factor in the
decisions made by young people who choose to study at an FE College.

Chapter six provides a discussion on the preparation of students for HE. Analysis of
the data is presented about how students make their decisions regarding Higher
Education, and what influences those decisions. The research question of How do FE
students go about making choices in relation to 'stepping on' to a nurse education
diploma programme in HE and what influences their decisions is answered in this
chapter. The value of the work experience through clinical placements and the cadet
programme is evaluated and conclusions drawn as to the value of the experience in
transition to HE. There is a substantial section discussing stepping-on to nurse
education programmes through the cadet scheme, and the factors influencing the students decision to step-on or not are presented and analysed.

The thesis concludes in chapter seven with a review of the work undertaken, a critique of the strengths and weaknesses of the research, and a presentation of conclusions reached. Recommendations for future areas of research are also made. A conclusion is presented to suggest that there are a number of factors influencing students’ decision-making, and proposing that cadet schemes and stepping-on programmes hold a valuable place within widening participation, and access to nursing careers.

This study is located within a timeframe between 2005 and 2008 and during that time further consultations have been underway regarding the future of nurse education. In September 2008 the Department of Health published Modernising Nursing Careers: Setting the Direction (DH 2006) with the aim of modernising the careers of qualified nurses in order to meet their roles and responsibilities in a changing care environment. Following the Modernising Nursing Careers publication, a review commissioned by the Nursing Midwifery Council (NMC) was published in a report entitled ‘Nursing: Towards 2015’ (NMC 2007). The report considered the requirements of nurses to meet the changing health care needs of the population (NMC 2008).

Discussions and consultations took place in December 2007 and January 2008 and a review was published in September 2008. At the same time the RCN invited Professor James Buchannan of Queen Margaret’s University Edinburgh, to produce a report about the future workforce in nursing which was subsequently published in Nursing Futures, future nurses (RCN 2008).
Although it has not been adopted as a policy it has provided the basis for discussions at the RCN and in November 2009 the Nursing and Midwifery Council announced the decision that with effect from 2013 all pre-registration nursing programmes will be at degree level only (NMC 2009). It was deemed appropriate to pursue the original research question whilst being aware of the possible changes to take place as a result of the publications mentioned. The conclusions reached and recommendations made in this project have been done within the context of the research question. Subsequent policy changes and the impact on the HEI and the FE students were not specified at time of this research to be fully addressed here.
2. NURSING

2.1 Introduction

This chapter considers nursing cadet programmes, or schemes, and the process of stepping-on within the context of the research question: *How do FE students make choices in relation to 'stepping on' to a nurse education diploma programme in HE and what factors influence their decisions?*

A historical perspective of nursing is presented to acknowledge the work of the early pioneers of nurse training and the subsequent transition to nurse education programmes in preparation for nursing practice. In order to answer the question, it is important to consider how available literature on cadet schemes has informed this project. A brief literature review is provided and consideration given to the argument both for and against the re-introduction of cadet schemes.

The re-introduction of cadet schemes is discussed, including the importance of work experience and the acquisition of skills within vocational programmes in preparation for Higher Education (HE). The significance of work experience and the acquisition of skills competencies gained through placements during cadet programmes is included and evidence will be presented demonstrating the value of work experience.

An outline of the stepping-on facility is also provided and is located with reference to government documents and legislation which have led to the re-introduction of cadets schemes, and the stepping-on facility.

Conclusions are reached which suggest that while the cadet schemes offer a valuable contribution to nursing, and access to nurse education, they are not necessarily an
option for all potential student nurses to step-on and undertake a shortened programme of study.

2.2 Nursing

This section considers nursing and nurse education from the first training school established in 1848 to the present time, and contextualises the changes which have occurred as they impact on the preparation of nurses today. The role of the nurse will also be considered as the preparation required has evolved during this time from the first Nurses’ Registration Act of 1919 to the Nurses, Midwives and Health Visitors Act of 1979 and the more recent Nursing and Midwifery Order 2001 which set the standards of nurse education and training. It is valuable to acknowledge the developments within nursing in this section in order to identify the key moments which have played a defining role in establishing the profession it is at the present time.

The first formal nurse education programme was started by Elizabeth Fry in 1848, and was followed by the establishment of the Nightingale School of Nursing, at St Thomas’ Hospital in London, by Florence Nightingale after the Crimean War in 1860 (Abel-Smith 1960). However, Williams (1980) suggests that Miss Fry and Miss Nightingale were not the founders of formal training as a system had been set up in 1841 at Kings College Hospital in London, a view supported by Abel-Smith (1960).

For more than a century, the nursing profession has been embedded in the legacy of Miss Nightingale and there is little doubt that she contributed significantly to the development of the nursing profession. Florence Nightingale strongly believed that only women of good character could become nurses; it was a ‘calling’. She felt that
through observation and experience the nurse learnt about her role and the ‘art’ of
nursing (Nightingale 1859). However, there is a suggestion that the perception of
Miss Nightingale is more mythical than factual, perhaps due to the lack of
independent evidence of her work. If information provided has been selective, then
perhaps factual accounts of Miss Nightingale’s contribution to the profession does
indeed assume a mythical perspective. As Dingwall, et al. (1988) note:

“...so much of the writing about her has been biographical rather
than historical.....perhaps encouraged by the mass of her own
papers which present vivid, if often selective, melodramatic and
egotistical accounts and judgements of other people and events.”

(Dingwall et al. 1988:35)

Nursing as an occupation, was not publicly recognised until the training of paupers in
the workhouses began following the 1876 Poor Law Act (Abel-Smith 1960;
Dingwall et al. 1988). The nurses’ prime role was to carry out instructions issued by
the doctors and the public began to demand more nurses with the skills required and
a more formal system of training emerged. Prior to this it was the untrained nurse
who provided the care for the sick, and frequently it was family members or servants
who undertook this role in the home, or by domestic servants in the voluntary
hospitals (Abel-Smith 1960).

*The Nurse’s Act* 1919 established the General Nursing Council and required
registration of all nurses in the UK who had undertaken formal training (Abel-Smith
1960) and subsequently the Nurses Act 1943 established a Roll of Nurses for State
Enrolled Nurses (SENs) introducing a second level of qualified nurse (Dingwall et al.
1988). This provided an Assistant Nurse who underwent a two year practical skills-based training programme where the State Registered Nurse (SRN) three year training provided a more educational based programme and demanded higher entry qualifications.

In 1946, the Wood Committee presented a report on nursing to the Government to identify the post-war needs of the proposed National Health Service (NHS) in terms of staffing and training required to meet the anticipated increased demand to staff the hospitals, which would become part of the new unified health service. Recommendations from the report (Ministry of Health 1947) included:

- All nurses of equivalent status, one common register plus a grade ‘ancillary to nursing’
- Better student selection
- Students relieved of domestic duties
- Two-year training: (18 months fundamentals, 6 months in a chosen field).

The committee also recommended a change in the status of student nurses to differentiate between “training and staffing needs” (Balogh 1996:76). This was largely due to the apprentice system where student nurses were included in staffing numbers and treated as a member of the team in clinical areas. A major recommendation made by Wood was to reduce the length of training from three years to two to ensure qualified nurses were produced more quickly to meet the anticipated demand. The proposal for the new training was an eighteen months common core programme followed by 6 months specialisation, but this was opposed
by both the General Nursing Council (GNC) and the Royal College of Nursing (RCN) (Dingwall et al. 1988). There was also a strong recommendation to ensure student nurses had full student status and were not part of the domestic staff (Dingwall et al. 1988).

In 1970, Professor Asa Briggs was asked by the Government to produce a report on nursing to identify the nursing requirements for the future. The Briggs Report of 1972 identified shortcomings in the tasks nurses were performing (Peelo et al. 1996) and called for a radical reform of training (James & Jones 1992) thus echoing the findings of the 1946 Wood report in terms of ensuring nurses no longer carried out domestic duties, a legacy from nursing being undertaken by domestic staff. Briggs made a number of recommendations including the introduction of a single governing body to oversee education and training, and a three year programme, with students having the option to specialise in the final eighteen months (Hoy & Robbins: 1979; Dingwall et al. 1988). The Briggs Report proposed:

“There should be one basic course of eighteen months for all entrants that would lead to the award of a statutory qualification, the Certificate in Nursing Practice [and] the eighteen month course should be common to both prospective nurses and midwives”

Briggs 1972:213

Briggs also recommended that, following initial certification after eighteen months that “students who have the ability and the desire to train further after completion of their statutory Certificate in Nursing Practice would apply to proceed through the next eighteen months to registration” (1972:89). This introduced the concept of a
more 'educated' nurse. The SEN route provided an alternative route into nursing for those individuals who could not, or did not want to, join the three year programme and the implementation of Project 2000 led to the discontinuation of all SEN training programmes.

The Briggs Report further recommended a “Central Nursing and Midwifery Council for Great Britain” to enable a coherent voice for nurses and midwives (Briggs 1972:186). The report was ignored until the Government passed the Nurses, Midwives and Health Visitors Act in 1979 (James & Jones 1992) when the UKCC was established. Their first task was to identify the education and training required to meet the health care needs of the future but it was not until 1984, following extensive consultation with stakeholders and the government, that Project 2000 was conceived to meet the health care needs of the 21st century by altering the preparation of nurses beyond recognition.

The training of nurses in Schools of Nursing was abolished and all preparation for nursing moved into HE institutions providing a recognised education status for nurses through diploma and degree qualifications; the schools had offered only certificate level qualification (Quinn 1995).

Project 2000 acknowledged the Briggs recommendation for the education of nurses to provide the underpinning knowledge required, with training to provide the practical skills necessary to work in a variety of care settings. This introduced the concept of the ‘knowledgeable doer’ who not only met the educational standards sought, but met the requirement for competent practice (Slevin & Buckenham 1992:7). However, it is interesting to note that Slevin and Buckenham acknowledge that interim reports of Project 2000 suggested that “the courses might not provide
nurses with the experience needed to develop clinical skills" (1992:16). Project 2000 also failed to recognise the importance of the practical skills essential to carry out the role of a nurse and a further review was necessary to produce nurses who held both educational qualifications and practical skills to be a competent practitioner in the workplace. The research undertaken for this project also considers the competency of practice and the importance of acquisition of skills in the workplace which will be discussed in a later chapter in this thesis.

The review of pre-registration education came in 1999, when the Government published a document entitled *Making a Difference Strengthening the nursing, midwifery and health visiting contribution to health and healthcare* (MAD). The document set out strategies to “strengthen and improve [the] education and training” of nurses and midwives (DH 1999b:1). The aim was to reintroduce and recognise the practical element of nursing, which had never gone away, but had perhaps been overlooked in *Project 2000*, and so increase the value of the vocational aspect of nursing work. The MAD document recognised that as knowledge and technology had advanced and improved, nurses were “developing protocols with medical and other colleagues to enable them to exercise their professional judgement more fully and to make better use of their knowledge and skills to benefit patients in their care” (DH 1999b:68).
Similarly, the Government acknowledge that nurses:

“...are developing specialist skills to make full use of modern technology in areas such as cardiology, in neonatal and adult intensive care, in renal nursing, endoscopy clinics, in cancer and palliative care and in many other areas. Much of this requires further specialist training, often of a highly technical and specialist nature.”

DH 1999b:68

While recognising the shortcomings of the Project 2000 curriculum when many newly qualified nurses did not possess the practical skills required to practice as competent practitioners, the preparation of nurses needed to change accordingly. Consequently, the MAD document set out to redress the balance of skills and knowledge required of nurse practitioners (Culley & Genders 2003).

Following the publication of Making a Difference (DH 1999b) improvements to the education and training of nurses were recommended, greater emphasis was placed on gaining practical skills during pre-registration programmes and recommendations were made to widen access to pre-registration programmes including a fast track or stepping-on facility. A subsequent publication Fitness For Practice (FFP) (UKCC 1999) called for the introduction of Accreditation of Prior [Experiential] Learning, or APEL, “to allow for more flexible entry to pre-registration nursing programmes” (UKCC 1999:29). This can be seen to be a direct consequence of the HEIs taking over responsibility for the preparation of nurses and setting their own entry criteria to the programmes which excluded many aspiring nurses.
The use of APEL acknowledged the value of the Further Education (FE) programme not only for the educational qualification gained but also the experience and skills acquired through the placements. This would enable individuals to join an existing cohort of student nurses at a pre-determined entry point and undertake a shortened programme of less than three years to gain qualified nurse status. These circumstances relate directly to the research question posed for this thesis as the FE students prepare for, and have the opportunity to, access nurse education programmes through the use of APEL.

A key recommendation of the MAD document was to introduce modern cadet schemes by involving local Further Education Colleges (FECs) and establish partnerships with Higher Education Institutions (HEIs) to meet the needs of the changing National Health Service (NHS) and facilitate widening participation and access to HE programmes through non-traditional routes. In utilising APEL, the FE students researched in this project are indeed accessing nurse education through non-traditional routes.

In common with a number of HEIs, one institution entered dialogue with its feeder NHS Trusts and neighbouring FECs. The aim was to identify a way forward to meet the government requirements, and facilitate access to nursing diploma programmes and thus the partnership with Valley College was established. It is pertinent to note that cadet schemes offered at FECs were recognised in the FFP report as alternative entry route into nursing (UKCC 1999) as it enables those who do not have the HE entry requirements to utilise alternative routes available.

As alluded to earlier, it is important to acknowledge the historical perspectives of the nursing profession and the changes to the preparation of nurses which have occurred...
over a relatively short period of time in an attempt to keep pace with societal and technological changes. The acknowledgement recognises the changes which have occurred, and that nurses today, with appropriate education and training, can provide care for their patients embracing the technology available.

The move from teaching in hospital schools of nursing to HEIs witnessed the end of the historical model of apprenticeship training and introduced student status. The fundamental change has been to the educational qualification awarded at diploma or degree level by the HEI, where the schools of nursing awarded certificates, although both routes led to registration and a ‘license to practice’ as a qualified nurse.

Strategies introduced since 1999 through the MAD and FFP documents have provided access to study nursing from non-traditional routes. This thesis is situated at the time of the reintroduction of cadet schemes, and the government strategy for Widening Participation which occurred at the point when the FE students cohorts used in this research were considering their future career pathway. Identifying and acknowledging the issues discussed provides an underpinning framework for the research project which cannot stand in isolation nor ignore the roots of nurse training and education, as the similarities and changes to the nursing profession continue to affect young people considering nursing as a career.

The cohorts of students participating in this research are located within an FE college and are part of an established cadet scheme. The importance of practical skills training, so much a focus of the early nurse training programmes, has emerged as paramount to the changing curriculum for pre-registration programmes. The cadets obtain valuable skills during their FE placement experience as well as their educational programme, which enables them to apply to step-on to a nursing
programme. Furthermore, many cadets believed they did not hold the necessary qualifications to study a nursing programme as a direct result of the move into HE. The cadet schemes provided the opportunity to realise their career aspirations by accessing HE through an alternative route (Culley & Genders 2003).

This section has presented a brief linear view of nurse education and training since the 1840s and argued that although the education of nurses is vital, the practical skills element cannot be ignored in preparing nurses to be competent practitioners. Evidence has been presented that suggests revisions to curricular during the 1980s and 1990s overlooked the importance of skills acquisition as newly qualified nurses were not sufficiently competent in the workplace.

Changes have also been identified and significantly the move from schools of nursing to HEIs becoming responsible for the education of nurses, ultimately leading to a shortfall of qualified nurses. One government response to address the shortfall was to widen access to nursing and reintroduce cadet schemes across England (DH 1999b).

### 2.3 Cadet Programmes

This section reflects on cadet schemes from their introduction in the 1960s and reintroduction during the 1990s, and discusses the position of the FE College in providing vocational qualifications and access to nurse education. The Valley College scheme used for this research will also be presented to show how the programme was employed to answer the research question.

In 2002 the RCN identified that nearly a quarter of Registered nurses at the time were due to retire within five years (Culley & Genders 2003) and the government,
through the MAD document in 1999, considered ways of encouraging students from non-traditional routes to enter the profession. Recommendations were made to reintroduce cadet schemes as a means of access to nurse education programmes, and fifty schemes were established in England by the end of 1999 (Genders & Lockley 2001) with 60 by 2002 (Culley & Genders 2003). There is insufficient data available to determine how many existed in 2008. However, with an estimated further 200,000 qualified nurses retiring between 2008 and 2018 (Devlin 2009) the recruitment situation remains as important as it did in 2002. The MAD document set out to address the problems of recruitment and retention in order to counter the shortfall of nurses entering the profession.

Cadet schemes were initially created as an access into nurse training (Connell 2002; Draper & Watson 2002; Watson et al. 2005). They were managed by hospitals in partnership with local colleges where cadets attended day release to gain General Certificates of Education (GCEs), or to undertake a pre-nursing course in preparation for entry into a training programme. The original programmes were not designed as a means of 'stepping-on', but to enable access to nurse training for those who did not hold the requisite entry requirements, which is an element in the rationale for reintroduction of the cadet schemes since 1999. The schemes of the 1960s gradually disappeared during the early 1970s as many other changes to the nurse training curriculum occurred following the Briggs report (1972) and the preparation for Project 2000 (Draper & Watson 2002). Although cadet programmes are vocationally based they are not uniform, and different schemes have been established by NHS Trusts, HEIs and FECs (Edwards et al. 2000; Genders & Lockley 2001; Akid 2002; Draper and Watson 2002; Draper et al. 2004).
Draper et al. (2004) recognised there was minimal published research on nursing cadet schemes in the UK although evaluations have been carried out following successful schemes in Norfolk (Edwards et al. 2000), Leicester (Genders & Lockley 2001; Culley & Genders 2003), Sandwell NHS Trust (Connell 2002; Draper & Watson 2002), and Manchester (Andalo 2003; Field 2003). The work by Draper et al. in 2004 was part of a wider national evaluation which included multi-disciplinary cadet schemes providing access not only to nursing but physiotherapy, midwifery, occupational therapy, social work and other allied health professions.

The evaluation carried out by Draper (2004) and her team considered 62 schemes in the UK and reviewed the student experience, job satisfaction, job stress and commitment; it was the cadet’s commitment to the NHS which came under scrutiny, not the specifically the cadet scheme. They found that there were “high levels of satisfaction with the cadet schemes across England” and the schemes offered “first hand experience of working within the NHS, whilst giving cadets the opportunity to gain recognisable qualifications in preparation for higher education” (Draper et al. 2004:227).

They also identified that the “practical aspect of the cadet scheme......was highly valued by the cadets” and concluded that more research would be needed “to establish whether cadet schemes do indeed provide a strong platform to launch cadets into pre-registration and beyond” (Draper et al. 2004:226). It is clear that Draper et al. acknowledged the limitations of their evaluations but did make an important contribution to the debate surrounding the schemes and found that they provided “practical experience in a range of settings” and a “foundation for pre-registration education” (2004:223). These conclusions provided important points to
consider for my own research because of similarities to the research question which included both the value the cadet experience and the progression into HE. It is pertinent to note that the work by Draper et al. (2004) was clearly identified as an evaluation of schemes and not a formal research project.

Work by Culley & Genders (2003) provides a focus on nursing cadet schemes from a political perspective, and considered the rationale for the reintroduction of the schemes and access to nurse education. They also concluded that the schemes offered a valuable practical experience and a vocational entry route into HE. A key finding in their work suggests “ex-cadets enter pre-registration programmes with enhanced awareness of what nursing entails” (2003:611). The advantage to both HEIs and employers is that the cadets have first hand experience of being in clinical situations, working alongside staff carrying out their work with the patients, and potentially have the chance to talk to student nurses about the HE programme. Two opportunities are thus provided; the confirmation that nursing is the career of choice and the cadets’ progress to HE with a clearer understanding of the work involved, or that nursing is not for them and so have the option to reconsider their career pathway.

Culley and Genders recognised that many students “enter nurse education with an unrealistic picture of what is involved” (2003:611) but counter this with the argument that cadet schemes redress the balance by providing the experience and knowledge of what it is like to ‘be a nurse’. Conclusions reached clearly support the notion that cadet schemes “provide a mechanism to improve and extend access to pre-registration nurse education”......and offer “an alternative route into nursing with a vocational approach to learning” (Culley & Genders 2003:613). They do, however, recognise the limitations saying “there is a clear need for systematic
evaluation to assess their [cadet schemes] effectiveness in meeting the challenging objectives of government policy” (Culley & Genders 2003:613).

Similar findings were presented by Draper and Watson in 2002 who claimed there was little evidence to support the success of the schemes. They felt that while the schemes provided much valued practical experience, they did nothing to prepare the cadets for future academic study and recommended that “a stronger element of academic preparation be incorporated” (Draper & Watson 2002:456). A year later, Norman (2003) claimed there was no clear evidence that the schemes were succeeding in widening access suggesting this was due to the variance and inequality in the schemes differing entry requirements. Similarly, in 2005 Watson et al. questioned the effectiveness of the schemes suggesting that while there was potential for meeting the widening access requirements there remained “limited evidence” that the schemes were actually successful (2005:277). This reflects the wide acknowledgement that greater research be carried out to determine the overall value and contribution of cadet schemes.

However, Andalo (2003) and Duffin (2005) both claim that there is evidence that the cadet schemes do provide a suitable alternative access to nursing. Andalo (2003) looked at the Manchester scheme which was multi-disciplinary and the first of its kind in the UK. She acknowledges the value of the young people working within the NHS being able to make an informed career decision based on first hand knowledge and experience. Duffin suggests “the way to recruit nurses is to grow your own” (2005:20) and the cadet schemes provide that opportunity. However, there is acknowledgement that for some the route may take longer, but Duffin (2005) believes the scheme helps to reduce the attrition rate of student nurses. The
advantage of the schemes involved in the evaluations by both Andalo (2003) and Duffin (2005) are that the cadets are paid a grant, or salary, as they are employed or under the jurisdiction of the NHS Trust.

The majority of cadet schemes are managed by NHS Trusts that employ the cadets as Health Care Assistants and provide day release to study for an NVQ or follow an educational programme at their local FEC (Edwards et al. 2000). This model follows the same pattern as that of the 1960s and reflects an apprentice-type approach as the cadets are paid a ‘training allowance’ or salary, although there remain a number of schemes which receive no funding (Culley & Genders 2003). The cadets utilising the college route are on work experience and do not have access to financial incentives which some may see as a disadvantage or an example of the inequalities in the system.

The work undertaken by Draper et al. (2004) provides evidence about the cadets, including their experiences and job satisfaction; however, that research was undertaken on multi-disciplinary schemes. Consequently, as suggested earlier, more formal work on nursing cadet schemes needs to be carried out in order to determine if they really are effective in accessing pre-registration nursing programmes, and subsequently improving retention and achievement both within HEI cohorts and the nursing profession. There is evidence to suggest that more recently NHS Trusts have been expanding their cadet schemes as a useful tool in addressing retention and attrition rates of nurses within their organisations (Thompson 2008; North West Wales NHS Trust 2008; Beever 2009; East Midlands NHS Trust 2009). Indeed, one rationale for the establishment for the Valley College scheme was for the NHS Trust to provide investment in terms of placements and encourage cadets to return to the
Trust on completion of their HE programme. While this point was not a key ingredient of my project, all the cadets who qualified as Registered Nurses were subsequently employed by Trust, but evidence has not been presented to support this notion.

As stated earlier, the MAD document, and the FFP strategy recommended closer collaboration between education and healthcare providers including widening access to nurse education programmes. Similarly, the call by both the government and the nursing council to widen entry gates into HE, established the working partnerships and encouraged students from non-traditional academic backgrounds to pursue nursing programmes.

Akid (2002) reported from the RCN Education Conference in 2002 and argued for the introduction of standardised cadet programmes to ensure the academic input was of a level required in preparation for HE. Quoting a conference delegate, Connell, saying “there should be a national framework for nurse cadet schemes because they are all completely different” claiming the schemes “have all been set up in isolation” (Akid 2002:5). This comes at a time when there are calls for nursing to become an all-graduate profession (RCN 2004) and if widening participation is to remain, access to degree programmes with vocational qualifications will have to be considered. Currently access to nursing from a vocational route is to diploma programmes only and the proposed changes will undoubtedly affect cadet schemes, including Valley College.

Culley and Genders (2003) and Norman (2003) both advocate standardised cadet programmes to ensure equality of access and clearer pathways to professional preparation programmes for both nursing and allied health professionals. Culley and
Genders further propose the “development of national benchmarks” to standardise both “the structure and funding of schemes” (2003:607). However, Watson et al. (2005) recognised the differentials in the schemes both in terms of entry requirements, employment and management but did not suggest standardisation as a solution.

The Government have actively promoted the reintroduction of cadet schemes, both nursing and multi-disciplinary, and carried out an evaluation of them but no changes to the schemes towards standardisation have been forthcoming. The Government evaluation of the schemes as part of a wider evaluation of nurse education partnerships was published in 2004 and concluded that:

Cadet scheme development has had a patchy uptake around the country. In some localities, these programmes were stopped in favour of HCA sponsorship programmes.

Scholes et al. 2004: 89

There should be a clear definition of what constitutes a cadet scheme to ensure consistent understanding and use of the scheme.

Scholes et al. 2004:109

It is unclear as to why standardisation has not occurred as it is clear the Government felt there was a need for ‘clear definition’ of the cadet schemes and it is argued that while the they promoted the reintroduce of the schemes, they have taken no further role in setting standards or curriculum content of the programmes.
Standardisation would eliminate the variances around the UK, unify the schemes in terms of entry criteria and funding, and provide clearer progression to HE for cadets. It would also ensure that ward staff are aware of the role of the cadet, whether nursing or allied health professionals. Standardisation would also enable parity of esteem between those programmes managed by HNS Trusts who employ cadets, and programmes managed by FE Colleges in partnership with NHS Trusts and HEIs where no extra funding is available. The implications for the cadets at Valley College would be accessibility to funds to help with costs of travelling to placements and purchasing uniforms.

The work by these authors (Edwards et al. 2000; Genders & Lockley 2001; Draper & Watson 2002; Culley & Genders 2003; Draper et al. 2004) is critical in the field as there remains limited documentation regarding cadet schemes. This could be due to the proposed changes to nurse education, although there is evidence to suggest that schemes are still being developed in the UK. Alternatively it may be that HEIs are no longer participating in the schemes as they prepare for graduate entry and are considering the validity of the schemes and revised entry criteria.

Cadet schemes are an optional route into nursing and it is up to the individual NHS Trusts and local FECs to make the decision to offer cadet programmes, reflecting the variations of programmes which exist. However, the NHS Trusts must be supported by the NHS Workforce Development Confederations (WDC), who are responsible for commissioning all health care education (Culley & Genders 2003), and it is ultimately their decision whether to support such schemes. It may be, perhaps in part, due to the funding implications of employing cadets as health care assistants and supporting them through NVQ or vocational programmes of study which precludes
the support, as in the Valley College scheme. This has to be a short sighted view as a number of cadets may ultimately become employed long term within the NHS and will therefore repay that initial investment although there is no evidence to support this view. It appears the WDC will benefit either way as they will still be employing staff to work in clinical areas utilised by the cadets, and as Duffin (2005) observed, ‘growing your own’ does pay dividends in the long term.

Tension remains between the academic and vocational preparation of nurses which Kenny (2004) attributes to the fragmentation of the curriculum and the multiplicity of education providers. He suggests this could be overcome if there was greater partnership between education and the employers (NHS) to “produce more competent nurses” (Kenny 2004:99). The partnership at cadet level provides the recognition of vocational qualifications and skills acquisition in preparation for the HE pre-registration nursing programmes.

Connell (2002) observed that many nurses began their career as cadet nurses, and joined a hospital as a ‘working pair of hands’ (the apprentice) and attended college on day release (Hulme 1989). While attendance at college provided an academic education, there were also classes in needlework, handicraft and cooking, a legacy perhaps of earlier generations of nurses being ‘gentle women and home makers’. Cadet schemes are developed through local partnerships with NHS Trusts, HE Institutions and FE colleges in an attempt to meet local needs (Genders 2003). The foundations for the schemes are vocational programmes based on skills competencies which enable potential students to ‘step-on’ to a pre-registration programme at a predetermined entry point.
The available literature on cadet programmes presented in this section has provided a valuable insight into the different schemes while recognising the lack of empirical evidence and the need for further research and data gathering. The work by Draper et al. (2004) not only acknowledged the lack of published research but identified clear strengths and weaknesses of the schemes which have been helpful in analysing my own findings. Similarly, the Culley and Genders (2003) paper reflected many of the issues observed within my area of practice, for example widening participation and access to nurse education, the introduction of stepping-on and stepping-off points and the cadet experience which provided a 'springboard' from which to design my own study.

Culley and Genders acknowledged “there is little published literature on cadet schemes” (2003:608) and so provided evidence that more research needed to be undertaken to determine the value of the schemes for cadets, HEIs and employers. It would appear they, and Draper et al. (2004), by recognising the limitations of published work, were suggesting a need for more research to be undertaken and data on cadets schemes and pre-registration programmes be gathered. Therefore, direct investigation was undertaken on the programmes I have responsibility for, which subsequently became the focus of this research project.

Evidence has been drawn together on which to base my own research, and the published work by Edwards et al. (2000), Genders and Lockley (2001), Draper and Watson (2002), Draper et al. (2004) and Culley and Genders (2003) has supported the main areas of the project, namely the experiences of the cadets, the value of vocational qualifications and the acquisition of practical skills in preparation for HEI. With no clear published research available relating to the student experience it is
hoped this thesis will contribute not only to the debate surrounding cadet schemes and widening participation, the importance of vocational qualifications in preparation for HE, but also the student experience of the cadet programme with respect to skills acquisition.

It is evident that the programmes are widespread and increasing in number and while there is published work to support the programmes and the ability of cadets to progress to HE, there remains contradictory evidence as to whether or not the schemes are effective.

2.3.1 Valley College Scheme

This section outlines the Valley College programme in order to clearly place it in context with the research project and other schemes within the UK. It is important to acknowledge that, within the available literature, there appears no scheme similar to Valley College and the utilisation of the BTec qualifications as a foundation for the cadet scheme.

The Valley College partnership with their local HEI and NHS Trust designed the cadet scheme, with subsequent stepping-on, utilising the BTec National Diploma in Health Studies (NDHS) as the underpinning qualification. Equivalent to three ‘A’ levels, this vocational route is recognised as an entry into HEIs and is not exclusive to nursing programmes. The NDHS course is a two year, full time programme which can include up to 500 hours vocational experience in appropriate health and social care settings. (NB: the programme has changed since this study commenced in 2006 and the work experience hours have been reduced to a minimum of 300 over two years.)
The students sampled in this work have all chosen to pursue a career in nursing. An integral component of the BTEc programme is the work experience provided throughout the two year programme. During the first year students spend time in different settings to include children, the elderly and people with disabilities to enable a broad range of experiences and opportunities. During the second year of the programme a more career-specific theme is adopted. Students not pursuing a career in nursing are afforded the opportunity to spend time in social care and teaching setting. These include homeless shelters, drug and alcohol centres, children's homes, residential homes, day care centres and schools where valuable experience is gained, and skills essential to the specific workplace are acquired.

The students who do express an interest in nursing are able to undertake their second year placements at the local NHS Trust with the opportunity to experience different clinical areas. These include operating theatres, recovery units, intensive care, accident and emergency, pathology laboratories and general ward areas. Students are supernumerary and under supervision at all times and are nominally known as cadets in order to identify their role within the clinical area. Cadets are allocated to a designated ward for one week followed by one day per week for the remainder of the term; staying in one area before moving to another for a different clinical experience in the following term. Whilst in the clinical areas they are supported by a member of the ward staff, known as a mentor.

Through the partnership with the HEI, cadets are guaranteed an interview for a place on the nursing diploma programme. If accepted, they are further able to pursue APEL and step-on to join an existing cohort of student nurses for the third module of the first year of the nursing diploma programme. This identification is a reflection of
the partnership with the HEI providing acknowledgement of the cadet scheme and the skills and competencies achieved in order to step-on. The cadets gain clinical skills competencies, and follow many of the same competencies as first year student nurses. The achievement of the skills competencies, combined with successful completion of their BTEc programme enables the students to apply to step-on through an Accreditation of Prior Experiential Learning, or AP[E]L process.

Culley and Genders noted there was a “range of vocational qualifications available to scheme developers” (2003:610) and Access courses or National Diploma programmes offered at FECs in partnership with their local HEIs and NHS Trusts provide this alternative choice. The developers at Valley College chose to employ the BTEc programme to ensure that broader opportunities for work experience, skills acquisition and career choices, remained available.

The programme planners for the scheme at Valley College opted for the cadets to remain under the direction of the FEC, with guaranteed access to clinical placements within the local NHS Trust hospital and interview at the partner HEI. Furthermore, upon completion of the BTEc programme, and achievement of prescribed clinical skills and competencies, cadets would be able to apply for APEL; if successful they would be able to ‘step-on’ to a nursing diploma programme and join the first year, or Common Foundation Programme (CFP), of the three year course.

2.4 Skills Acquisition

One aspect of this project considers the cadets’ acquisition of skills which is a critical issue which lies at the heart of the cadet experience. By researching the importance
placed on the skills, a greater understanding of the students' perception of their confidence and competence in the workplace becomes apparent.

An argument persists as to whether nursing is an art, as perceived by Florence Nightingale, or a science, and there is a suggestion it is a 'coalition' between the two thus forming its own identity and profession (Rafferty 1996). With scientific advancement, nurses have had to review their role and educational requirements required to enable them to function in a more technological environment (Brown & Gobbi 2006). In specialist clinical areas, such as intensive care or dialysis units, they have to combine technical skills alongside a caring role (Holland 1999). Jackson and Borbasi believe it is a combination of "knowledge, skills and expertise" (2002:67) developed over a period of time which leads to the ability to become a professional carer. Indeed, a Government evaluation of nurse educational partnerships stated "...whilst the students [student nurses] were in practice, the art of nursing was explicitly role modelled, and the science of nursing was taught" (Scholes et al. 2004:19) suggesting very clearly that there remains a blend of both art and science.

The *Fitness for Practice* document published in 1999 highlighted the importance of linking skills and knowledge to enable nurses to become competent practitioners (UKCC 1999.) The use of Clinical Skills Laboratories as a teaching tool has been in use for many years and is welcomed by student nurses as it enables them to practice and perfect skills outside of the clinical environment. They have also provided the opportunity for student nurses to practice essential skills in a safe and supported environment (Hilton 1996; Godson & Wilson 2007).

Over the past 10 years, the use of OSCE or Observed Structured Clinical Examination, as a means of examining practical skills has become a way of assessing
clinical skills competencies at different stages of pre-registration programmes. They are used for “formative and summative assessment, as a learning resource, and to identify gaps and weaknesses in clinical skills” (Khattab & Rawlings 2008).

Within nursing practice, it is ‘the essence of caring’ which “distinguishes nursing and sets it apart from other health related activities” (Jackson & Borbasi 2002:59), but that quality is equally hard to define. Caring is at the heart of nursing and care is provided through the skills gained during pre-and post registration. Hudacek succinctly defines caring as:

“.....the core of nursing. It is the unifying focus of nursing practice; the reason nurses garner the public's trust and support; and an instinctual, natural part of the work. To enter a caring partnership, one has to be attentive, concerned, and knowledgeable.”

Hudacek 2008:124

Hudacek acknowledges both the need for knowledge and skills but also recognises “nursing goes far beyond technical skills” and includes “compassion, spirituality, community outreach, providing comfort, crisis intervention, and going the extra distance” (2008:124). Kirby and Slevin liken caring to the wind saying “Care like the wind is invisible. What one sees is its action. What one feels is its presence” (1992:66). An essential skill, beyond the technical, is communication. Learning how to talk to, and listen to patients is essential to be able to provide the compassion and comfort alluded to by Hudacek (2008), and it is these caring elements which are not measurable, or visible. However, clinical skills competencies are measurable, and this is achieved through the work experience as cadets, and reinforced or increased at HEI through placements and in the clinical skills laboratories discussed earlier.
It is important that the acquisition of skills is recognised as essential to the clinical environment and a valuable asset for any aspiring student nurse. Draper and Watson identified that the “possession of skills meant they [cadets] themselves felt useful and part of the clinical team” (2002:465) which reflects the notion of ‘beyond technical skills’. Equally, they recognized that many cadets acknowledged that the acquisition of practical skills gave them more confidence as student nurses, and were subsequently treated like third year students during their first placements on the wards as they possessed so many basic skills (Draper & Watson 2002). The data gathered for this research reflects the evidence presented by Draper and Watson (2002) and similarities between both groups of cadets are evident. Evidence will be presented in a later chapter on data analysis where the concept of the acquisition of basic clinical skills, confidence and competencies the Valley College cadets gained, and the value of the work placement experiences will be analysed.

There is no doubt that when the cadets enter the ward placement for the first time, they are novices in the field. Through the acquisition of the skills and knowledge required for the clinical setting, cadets learn how to perform basic day to day tasks and are able to make valuable contributions to the care provided. Pat Benner (1984) succinctly presented a model of skills acquisition for nurses, adapted from the model by Dreyfus and Dreyfus (1980). The model is a series of six stages from novice, (stage one) advanced beginner (stage two) through to the expert (stage six) (see Appendix Seven for a fuller description of the stages). The model is helpful in identifying the acknowledgement of skills acquisition and an understanding that it not only applies to cadets at the beginning of their nursing career, but also to those
experts who continue to learn new skills and knowledge as technology continues to advance and impact on the nursing profession.

The novice is one who has “no experience of the situations in which they are expected to perform” (Benner 1984:20) which reflects the position of the cadet in their first ward placement. The experience and skills the cadets acquire throughout the clinical placements places them at stage two of Benner’s model as an advanced beginner, described as “one who has had sufficient prior experience of a situation to deliver marginally acceptable performance” (Benner 1984:22). The cadets gain experience and a level of competency, in a variety of situations, and are able to perform basic tasks in the workplace such as personal care, bed making and recording clinical observations which are performed with competence and confidence (Draper & Watson 2002). Evidence from the data supporting view this will be presented in chapter five.

The expert is the practitioner who has “an enormous background of experience... [with]...an intuitive grasp of each situation” (Benner 1984:32) and it is these professionals the cadets learn from. The expert operates at an instinctive level of skill and ability, achieved not only by experience but through education which is not only the pre-registration programmes but also through continuing education and training.

While the level of education provided within the FE setting for the vocational qualification differs from that of the HEI, and the experience gained is not the same as the student nurse, it should not be dismissed. Knowledge is quantifiable through educational programmes, and expertise is not, but the observation and experience gained at all levels provides the foundation for nurse’s tacit knowledge.
This section has demonstrated the importance and value attributed to the acquisition of clinical skills. Chapters five and six will analyse the data which reveals the value held by the cadets of the experience and skills acquisition not only during their FE course, but also in preparation for their HE programme. Hudacek concluded “you cannot teach caring” (2008:129) but the acquisition of the skills which enables caring to take place can be taught, observed and shared. As Draper and Watson observed “the clinical skills learned as cadets were highly valued by the cadets and clinical staff and……provided cadets with immediate currency in clinical areas” (2002:456). This demonstrates recognition of the cadets’ abilities and reflects similarities to the model of Pat Benner and the stages of skills acquisition. However, it is pertinent to acknowledge that Eraut criticizes the model for its lack of “references to theoretical learning,” (1994:125) however it is the focus on skills acquisition which has been useful in illustrating the abilities of cadets.

Evidence has been presented to establish that cadets have not only the competencies to carry out basic clinical skills, but also the confidence to be able to communicate with patients and staff. The acquisition of these skills and competencies is the essence of the Valley College programme which enables cadets to reach this state of proficiency and subsequently apply to step-on to the nursing diploma programme at HE.

2.5 Stepping-on

The MAD and FFP documents clearly recommended that more flexible access routes be made available, to encourage those students and to enable ‘stepping-on’ to nursing programmes through vocational routes upon achievement of prescribed competencies mapped to the first year of the nursing programme, or CFP (Genders & Lockley
2001). In 2004 the Government recognised that “...appropriate vocational qualifications could enable people to 'step on' to a nurse education programme at a more advanced point that would allow them to 'fast-track' nurse training” and “encourage the career progress of cadets and health care assistants within the Service” (Scholes et al. 2004: 31). Similarly, stepping off points with a recognised qualification were expected to be widely available by 2002 (Draper & Watson 2002; Culley an& Genders 2003) but this was not fully achieved, likewise stepping-on was a limited facility made possible only by individual HEIs (Scholes et al. 2004).

In 1999 the UKCC proposed that the CFP could be delivered within FE colleges (Kenny 2004), but that suggestion had not reach fruition by 2009. However, the call to widen entry into HE did establish closer working between HEIs, FECs and NHS Trusts, to encourage students from non-traditional academic backgrounds to join nursing diploma programmes (Draper & Watson 2002).

The MAD document not only addressed widening access but also proposed a new model of nurse education to meet the recruitment needs of the NHS, and improve retention (UKCC 1999; Kenny 2004). The proposal was to integrate the knowledge and skills of the student nurses and to increase the practical clinical skills acquired during the three year programme (UKCC 1999). An important element of the ‘new model’ was to establish:
"career pathways for cadets and healthcare assistants to progress ultimately to nurse, midwife or health visitor consultant. Many nurses will still train through the traditional three year diploma route, but it is important to widen the options to open entry to everyone".

MAD 1999:26

The NHS confederation acknowledged that "when newly-qualified nurses arrive in our trusts, they are not ready to practice" (UKCC 2001a:40), suggesting that the importance of the practical or vocational skills of nursing had been forgotten in the move from training to education. However, this situation was not new as Kenny observed, referring to the Wood review of 1946 and the Briggs review of 1970, "Previous education systems ... had failed to attract and retain recruits to nursing and to provide them with the necessary skills that were required of them" (2004:94).

While the MAD document clearly identified the need for a more balanced curriculum for student nurses, it also prepared a route for wider access to pre-registration programmes.

The re-introduction of cadet schemes and the experience available to the Valley College cadets enables the vocational skills to be gained in preparation for the nursing programme. Valley College established a ‘stepping-on’ facility with their local HEI through a cadet scheme, and this provides the focus for the research project which considered choices and decisions in relation to 'stepping on' to a nurse education diploma programme.

All the students on the BTEC programme have the opportunity to become a cadet during their second year of work experience. As a result of completing prescribed skills competencies, and achieving the national diploma, the students may then
choose to apply to 'step-on' to the nursing programme, facilitated through the APEL procedure of the university. It must be stressed that all students are afforded the same opportunity but the final decision to apply is theirs. There are a number of reasons as to why students choose to 'step-on' or not, which is a central theme of this research project and findings will be presented in a later chapter. It is pertinent to note that, with the exception of the government evaluation, the literature reviewed in this chapter does not refer to stepping-on but merely access to nurse education programmes. Therefore the work undertaken in this project becomes vital in its contribution to the debate surrounding access and stepping-on to pre-registration nursing programmes.

The research question sought to determine how the students made their choices and decisions of whether to step-on and undertake a shortened programme, or complete the full three year course of study. It also raised the question of the value of the work experience gained through the cadet programme and how this impacted on their choice and transition into HE.

A review of pre-registration nursing education undertaken by the NMC in 2008 identified that a number of HEIs were currently managing stepping-on successfully thus providing access to nursing for those from non-traditional routes (NMC 2008). Stepping-off was also highlighted as ‘important’ but perhaps the reason for lack of availability is due to the credit to be awarded to those who do step-off. The consultation concluded that an “award of a qualification which credits or denotes nursing skills was not felt appropriate” (NMC 2008:8) and proposed a “system of academic credits or development of a portfolio was regarded as more appropriate” (NMC 2008:9).
2.6 Summary

There is little doubt that Elizabeth Fry and Florence Nightingale contributed significantly to the development of nursing and the establishment of formal programmes to prepare nurses to work in the profession. For more than a century, the nursing profession has been embedded in the legacy of Miss Nightingale and her contribution cannot be ignored. Many of the values on which she based her nursing programmes are reflected today including experience and knowledge (Nightingale 1859).

Professional nurses hold a unique role in society by providing individualised care to their patients. This central purpose has not changed since the early eighteenth century; it is society, knowledge and technology, including nursing knowledge, which has advanced (Castledine 2007). The government, as sole financial investor in the preparation of nurses, has a responsibility to the public to ensure nurses are 'fit for practice' and curricula are designed to prepare nurses for their complex roles.

The reintroduction of the cadet nurse, led by the government and managed by the HEIs, FECs and NHS Trusts has enabled many an aspiring nurse to choose this route into the profession. Cadet schemes provide potential nurses with the opportunity to develop practical skills whilst acquiring the academic knowledge required in order to meet the entry requirements of pre-registration programmes.

The literature available suggests that cadet schemes contribute not only to the recruitment and retention of nurses but also the preparation of student nurses as they progress to the HEI programmes. Evidence has been presented which supports the notion that cadet schemes provide a positive contribution to the profession by
enabling young people to experience the role of the nurse at first hand, learning from professionals, and identify whether they have made the right career choice. Conversely, there is a lack of evidence regarding retention and attrition rates amongst student nurses but the RCN conference in 2009 confirmed that approximately one in four students claimed they had considered leaving their course. Many claimed it was due to financial difficulties, while 39% had said it was the clinical experiences and lack of support in the workplace (RCN 2009). A review of student attrition is being undertaken by the RCN during 2009.

Skills competencies are essential to the role of the nurse and an element of ‘training’ in the practical skills required should be seen as complementing the preparation of nurses, not opposing it. Kenny recognised the need for an appropriate model of nurse education “that ensured the evolution of the profession ensuring that the best qualities from the apprenticeship and educational models were integrated” (2004:5). The skills and level of competency acquired by the cadets provides a valuable ‘spring-board’ into nurse education and the profession, but the knowledge base required by today’s nurses cannot be overlooked.

Provision for enabling stepping-on or fast-track into pre-registration programmes has been discussed. There are concerns that although the vocational experience and practical skills gained through the cadet programme are highly valued, the level of academic ability of cadets as they progress into HE has been lacking. Indeed, Draper and Watson recommended that “cadet schemes should be regarded as preparation for, rather than a fast track or step-on route into nurse education” (2002:456).
The FE students at Valley College have been the focus of this study and the following chapter discusses the methodology employed for this work and how the research question was approached.
3. METHODOLOGY and RESEARCH METHODS

3.1 Introduction

This chapter discusses the merits of qualitative approaches to research and introduces the sample chosen for the case study; it also outlines the rationale for the chosen methodology and method of enquiry. Discussion will focus on phenomenology, and include the utilisation of biographical research, case study and interviews as employed in this research in order to gather data on the research question *How do FE students go about making choices in relation to 'stepping on' to a nurse education diploma programme in HE and what influences their decisions?* Sampling methods and methods of analysis are considered and attention is given to ethical issues.

3.2 Research Approaches

Research is a systematic process of discovery and enquiry in order to add to an existing source of knowledge. Cohen and Manion define research as “a means to discover the truth through a combination of both experience and reasoning” (1994:4-5). Research strategies include quantitative and qualitative approaches and the essential difference is described succinctly by Bryman who states “quantitative researchers employ measurement and qualitative do not” (2004:19). Crotty (1998) refers to ‘the great divide’ between qualitative and quantitative research. He suggests qualitative research is empirical and positive, while quantitative refers to quantifying through measurement such as ‘counting’. Crotty (1998) also claims that research can be both qualitative and quantitative in nature.

In order to generate theory, qualitative research is seen as the most commonly chosen strategy of choice, but if researchers wish to prove an existing theory, quantitative
research is usually employed (Bryman 2004). For this project it was appropriate to use a qualitative approach. The experience of the students making choices and decisions is the focus, and the number of cohorts and students would be insufficient for a reliable sample of quantitative data.

Strauss and Corbin define research methodology as “a way of thinking about studying social reality” (1998:3) while Bell (1993) believes there is no single definitive research methodology. There are, however, a number of different ways or methods, in which research may be carried out, but the ultimate choice of method is essentially led by the character of research to be undertaken (Anderson 1990; Bell 1993; Cohen & Manion 1994; Jarvis 1999). This research project employed a case study approach and is discussed fully later in this chapter.

The foundations for all research lie with appropriate research processes and are based on four elements: epistemology, theoretical perspectives, methodology and methods (Crotty 1998:2). Epistemology is an area of philosophy concerned with the theory of knowledge and is seen as the foundation on which research is built; identifying an appropriate epistemological stance can ‘make or break’ research (Denzin & Lincoln 1998). The epistemological base provides a framework of underpinning theory with which to mould information and determine what is done with the data gathered (Crotty 1998). Epistemology gives rise to a number of theoretical perspectives including Objectivism, Constructionism and Subjectivism (Crotty 1998).

Objectivism is defined by Crotty as “meaning, and therefore meaningful reality, exists as such apart from the operation of any consciousness” (1998:8). In other words, objects exist and merely await ‘meaningful discovery’ by individuals who then study and reach an ‘objective truth’ (Crotty 1998). Constructionism opposes this
notion suggesting that meaning is constructed through interpretation by engagement of the world around us. The work of Merleau-Ponty and Heidegger claim that 'the world is already there' but there is no meaning without interpretation of the phenomena of that world (Crotty 1998). Conversely, Subjectivism is when meaning is created by an individual’s perception of the world which may arise from imagination, dreams, or ideas imposed on the object (Crotty 1998:9).

Crotty believes that constructionism brings together objectivity and subjectivity to provide an intentional construction of meaning through a conscious engagement with the phenomena in the world around us. He further suggests that researchers look for meaning which is ‘constructed’ by human beings throughout their experience of the world. It is through interpretation of the data from the students that I will endeavour to construct meaning to understand what influences their choices and decision-making.

The epistemological position for this research is constructionism, and an interpretive phenomenological approach is employed. To enable interpretation of the student’s experience, it was appropriate for this project to utilise the interview to gain an insight into the experiences of the students, which will be discussed later in this chapter.

### 3.3 Phenomenology

Phenomenology is seen as both a theoretical perspective and a research methodology which encourages the researcher to set aside all previous assumptions of the world and look at the reality of what we see (Crotty 1998). Phenomenology is acknowledged as a philosophical discipline, founded by Husserl in the early 1900s,
and is a common approach used in social research. It is also becoming a popular tool for qualitative research in nursing (McAllister et al. 1997).

The essence of phenomenology is that the researcher aims to see the world from a new perspective, not that which has become habit, and so ‘discover new meanings through interpretation’ (Crotty 1998:82). Defined by Sokolowski as “the study of human experience” (2000:2) and by Wagner as “a way of viewing ourselves, others and all else that comes into contact with our lives” (1983:8) it is easy to become bewildered by different definitions. In essence, phenomenology asks the researcher to “collect and analyse data in an unprejudiced manner” (Crotty 1998:83) and so reach new meanings of experiences by looking “beyond the details of everyday life to the essences underlying them” (Cohen et al. 2000:24).

Bryman states that phenomenology “…is concerned with the question of how individuals make sense of the world around them….” (2004:13). The fundamental nature of phenomenology is for the researcher to place themselves in the position of the respondent and so observe everyday experiences from their point of view (Crotty 1989). Similarly, Wagner observes that “phenomenologists are concerned with what is experienced inside consciousness” and it is in that way that the researcher is able to understand and interpret the experiences (1983:9).

The strength of phenomenology lies with the ability to provide the opportunity to identify, through interpretation or construction, new ways of looking at and understanding what is around us on a daily basis so becoming part of an accepted view. There is danger of the researcher being too close to the research and Wagner identifies this as a limitation of phenomenology. He talks of a ‘trap’, where the researcher becomes too subjectively involved in the data consequently rendering the
research unreliable and invalid as it cannot be replicated, thus questioning the value of phenomenological research (Wagner 1983:40). Wagner suggests that the researchers and respondents “act together” through conversation, and researchers then interpret meaning, but if researchers are able to distance themselves from the situation the trap can be averted (Wagner 1983: 24). This is countered by Husserl (1931, cited in Crotty 1998) who claims that phenomenology allows the researcher to “set aside previous thoughts and see what stands before our eyes” (Crotty 1998: 80).

De Raeve posits that the limitation of phenomenology lies with the lack of “point of reference beyond description” thus creating a “theoretical vacuum from which no theory can be generated” (1996:144). In my research, the strength of phenomenology is being able to engage in an interpretive approach in order to interpret the experience of the cadets and to make meaning of, or understand, their situation, or case.

Sokolowski (2000:22) presents a concept of “three structural forms” which he believes are constant in analysing phenomenological research. He talks of “parts and wholes....identity in a manifold.....[and] presence and absence”. He explains the parts as being independent and “detached from their wholes” (2000:23) but still retaining an individual identity of their own. He uses the analogy of an oak tree (the whole) with leaves and acorns as constituent parts (Sokolowski 2000).

Identity in manifold relates to different interpretations of the same object, experience or fact. Sokolowski states that “identical fact[s] can be expressed in a manifold of different ways” (2000:28). The correlation between this structural form and my research lies with the interpretation of the student experiences. The students may all interpret their experiences differently although they will have all undergone the same
experience within the programme. As both their tutor and as a researcher, it was essential not to let my own perceptions impact on the interpretation of the data.

Sokolowski also believes that “experience involves a blend of presence and absence” (2000:18) which he explains in philosophical terms of listening to a sentence. While we listen to what is being said at that moment in time, sometimes we ignore, or do not hear other parts of the sentence. It is therefore vital when using interviews as a research method, as this project did, to record all that is said by the respondent to enable accurate interpretation and analysis of the data.

This research project evaluates the experiences of 21 students, from four cohorts of FE students who have studied for a BTEC National Diploma in Health Studies (NDHS), with a view to progress to study a nursing diploma programme at university. An element of the NDHS is the cadet scheme preparing young people for a career in nursing. Although not the only programme of its kind in the UK little is known of the experiences of the cadets as they make decisions whether to step-on to a nursing diploma or undertaking a full three year programme. Working with the cadets on a daily basis as their tutor, it is easy to become habitual in one’s thought processes and make assumptions that all students who express an interest in nursing and the ‘stepping-on’ opportunity will automatically do so.

Being so familiar with the subject area can make the research potentially difficult (Wagner 1983) and so awareness of the limitations of phenomenology must be acknowledged. The danger of ‘the trap’ of familiarity and my own views as the researcher must be set aside in order that an interpretive, inductive study can be achieved. One strategy employed to overcome this has been through the use of open-ended questions in a semi-structured interview schedule, trying not to lead the
respondents during the interview. Another has been to ensure the respondents understood that I was interested in their own lived experiences of choices, decision making and influences, both positive and negative. Furthermore, following interpretation and analysis, a critical reader was employed to determine if they reach similar conclusions to myself.

This research project explores the lived experiences of cadet nurses as they engage on an educational journey from compulsory education to further education and through the processes of decision-making which will affect their journey into HE. Phenomenology provides an appropriate perspective for this research as it focuses specifically on the world around the cadets and their experience of that world. Within this study, a qualitative approach was employed and whilst there are a considerable number of options available to undertake the research, a case study method was utilized.

3.4 Case Study

Phenomenology seeks to understand a phenomenon and find or construct meaning through social research (Crotty 1998; Denzin and Lincoln 2000; Robson 1993). Therefore use of case study as a research method in qualitative research can be viewed as a phenomenological study embedded in the real world (Denzin & Lincoln 1998; Gillham 2000; Yin 1994).

Case study as a research method should not be confused with case study as a teaching tool. This misunderstanding frequently occurs in psychology and medicine, where a case is presented to discuss a rare or specific condition (Yin 2003). Jarvis believes that “case studies are both about the process of learning about and
researching the specific phenomenon or phenomena under investigation and about the product of that learning and research” (1999:77). The strength of the case study lies with the capacity for the researcher to investigate phenomena or experience within real-life contexts (Yin 2003; Robson 1993). More importantly, it enables the voice of the participants to be presented and analysed (Tellis 1997).

Similarly, Stake believes that “case study is the study of the particularity and complexity of a single case” (1994:xi). Case studies thus provide the opportunity for practitioner-researchers to research their own field of practice and enable practitioners to contribute knowledge to their own occupational or vocational area. Jarvis suggests that research:

“might be incorporated into the bodies of knowledge of certain professions and because they are also built into the theory of the professions by way of inclusion in the curricula of professional preparation, their limitations as well as their strengths need to be acknowledged”

Jarvis 1999:136

As Jarvis further observes, “research case studies are conducted primarily by practitioners in relation to their own practice” (Jarvis 1999:77). This view supports the notion of professionals undertaking research within the context of their specialist working environment, and this project has arisen from my own professional environment.

However, within practice-based research, the identity or biography of the researcher will inevitably have an impact on the research study and may influence the subsequent findings. There is a fine balance between the researcher influencing the
study, and using their own past experiences to enhance the study. For this research project it was my own biography and professional practice which influenced the research design. It was essential to acknowledge and isolate my own experiences to protect the project from researcher bias during collection and analysis of the data. It was also important to avoid potential role conflict with the current students.

Hodkinson and Hodkinson (2001) suggest that case study is a viable means of conducting small scale research within education while Yin claims that case studies are a popular choice for “thesis or dissertation research” (2003: xiii). There is little doubt that case studies enable researchers to gather rich data by probing deeply into the characteristics of a group or an individual through in-depth study of a situation (Polit and Hungler 1989; Robson 1993; Cohen and Manion 1994; Jarvis 1999; Bryman 2004). Robson succinctly defines case study as “a strategy for doing research which involves empirical investigation into a particular contemporary phenomenon within its real life context using multiple sources of evidence” (1993:5).

Yin believes that the use of case study as a research tool is sometimes seen as a “weak sibling” (2003: xiii) and Robson suggests it is a “soft option” (1993: 57) to other more rigorous and scientific research methods. Nevertheless he has defended this approach extensively, and the use of case study as a research strategy has steadily increased over the last thirty years (Feagin et al. 1991; Robson 1993; Stake 1995; Yin 2003; Lawrence & Bennett 2005).

Tellis acknowledges that “it is a frequent criticism of case study research that the results are not widely applicable in real life” (1997:1). Bryman (2004) questions whether a case study can be reliable and valid, and how findings can be generalised. He concludes that they cannot, but that different types of cases hold their own merit.
by providing answers to the questions being asked (Bryman 2004). Conversely, Wolcott suggests that there is ‘no suitable place’ for a case study in the grand scheme of qualitative research strategies, but proposed it “seemed to fit everywhere” (2001:91).

There is little doubt that there remain differences in opinion as to the use of case study and the reliability of the method as a research tool. However, there is a strong argument in favour of case study as a useful method to carry out small scale research. Indeed, Yin presents a comprehensive rationale for the use of case studies as a means of research, but recognises that it “remains one of the most challenging of all social science endeavours” (2003:1). He identifies a number of different case study designs including explanatory, descriptive, exploratory, critical, revelatory, embedded, extreme (or unique), representative (or typical) which may be single or multiple studies (Yin 2003).

Jarvis (1999) also acknowledges organisational case studies, which are primarily found in the business environment. They are employed to research issues within organisations such as managing communications (Robson & Tourish 2005), “improving business performance” (Irani et al. 1997:206) or for wider “management purposes” (Jarvis 1999:78). Jarvis succinctly cites an example of an organisational case study where the case “reveals the dynamics of the organisations and the intricate problems to be overcome in (such) partnership arrangements” (1999:80).

This research project is situated within Valley College, an FEI involved in a working partnership with their local HEI and NHS Trust. However, it is not the partnership or Valley College which is the focus of the research but the choices and decision-making processes of student participants within the partnership arrangement.
Yin (2003) explains that a case study comprises units and sub-units, all of which are used for analysis to complete the whole picture, reflecting similarities to the notion of structural forms presented by Sokolowski (2000), as discussed earlier. While the units are analysed separately, they join to form the entire or whole case study providing a holistic view of the case, but this should not be confused with a holistic case study. In this research, the students' experience is the whole picture with the college studies and work placements being components of that whole.

Careful consideration of differing case study design, relative to the case described, has determined that the single, unique case study was the most appropriate design to be employed, combined with elements of the typical case as defined by Yin (2003). He states that “single-case design is eminently justifiable under certain conditions [including] a rare or unique circumstance” (Yin 2003:45). However, he does caution that they are “vulnerable [as] you will have put all your eggs in one basket” (Yin 2003:53).

The typical case is seen by Yin as “the circumstances and conditions of an everyday or commonplace situation” (2003:41) which can be identified in my study as vocational education in an FE college. The unique case is defined as something “rare, worth documenting and analysing” (Yin 2003:41) which is reflected in the cadet programme and stepping-on. The partnership and opportunities afforded the FE students at Valley College are unique, and therefore the experiences of those opportunities are worthy of investigation and documentation. As each student’s experience will differ, the use of case study provides the framework to understand the individual experiences which are representative of the case, but does not set out to “represent the world” (Stake 1994:245).
The case in this research centres on 21 FE students who have been cadets and have chosen to step-on or not to a nursing diploma programme. As I am focussing on the student experiences of the programme it makes the case typical, as explained above. However, it is the cadet component of the FE programme, made possible through the partnership with the FEC, NHS trust and the HEI, which makes it unique although there is one other cadet scheme in the UK employing the BTEC NDHS programme but do not have the stepping-on facility. It must be stressed that this typical case study focuses on the experiences of the students, not the scheme and is therefore not a study of an organisation.

Clearly there are questions about the extent to which this kind of qualitative research is generalizable and Mason believes that “generalization is not easy to achieve in qualitative research” (2002:199). She suggests that generalization can be made if the group being studied are representative of a wider population. Yin (2003) believes that generalizability can be achieved if the case study is used to make broader generalization. This research design has been influenced by Robson who suggests that an alternative name for generalizability is “external validity” (1993:72). In order to generalise to other settings or situations there have to be similarities in those setting. Arguably the Valley College students are representative of a wider FE population as there are many other FE colleges offering the BTEC programme. However, I will leave it to others to judge whether this case is generalizable to their particular area.

The reliability of the case study is its ability to be applied in practice and as each situation differs so the findings and outcomes will differ (Jarvis 1999). Case studies require intensive analysis and so provide an in depth qualitative, reliable and valid
research study (Anderson 1990; Robson 1993; Cohen & Manion 1994; Tellis 1997; Yin 2003; Lawrence & Bennett 2005). The choice of case study as a research methodology was selected to enable in-depth data to be collected, through the use of semi-structured interviews, in order to answer the research question. The design of a single, unique case study was therefore employed.

3.5 Biographical Research

Denzin defines biographical research as “the studied use and collection of life documents” (1989:7) while Bryman suggests that biography or life history research includes “personal documents such as diaries, photographs, [and] letters” (2008:440). These definitions lead me to believe that my project is not biographical as the primary sources of data specified by Denzin (1989) and Bryman (2008) were not the subject of my enquiry. However, elements of biography arose during the interviews in a project which was not intended to employ biographical research methods, and which cannot be ignored.

Tierney suggests that “life history is related to biography” (2000:537) which also includes testimonio as a form of biography. He further suggests that “testimonio is developed by the one who testifies in the hope that his or her life story will move the reader to action in concert with the group with which the testifier identifies” (Tierney 2000:540). Testimonio is frequently a story from one or two individuals which is analysed and presented. As my data was gathered from a sample of twenty one young people, this prohibits the possibility of analysis from a perspective of the testimonio.
It could be argued that the biographical data collected during the interviews forms a partial testimony of the cadets' lived experiences at a critical point in time. What emerged were snapshot statements from the cadets about moments in their decision making which I found helpful in clarifying the decisions that were being taken. It was these aspects of the students' lives which led me to acknowledge the presence of biographical data. Equally, work by West (1996) and Merrill & West (2008) acknowledge that interviews can be useful in obtaining data for use in biographical research.

Denzin observes:

The biographical method rests on subjective and inter-subjectively gained knowledge and understandings of the life experiences of individuals, including one's own life. Such understandings rest on an interpretive process that leads one to enter the emotional life of another. 

Denzin 1989:28

This statement clearly identifies the relationship between this interpretive research project and biography. Equally, the semi-structured interviews used to collect the data illuminated biographical information about the students, as acknowledged, but did not cover their entire life course. The data gathered was helpful in considering the situations, experiences and critical moments of the students which is discussed more fully in the data analysis chapter. Further information regarding their age, family situation, GCSE qualifications and career choices was also collected during the interview process. There were also instances where considerable understanding was gleaned about the emotional aspects of decision making. It became very helpful to think about the lives of the cadets and the moments when important decisions
were taken which reflected as much on their biographies as it did on the programme and options available.

The interviews for the first two cohorts were conducted after the cadets had made their decisions and transferred into HE. Cohort three and four were still studying for the National Diploma at the time of the interviews, and were considering their choices and making decisions. Further details about the timings of the interviews are discussed in the next section. Semi-structured interviews were used for data collection and a fuller examination of that process is presented below.

3.6 Interviews

The interview is seen as the most common means of data collection in social research (Fontana & Frey 1998; Mason 2002; Bryman 2004). Perhaps it is frequently used as it provides the ability to gather in-depth information from the respondents’ point of view (Bell 1993; Cohen & Manion 1994; Crotty 1998; Mason 2002) and is described by Yin as “guided conversations” (2003:89). The interview enables researchers to be adaptable to responses and probe different angles which may come to light during the interview itself (Mason 2002). Bryman (2004) provides a clear overview of the different types of interviews available which have been influential in considering my method of data collection and are presented below.

Structured interviews call for each interviewee to be asked the same questions from a prepared schedule while not allow for further probing of particular issues which may arise, while the semi-structured interview enables the researcher to explore more fully that which may arise during the conversation. The semi-structured interview is the choice for this project and will be discussed more fully later in this section.
Unstructured interviews follow a loose framework of topic areas but without any prepared questions, encouraging the interviewee to talk more freely on particular topics introduced by the interviewer.

An in-depth interview is a combination of unstructured and semi-structured interview techniques where there is a list of topic areas to be covered, but the interviewee is also encouraged to elaborate their responses more freely (Bryman 2004). Focus group interviews provide the opportunity to ask questions of groups of people and allows for interaction within the group to discuss responses to the questions asked (Bryman 2004).

Hughes believes that the strength of the interview includes “face to face encounter, large amounts of data quickly obtained, and provides background on activities, behaviours and events” (2002:209). Similarly, Silverman sees the strength of the interview as providing facts, and “an authentic insight into people’s experiences” (2001:87).

It appears to be a clearly shared view that it is an advantage to undertake the interview face to face enabling the interviewer to put the interviewee at ease, and answer any further questions concerning the use of the data. More importantly, it provides the opportunity of seeing and interpreting body language, including non-verbal clues. In order to achieve this, notes were recorded immediately after each interview as an ‘aide memoir’ and used at the analysis stage of the research.

There are also a number of disadvantages of interviews and Yin suggests that the weakness of the interview stems from “poorly constructed questions, response bias and inaccuracies due to poor recall” (2003:86). Similarly Hughes sees one of the
disadvantages as the potential for “misinterpretation of data; dependency on small number of key informants; obtrusive and reactive; dependent on honesty of those providing data” (2002:210). Equally, Silverman questions the ‘value and truth’ about the data collected through interviews (2001:110). Consequently, the value of a pilot interview should not be underestimated as this can highlight potential errors in the questions. Similarly, the use of field notes can record what is not vocalised on a tape through body language or facial expressions, or other issues which may surround the context of the interview.

Focus group interviews were considered to enable ideas to be explored within the group but this was discounted due to a number of reasons. To bring together all the identified respondents would not have been easily achieved and a number of students might have felt intimidated being in a large group. It is also much more difficult to gain an insight into individual experiences within a group setting. A structured or standardised interview requires all respondents to be asked exactly the same questions. As the respondents are drawn from different cohorts at different stages of their educational journey, this was deemed inappropriate.

An unstructured interview would not necessarily gain the required data to be able to answer the research question and also runs the risk of questions “varying from interview to interview” (Bryman 2004:113) and also requires the interviewer “to be able to think on their feet” in an attempt to manage the interview situation (Mason 2002:67). This is in contrast to a semi-structured interview where an interview schedule is employed to enable the researcher to ask questions on predetermined topic areas but does not need to keep to a rigid set of questions. Within a semi-structured interview, the researcher will have a set of topic areas to be covered or an
“interview guide” (Bryman 2004:321) and the use of ‘prompts’ or ‘probes’ may be employed to guide the respondent further on a particular issue (Bell 1993; Robson 1993). Yin explains that “case study interviews are of an open ended nature” (2003:90) so there is also the opportunity to ask different questions in response to information given by the respondents and determine opinions as well as factual information (Yin 2003).

Described by Mason (2002:67) and Robson (1993:228) as “a conversation with a purpose,” the semi-structured interview affords the opportunity to further explore particular issues which may arise with respondents but have not been planned or foreseen by the researcher. Semi-structured interviews are also referred to as ‘in-depth or qualitative’ (Mason 2003; Bryman 2004) and are essentially an “informal exchange of dialogue” (Mason 2002:62). An additional advantage of in-depth interviews is they enable rich data to be obtained and they ensure that the issues are arising from the students, and not imposed by the interviewer (Crotty 1998).

A major disadvantage of the interview as a means of data collection is that it is time consuming. Not only do the interviews have to be set up, permission sought and the interview itself conducted, they must also be transcribed before any analysis can be fully carried out (Bell 1993). The tapes recorded for this project have been transcribed by a third party to save time, and the subsequent reading through of the material is supported by field notes taken at the time of interview.

The use of a semi-structured interview as the tool for gathering the data was identified as appropriate to enable rich data to be obtained from the cadets and ensure that the issues arising during the interviews are from the cadets themselves, and not imposed by the interviewer (Crotty 1998). A prepared interview schedule (see
Appendix Two) covered six main topic areas including generic questions about the individual student profiles, experiences, choices, decision-making and career pathways in order to be able to answer the question of: *How do FE students go about making choices in relation to 'stepping on' to a nurse education diploma programme in HE and what influences their decisions?* It was further anticipated that analysis of the transcripts would identify common issues amongst the students and this was realised.

The interview guide was ordered in such a way that each student was asked initially to provide information about themselves, their educational background and their family structure. As these subjects were familiar to them it was anticipated this would help them feel comfortable with the interview process. As I was known to each student personally, there was little tension experienced about the face to face meeting, but many were anxious about the interview itself. A number said they felt self-conscious about the tape running, and on reflection, there was also a feeling that some were trying to ‘please’ as one or two commented before the tape started that they hoped they didn’t get ‘anything wrong’. Students were advised this was not possible and I was looking for them to share their thoughts and experiences.

However, a number of students did find it quite difficult to talk about themselves, and needed prompting so the interview guide was valuable to ensure all students were asked about the same topics. Some students found the process easier and did not need prompting, while others were almost shy despite the previous student-tutor relationship. All the interviews took place at Valley College and the students appeared quite comfortable in familiar surroundings. Finding the balance between the researcher and tutor role while collecting the data from cohort four was
challenging; I inhabited the role of the researcher and made no reference to their current studies outside the remit of the interview.

The interview schedule was prepared to include questions about the students’ families to see if any influences emerged from their career choices. The schedule moved on to ask more specifically about the students themselves, their schooling and subsequent decisions to attend Valley College and study for a BTEC National Diploma. The question structure progressed to the students’ experiences of their programme, their work placements in preparation for their nursing studies, and concluded with their HE programme to date where appropriate. The questions asked were drawn from the researcher’s professional experience and observations of students throughout their FE programme and their clinical placements. Questions were also influenced by the literature on student choices and decision-making, discussed in the next chapter.

While time consuming, Mason suggests that “qualitative interviewing is more likely to generate a fairer and fuller representation of the interviewees’ perspective” (2002:66). It was anticipated that conducting interviews would facilitate exploration of the students’ experiences, choices and decision-making processes. In a number of cases the students did not want to be interviewed individually, perhaps due to anxiety. Four joint interviews were conducted at the request of the respondents, facilitating freer conversation between the students. It was felt that richer thick data emerged as they were discussing things between themselves, triggering memories and experiences. In all cases this had been prearranged by the students although at no time had any information about other participants been revealed. As the students had been through their FE programme together, and had subsequently started their HE
programme at the same time, many remained friends and as such the subject of the project came up in conversation. Before each ‘paired interview’ each of the participants was asked if they were comfortable discussing and sharing their experiences. Indeed, one participant said she felt she would not have been able to come to an interview if she had to be by herself.

The participants chosen for inclusion in the project were taken from the first four cohorts of cadets at Valley College who were available during the time frame of the research and the field work undertaken. More details of the sampling process will be discussed in the following section.

3.7 Sampling

Sampling is normally associated more with quantitative research in order to make generalisations to a wider population (Silverman 2001). Mason defines sampling as a selection process using “principles and procedures to access sources of data” (2002:120) while Glaser and Strauss claim it is “the process of data collection for generating theory” (1967:45). The sampling or selection process can be approached from a number of differing perspectives, some of which are discussed below.

For the purpose of qualitative research sampling, the sample must be chosen from “what you [the researcher] sees as the nature and significance of the wider population from which your sample is drawn” (Mason 2002:121) or as a means of answering the research questions (Silverman 2001). Sampling relies heavily on the goodwill and cooperation of others (Bell 1993) as without the respondents there would be no data generated for research purposes.
Strategic sampling is viewed by Mason as the “relationship between the sample and the wider universe” (2002:123). In other words, there has to be a clear link between the number of respondents sampled as a representation of the wider population, and for this project that would have to be the number of cadets interviewed relative to the number of cadets in the UK. However, it is not feasible to undertake a strategic sampling strategy here as it is not possible to provide a clear correlation between the cadets at Valley College and other cadets around the country. Although there are in excess of 70 schemes operating in the UK, there are no individual cadet numbers available and there are no other schemes known of at the time of writing that have the same process and progression routes identified.

Theoretical sampling is also referred to as purposeful sampling (Mason 2002:124) and is seen as ‘constructing a sample group relevant to the research questions’ (Mason 2002). Theoretical sampling is derived from the work of Glaser and Strauss who suggest that the “data collection is controlled by the emerging theory” (1967:45). Although this project is not entirely based on a grounded theory approach there are elements of theoretical sampling identifiable as the groups selected for interview are relevant to the research question. Purposeful sampling is frequently linked with theoretical sampling with the difference clarified by Silverman (2001) as simply the absence of the purpose being theoretically defined. Purposeful or purposive sampling is when a sample is chosen “because it illustrates some feature or process we [the researchers] are interested in” (Silverman 2001:250). Further, it is suggested that by sampling in this way, there is danger of bias as the researchers are choosing their sample as they are more likely to achieve the answers they are looking for as “the processes being studies are more likely to occur” (Denzin & Lincoln
1994:202). Conversely, Lynn (2002) suggests that purposive sampling helps to reduce the potential for bias as the researcher is more aware of the implications of such a strategy.

Opportunity sampling is a strategy seen by Bell (1993) as a way of achieving data collection within a restricted period of time from a limited available population. Deemed an acceptable way of sampling, information must be provided about the nature of the sample, and the limitations of such a sample are clearly identified (Bell 1993). Little is written about opportunity sampling, but it is interpreted as a chance to access a group of respondents within a restrictive situation where there is no broader access to sources to enable data generation. Bell (1993) sees opportunity sampling as a response to a need when random sampling is not a possible option. There are elements of opportunity sampling identifiable within my own sample. The utilisation the BTec students falls within the criteria for opportunity sampling as the data was drawn from a limited population of students and fell within the time frame for the project.

Mason defines representational sampling as “a representative of a wider population” with an aim to represent a “microcosm of the population the researcher wishes to study” (2002:125). In qualitative research representational sampling is a means of illustrating the views of a small section of a much wider community within a given population. For example if researching minority groups it would be necessary to ensure that all the groups were represented within the sample chosen. Conversely, random sampling, sometimes referred to as probability sampling, is when respondents are sampled using a specific selection design thus “allowing no scope for the influence of the subjectivity” (Lynn 2002:189). There is also less chance of
bias in random sampling as the respondents are chosen purely at random, frequently used in quantitative research and perceived by Bryman as an example of “good practice” (2004:81). The sample used for my data collection cannot be defined as representational as the respondents do not represent all cadet nurses, and was therefore rejected as a sampling method.

Convenience sampling is when a sample is drawn from what is available and accessible, but is not an ideal sampling method due to the lack of representation of the wider population (Bryman 2004). Conversely, it is seen to be acceptable if an opportunity is presented which will meet the requirements of the research and therefore should not be overlooked. However, Marshall believes that convenience sampling “is the least rigorous technique, involving the selection of the most accessible subjects” (1996:523).

The research sample or sampling frame for this project was drawn from four separate cohorts of BTec NDHS students at the FE College where the researcher is based and so can be seen to correspond with the framework of a convenience sample. Each cohort, on average, consists of approximately eighteen students all of whom were considering a career in health, social care or an allied care profession. All the students interested in pursuing a career in nursing were invited to take part and the sample is drawn from these students. There was an element of ‘self sampling’ as a number of students did not respond to the invitation, but the totals available were invited to participate. Overall, the profile of the groups utilised for the project are predominantly female, but there is an increase in the number of applications from males who are considering the Ambulance service as a career. It is usual to have one or
two males within a cohort, and two male students are included in the sample, although they were not in the same cohort.

Table 1 gives the total number of students in each cohort, and those students indicating an interest in nursing. The proposed number of respondents from each cohort is given and the final numbers of students interviewed.

**Table 1 - Respondent Numbers**

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Dates attending Valley College</th>
<th>Total Student Numbers in Cohort</th>
<th>Potential Nursing Students</th>
<th>Target Numbers from Cohort</th>
<th>Number Invited</th>
<th>Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2003-2005</td>
<td>21</td>
<td>11</td>
<td>5</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>2004-2006</td>
<td>19</td>
<td>9</td>
<td>5</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>2005-2007</td>
<td>19</td>
<td>9</td>
<td>5</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>2006-2008</td>
<td>18</td>
<td>12</td>
<td>5</td>
<td>12</td>
<td>7</td>
</tr>
</tbody>
</table>

Letters were sent to all the students who were, or had been in the cadet scheme inviting them to take part in the research project (see Appendix Three). An information sheet explaining briefly the context of the research and requirements in terms of data collection was sent with the letter (see Appendix Four). A reply sheet (see Appendix Five) and pre-paid envelope were also included. The sample became self-selective as a number of the students from each cohort did not respond, and so were excluded from the interview process.

Students in cohort four were sent letters and information sheets but more responded positively than was required for the sample. As there were only two in excess of my target number a decision was taken to include all those who expressed an interest in
participating as they were still students at Valley College. It would have been insensitive to refuse one respondent, especially as they had been discussing the possibility of taking part in the research amongst themselves.

Although there was an existing relationship with the students from cohort four as their tutor during the BTEC programme, taking part in the research was perceived to be non-threatening and did not intimidate any of the students. All the students were asked at the beginning of their interview if they were comfortable with the research. There were no objections from any participants to taking part and so the interviews proceeded.

There was a concern that the students in cohort four might feel anxious about their coursework as part of my role was to mark their work. However, all their work is verified by a third party and the students were reminded of this, and that by participating in the research project their work would not be affected in any way. The interview procedure was a challenge to some students as discussed earlier. A number of students did not respond to the invitation to participate in the project who may have had their own reasons for non-participation, but these have not been followed up and are not available.

The response from the first cohort was seven volunteers out of the eleven invited. This was higher than expected or required but a decision was taken to interview all the respondents in case later cohorts did not respond so favourably. The second cohort brought no response from any of the letters and so a number of follow-up phone calls were made. Of those contacted, it became apparent that they had not received letters but were willing to participate after a brief explanation had been given. A copy of the information and permission sheet was sent prior to interview.
It became evident during the data gathering period that the third cohort would not have completed their FE programme at the time identified for interviewing and would not be able to make any comment on their HE experience. A decision was taken to defer the interviews until the cohort had started their nursing programme allowing for a period of time to elapse enabling a greater reflection of their FE experience.

Cohort four were not due to start their HE programmes until after the end of the time frame of the project but were still part of the cadet scheme at the time of interviewing. Ideally it would have been advantageous if the fourth cohort could have been at the HE stage of their educational journey to enable more like for like comparisons to be made. However, I felt it was worthwhile interviewing them as they were part of the cadet programme, and would be applying for HE during the interview period. Their inclusion also meant the total number of interviews required would be reached. There is clearly no comparison to be made on a ‘like for like’ basis between the cohorts as each had a different experience, and perhaps have differences in recall, depending on the distance from their FE programme. Each cohort had a discrete time perspective but this was not deemed to be a problem and the time issue is not one which could be overcome.

3.8 Data Collection

The research project was designed as a qualitative case study and data was collected through a series of 21 semi-structured interviews with FE students who had, or were still studying for a BTEC National Diploma in Health Studies. All the students attended Valley College, an FEC providing vocational and technical education and training from basic skills programmes and GCSEs to degree and post-graduate
programmes. Known as a ‘mixed economy’ college it provides both further and higher education programmes not only meeting the needs of local employers but also attracting students from a wide geographical area.

The students attending Valley College are drawn from a mixed geographical location; entry level and further education students are predominantly local, while undergraduate and post-graduate students are a mix from local, national and international areas. The very nature of the mixed economy of the college leads to a diverse student body, with mixed abilities and a broad range of non-UK nationals. The typical student who chooses to study health and social care is female and between sixteen and eighteen years of age and have very clear ideas about their intended career pathway (Davies & Tedder 2003).

Most are very clear about their intended career pathway, while others use the programme as a means to discover more about care work and investigate potential careers. Some students come from single parent families but the majority live at home with both parents. There is also a high intake of young people from Nepal within Valley College and approximately ten percent of those will study health and social care. Within the cohorts used for this study there were students from Nepal, Zimbabwe and the Philippines, but none were included in the data collection. This was because they were either self-selective and chose not to participate, or they were not following a nursing career. Further details about the students included in the project are presented in chapter six.

As students responded, a time table of interviews was established in agreement with individual respondents. Letters were also sent to the students still on the scheme, and followed up by a whole group discussion regarding the nature of the research and
assuring them that participation would not affect their studies or subsequent marks. Verbal assurance was given that if any student subsequently felt they did not wish to participate, their decision would be respected and would not affect their studies.

Prior to each interview, participants were asked to sign a consent form. Confirmation was sought to determine that the students understood the nature of the research following receipt of the information sheet. They were reminded that all information would be treated in confidence at all times, and anonymity would be afforded within the thesis. Each interviewee was asked if they were comfortable with the recording device employed before the commencement of the interview.

Data was collected from four cohorts of students over a period of eight months. The sample is not intended to be a representative sample of all BTec National Diploma Health programmes around the country, but a sample to provide data for a case study analysis of a particular situation. The span of time the students represented was five years.

Cohorts one to three had all completed their BTec programme and progressed either into HE or employment. Cohort four represents students who had completed their UCAS application but had not completed their FE programme. The inclusion of this cohort was required to meet the planned twenty interviews, and much thought was given to the sensitive situation of being current students and in daily contact with the researcher. A number of the students in this cohort were under eighteen years of age so the interviews were carried out in the presence of another adult, and permission was sought and signed for also in the presence of that adult. This was to address any ethical issues arising from interviewing students under the age of eighteen, who,
under the terms of the Children Act (Every Child Matters) (2004) are considered to be a child.

Conducting individual interviews is a lengthy process, and this project was hampered by a number of circumstances out of my control. One issue which delayed the start of the interviews was due to the ethics committee not responding within their required time frame. Approval took much longer than anticipated which led to the first round of interviews being delayed by three months, with the last round of interviews running into the final year of the project.

The second issue arose when a number of students who had initially agreed to be interviewed individually made contact and asked if they could come with a friend and have a joint interview, (as mentioned earlier). A decision was taken to accommodate the requests as not only would this reduce the amount of time taken, but it also met the needs of the interviewees who felt nervous as they had not participated in any research before. During the joint interviews the questions were put to both interviewees in order to ensure that all interviewees were asked the same questions.

3.9 Methods of Analysis

Yin reminds us that analysing data involves a number of processes including “examining, categorizing, tabulating, testing,” and requires an interpretation and understanding of the data collected (2003:109). There are a number of different strategies and techniques available to aid the researcher in analysing data. Three main strategies for analysing qualitative data presented by Yin are: developing theoretical propositions, rival explanations and case description (2003:111). Yin claims “the challenge is to produce high quality analysis” and acknowledges that
case study analysis is “difficult as the strategies and techniques are not well defined” (2003:109).

‘Theoretical propositions’ is when a proposed theory provides the underpinning for the research questions. This ultimately leads to the case study design and data collection, subsequently informing the analysis of that data. Robson (1993) and Yin (2003) believe it is the initial interest of the subject which prompts the research to take place. Robson (1993) suggests that the theoretical stance is ‘given’ to the researcher providing a focus for the analysis.

In my situation, it was the cadet scheme itself which prompted my initial interest. Having been a cadet myself in the late 1960s enabling my own access to nursing, I was interested in how the modern cadet schemes worked within a different educational context. The changes in education, the introduction of vocational qualifications, and the move within nurse education from training to education provide an appropriate contextual framework from which to consider the case study. Yin believes the theoretical proposition to be the most effective means of analysis as it answers the ‘how and why of causal relationships’ although he does propose ‘case description’ as the analysis is generated though explanation and provides clear causal links between theory and practice (2003:116). This is particularly relevant to my own research as I was interested in how students made their choices and decisions, and who or what may have influenced them. It is this interest which influenced my research design.

Consideration must be given to critical organisation of the data to enable analysis to occur and it is essential that an appropriate analytical method is identified to support the techniques, or strategies employed to analyse the data. There are a number of
strategies available to organise the data into a meaningful system to enable analysis to occur including coding, pattern matching, and explanation building (Robson 1993; Mason 2002; Yin 2003). Similarly, Miles and Huberman talk of “storage and retrieval” (1998:183) of data while Mason suggests “sorting and ordering” (2002:148). It is evident that both systems facilitate easy recall of material coded but whichever strategy is employed, it must be appropriate for the data collected and be ‘user friendly’ for the researcher to facilitate the analysis process.

‘Codes’ emerge from the data collected which could be linked to a number of sources including testing a hypothesis, a grounded theory approach emerging through the interviews, or influence from professional knowledge and past experience. In this project, common issues were identified from the transcripts through pattern matching and also by making linkages to the literature. During the coding process, similarities were sought between each student experience and the emerging themes identified to initiate a grounded theory approach, or facilitate a case description or explanation building (Robson 1993).

Whether undertaking coding by hand or through computer software packages, a system must be identified early to enable a coding system to be established. While it is important to look at all the data, focus must rest on data which facilitates answering the research question and Miles and Huberman (1998) advise data reduction to facilitate analysis. It is equally important to consider all the evidence first (Yin 2003) to enable a “full and meaningful analysis of the case in question” (Mason 2002:37) but analysis must focus on that evidence which will facilitate full and meaningful analysis of the appropriate data. Robson clearly states that the
analytical approach must “answer the research question, be trustworthy, fair and without bias and reach a conclusion” (1993:372).

Transcribing each interview in full did produce extensive material and there was a danger much of this would be lost if not properly coded early on in the collection stage of the research. I established a system of pattern matching and commonalities using coloured highlighter tools on the computer, similar to using felt pen highlighters on printed paper. This process allowed issues to emerge that I had not anticipated and this has formed an integral part of the narrative process.

3.10 Ethics

Having an established relationship with the respondents or knowledge of the research subject is not always seen as an advantage. Bennett claims it is how the researcher manages that relationship or “attachment” which is the important factor suggesting that the ethics of the research may be ‘compromised’ due to insider knowledge (2003:193). Similarly, it is difficult for the researcher to maintain the tutor relationship when that alters and becomes a researcher-respondent relationship thus causing ‘ambiguity’ in the differing roles (Armstrong 1993 cited in Bennett 2003). This situation can potentially lead to an element of confused identity (Bennett 2003) which was explored more fully in the interview section of this chapter. Equally, Reay (1996) strongly believed that her own insider knowledge and background affected each area of her social research and impacted on the interpretation of the data in her work on social class differences. She suggests that from her perspective some of the data held more value, resulting in her interpretation being an “imperfect and incomplete process” (Reay 1996:57).
The student-tutor role for the current students may have proved a sensitive area and the possible impact of this could not be ignored and was mentioned earlier. The problem lies with that of being a practitioner-researcher and the direct involvement between myself and the students throughout their FE programme. It is acknowledged that the students' responses may be altered as a result of the student-tutor relationship, but they would be reassured that all their responses were kept confidential as they might be concerned that any critical comment may affect their place on the course.

This issue was particularly important when interviewing the fourth cohort as those students were still studying at Valley College and engaged in the tutor-student relationship on a daily basis. An element of trust with all the students was required to maintain their confidence as they might not wish to fully disclose information, however, this did not occur as the students all appeared quite comfortable discussing their experiences during their interviews.

Coming from a nursing background, and having been a cadet myself, these were issues that I too had to manage so as not to impact and influence the interviews or subsequent data analysis. This reflects the view of Jarvis (1999) discussed earlier, that the researcher's own biography cannot be completely separated from the research and plays an important role in understanding and analysing the rich data collected through the case study. A phenomenological approach to this research was embraced in order to see the world of the student experience from a different perspective, and the importance of not be influenced by my own biography was paramount. Throughout the research I was fully aware of my own biography and values and I tried hard not to let that influence the way I analysed the data.
Confidentiality was maintained throughout the project by protecting all data and participants. Data was stored in a locked filing cabinet, names changed to ensure anonymity of the participants; computer access was password protected and available only to the researcher. All research notes and material, including interview tapes have been destroyed. All the participants were advised that if they agreed to participate in the project, they could withdraw at any time if they wish. There was also an offer made to all participants that they would be given the opportunity to view the final work and have results of the research made available to them.

3.11 Summary

This chapter has critically evaluated differing approaches to research methodology and method. I have argued that a phenomenological approach was an appropriate perspective for this research project as it enabled sense to be made of the student’s experiences of choices and decision-making.

Employment of case study as a methodology was discussed and different types of case study designs were presented and discussed. A rationale for the choice of case design employed has been given as a single, unique design incorporating elements of a typical case as defined by Yin (2003). A short section addressed biographical research and presented a claim that although this work is not a biographical research project, elements of biography were evident and therefore acknowledged.

A significant component of this chapter has discussed, in detail, the sampling process and data collection through the use of semi-structured interviews. Four cohorts of students were invited to participate and careful attention was paid to cohort four, who were still studying at the FEC during the research period. This was necessary in order
to avoid a potential conflict of interest during the interview processes. Sensitive consideration has also been given to ethical issues relating to the respondents, their age and situation within the FE programme. As a practitioner-researcher, I have recognised the influence of my own biography on this project and presented the procedures employed to overcome potential conflict.

Methods of analysis have been provided and acknowledgement of different strategies available. These included pattern matching and coloured highlighter tools on the computer which were utilised in the analysis process. This enabled a simple coding mechanism of the data, which led to identification of commonalities in the influences and decision-making amongst the respondents.
4. CHOICES and DECISION-MAKING

4.1 Introduction

The government policy of widening participation was introduced as a means of enabling young people from non-traditional educational backgrounds to remain in education and progress to HE. Aimed at narrowing the class gap amongst those entering university (DFES 2003a) the White Paper on Widening Participation identified that there was a need to:

"ensure fair access and equality of opportunity for all those who have the potential to benefit from higher education, irrespective of their background, schooling or income"  

(DFES 2003b: 6)

Archer and Hutchings suggest the main aim of the policy was to redress "the inequalities within the education system" (2000:556). Additional funding was made available to the universities to encourage applications from students from non-traditional backgrounds including those with vocational qualifications. A result of the policy has led to young people having to choose about continuing their education and make decisions about whether to engage in HE at a time of transition into adulthood. The transition is a challenging time for young people where decisions and adaptations are made which will affect their future, and individual biography (Bloomer & Hodkinson 1997).

The cadets at Valley College made a decision to study for a vocational qualification which would not only provide them with work experience, but also enable progression into HE. Hodkinson (1995) questions the process of decision making and suggests it is very complex in nature and many young people will change their
minds a number of times about both educational and career choices. During their programme of study the cadets had a choice of studying a three year nursing diploma programme at HE, or stepping-on and studying for two years and three months for the same qualification.

This chapter presents a critical evaluation of selected work which has been used to support the data analysing processes. There is substantial literature to draw upon regarding the influences on choices and decision-making made by young people in order to help answer the research question of: “How do FE students go about making choices in relation to 'stepping on' to a nurse education diploma programme in HE and what influences their decisions?”. This includes work by Bloomer and Hodkinson (1997), Ball and Vincent (1998), Brooks (2003) Foskett et al. (2004) Reay, David and Ball (2005) and Colley (2006). The work of these contributors has been particularly beneficial as their research demonstrates sensitivity to student groups similar to those I have been working with. The benefits of their models of explanation on choices and decision making will be evaluated within each section.

Schemas which describe turning points and fateful moments are also considered but as a subordinate feature to the models on choice and decision making. This further category will be described only briefly because the influences of the other models on this study are more significant. Evidence from the data gathered repeatedly suggested the complexity of decision making with not a single moment determining the decisions taken.
4.2 Influences on Choice and Decision Making

Helen Colley asks two apparently simple but highly complex questions: "Choice: what does it really mean?" and "Do we choose careers or do they choose us?" (2006:19). In order to realise a career, educational qualifications are generally required in order to progress on a pathway to that career.

The choice of educational pathway is complicated and influenced both by the way people make those choices, and who influences them at pivotal moments in the choice process.

Hodkinson considers that:

"Genuine choice is a rational, considered activity that can only take place when a wide range of options and their implications are understood." 1989:378

Choice and decision-making are indeed active processes with decisions being made following careful consideration of the choices available. However, some decisions may be made without a full understanding of the consequences of that action.

In comparison, Brooks' (2003a; 2003b; 2004) considered influences on educational choices made by young people. She identified that friends and family make a significant impact, noting particularly that "families played a key role in informing their [young people's] underpinning conceptualisation of the HE market" (Brooks 2003b:290). This echoed work by Gorard et al. who also considered the role of the family in education and career choices, suggesting that "parental influence was used
to ensure that the children’s educational participation was different from that of their parents” (1999:526).

It is evident throughout the chosen literature that choices refer to both education and careers, suggesting that educational choices may influence career opportunities. Consideration must also be given to the ability to choose and the extent to which individuals have a choice. It is also important to discuss the issues surrounding choice and social class, and examine if young people have freedom of choice.

The government policy on inclusive education and widening participation encourages young people to stay in further education until the age of 19 (DFES 2003b). The goal of engaging 50% of young people in HE by 2010 suggests that perhaps the number of options available is being taken away. Conversely, the widening participation initiative could be seen as a way of providing more choices to those who previously did not consider they had a possibility to progress to HE. The introduction of foundation degrees provides opportunity for individuals who have not achieved the entry criteria for HE to access HE by an alternative route and gain a degree qualification.

Thus, the importance of education choices cannot be ignored as the learning process shapes the identity and subsequent career opportunities available to young people. There is extensive published work to draw on to help identify who influences the decisions made by the young people to choose a particular educational route, career pathway, when this occurs and to what extent. The following section evaluates selected literature about the influence of the family, friends and others. The models of choice and decision making examined are fundamental in evaluating the data gathered, and presented in chapters five and six.
4.2.1 Family and Friends

Families are situated within a particular social class and culture and there is considerable evidence to suggest that the family has a major influence in young people’s choices and decision-making. There is no doubt that people learn by experience, contributing to an individual’s biography which may impact on one’s life (Jarvis 1995). Living within a family and being exposed to a specific culture will provide early influences on an educational or career pathway as parents, or those with parental responsibility make a number of choices about nursery, pre-school and compulsory education. As young people begin to take on more adult responsibilities, they will have choices to make regarding post-compulsory education and career pathways.

Walkerdine et al. (2001) conducted their research on two groups of women born six years apart, and seen at intervals over a ten to fifteen year period. They propose that for some working class girls it is a betrayal of their class culture and values to go to university, which furthers the suggestion that psychological issues impact on choice and decision-making. Walkerdine et al. also consider the concept of “girl power” (2001:21) suggesting that this notion provides choices by implying young women can be or do whatever they want to. They also suggest that some people will not be able to make appropriate decisions if they consider careers outside of their academic abilities.

David et al. (2003) concluded that the family influence on young people’s choices was related to gender and the roles within the family. Boys avoided parental guidance more than girls perhaps as a move towards independence, while the girls looked to their mothers for guidance in their decision-making. Subtle influences from
the family may derive from concerns about finances and not being able to afford university fees. Similarly, it could be a lack of knowledge on the part of the parents so that HE as an option is not positively considered (David et al. 2003). Equally, Reay, et al. (2005) advocate that while class and social structure are fundamental to choices, the influence of the family and social networks play a significant role in the choice and decision making process.

In the study undertaken by Gorard et al. in 1999 the data was drawn from a specific period in time looking at patterns of lifelong learning over 100 years and was based in a particular industrialised area. The study concluded that those learners who come from a family background of positive educational experiences are more likely to engage in education. Conversely, learners from families who had not pursued education but entered employment followed a similar pattern and did not pursue their own educational opportunities. The research was based in south Wales, an area renowned for heavy industry, particularly coalmining, where there was an expectation that young men followed their fathers’ occupations and did not remain in education after compulsory schooling. In contrast, other parents who had not had the benefit of further education had positively encouraged their children to remain in education.

The work clearly recognises the role of the family and believed that family influences play a significant role in what they call “learner identities” which, although personal, are the result of “social experience” (Gorard et al. 1999:530) or life experience. This provides further direct links between the family and social class, an issue identified in a number of other studies including Ball et al. (2002) and Van De Werfhorst et al. (2003). This illustration helpfully brought meaning to familial
influences that were raised in the data gathering process, as evidenced in chapters five and six. However, social class is a more peripheral aspect of my research project and a fuller examination has not been undertaken.

Education aims to prepare young people for their position in society whether through traditional academic education or contemporary vocational qualifications; there are however those who might dispute this definition of education (Illich 1971). Whichever route a young person takes through education and employment, there are choices and decisions to be made and there is clear evidence to suggest that family influences are substantial (Gorard et al. 1999; Brooks 2003a; Foskett et al. 2004).

While the role of the family is acknowledged in the educational choices of young people, other areas of influence include friends and peer groups. Brooks (2003a) considered that the young person’s position within a friendship group plays a significant role in making choices but argues that individuals also make their own choices about HE (Brooks 2003b), a view shared by Rudd and Evans (1998).

The work by Brooks (2003a; 2003b) followed a group of young people in post-compulsory education at a 6th form college in the south of England who were following the traditional ‘A’ level route into HE, and focussed specifically on their choices of HE. She identified an issue of young people’s ‘place’ within their own peer and concluded that although friends were important they did not actually play an explicit role in any decision-making (Brooks 2003b). Rudd and Evans (1998) suggest the influence from friends and peer groups is more one of identifying available options, encouraging employment or HE applications, in contrast to an explicit influence to follow a particular pathway. Although Brooks (2003a; 2003b) focussed on young people following a traditional entry route into HE, my study is based on
choices of HE made by FE students following a subject specific vocational route. There are however, identifiable similarities between the groups in my study and the evidence presented by Brooks (2003a; 2003b) and these are explored more fully in chapter six.

Brooks highlights evidence from her research that indicates while friends were involved in general discussions of available options, young people did not actually share their thoughts on decisions regarding HE and suggests this is an “absence of discussion” (2005:99). Although close friendships were important, they were obviously not important enough to share final decision-making with and so the question emerges, who did they seek out to discuss their options with? It appears that the young people, whether from a tradition or vocational educational route, remain more reliant on their parents for guidance than their friends, and evidence to support this notion will be presented in chapter six.

4.2.2 Additional Influences

The schools careers service was identified as an influence on young people’s choices by Foskett et al. but was ranked low in significance relative to other factors including the family, school ethos, teachers and subject enjoyment (2004). In contrast, Hodkinson believes that “careers guidance is essential.....to correct decision-making” (1995:4). Foskett et al. further suggest that the question of choice was a “dynamic process.....changing over time as a range of factors influenced their ideas” (2004:1). These included advice and guidance from the schools with specific careers advice from the ‘careers advisors, parents, teachers, and individual social environments’. Equally, if a school has a “strong culture or ethos focussed on high academic achievement” (Foskett et al. 2004:5) that experience may also influence
future educational and career decisions. Foskett et al. (2004) focussed on the
influences on the choices made by young people while still in compulsory education
and determined that there were more choices to consider in the post-compulsory
sector. They found that there was an increase in sources of information for the young
people, and so perhaps potential influences, but concluded that the family influence
remained palpable.

Reay (1998) proposes that certain schools may influence choices through
‘differential help’ to children from different social classes e.g.: between middle class
and working class pupils applying for university. She also acknowledges that for
young people, “family, school, peer group and the wider community all have an
impact on choice making” (Reay 1998:520). Her study of young people making
decisions identified that the private schools fully encouraged and supported
applications to HE while the comprehensive schools did not (Reay 1998). She also
advocated that FE colleges were “rooted in a recognition of the considerable
financial and geographical constraints many of the students are operating under” and
although supporting HE staff did not consider all available options suggesting “the
students are encouraged to think local” (Reay 1998:524).

It is importance to acknowledge the time period when critical decisions are made by
young people. Throughout compulsory education there has perhaps been an
educational ‘map’ where GCSEs are the expected endpoint of secondary school.
There are potentially limited independent choices of subjects available at school,
whereas the post-compulsory sector offers a wider range of options. Decisions taken
at sixteen plus are made after consideration of opportunities available, however these
frequently occur at a time of exam stress and possible parental pressure to ‘decide
what to do next' and so may not be wholly autonomous. Ball et al. suggest adulthood and the responsibilities attached are postponed as adolescence is extended in what they term a “post-adolescent phase for learners” (2000:18). This is seen as an important factor as young people mature and learn to take responsibility for their decisions during the period of transition between school, college and university.

Bloomer and Hodkinson propose that the transition from school to a college learning environment is a complex time for the young people faced with a number of decisions to make at a time of “maturation, unfolding and developing personal identity, transition, transformation and change” (1997:79). The transition is a pivotal moment in any learning career (Bloomer & Hodkinson 1997) and students have to adapt to a new environment, rules, regulations and requirements which are very different from compulsory schooling. Indeed, Bloomer believes “it [adolescence] is a period of turmoil as they [the young people] confront problems of their moral, social, cultural, political and sexual identities” (1997:151). Data presented in chapter five identifies where the FE students have had to make choices and decisions at a time of transition which has helped to answer the research question of what influences young people in their choices and subsequent decision making.

Similarly, Denscombe suggests that this adolescent period is the most stressful due to “change and insecurity in the lives of young people which are greater than at other times in their lives” (2000:360). Individual identities form over a period of time and the move into FE can be challenging to the student who is struggling to identify themselves in the new environment, coping with a new learning situation, perhaps work experience and establishing new friendship groups (Denscombe 2000; Lawy & Bloomer 2003).
All this occurs at a time when further decisions about continuing education and careers have to be made and with so many choices available they may not always have the clarity to be able to make an informed decision. Many of my own students will say that they cannot make a decision as there is too much information and too much ‘going on’ in their lives at that moment in time.

The Government response to the Deering Report boldly claimed that:

"Good careers education and guidance are vital in helping people to choose the courses and careers which are right for them and to maximise their opportunities."

DFEE 1998:11

In order to achieve this, the government pledged to work more closely with the careers service in order to help young people make an informed decision about their future learning pathway and career opportunities (DFEE 1998).

The literature suggests decisions and choices are made through a variety of processes which may or may not involve the influence of others including friends, family, career counsellors or professionals through work experience; and influences on these processes can come from within an individual or from external sources. There is substantial evidence in the literature to support the notion that ultimately the family plays a significant role in influencing students’ choices and decision-making. It is valuable to recognise that influences are multi-faceted and variable from one case to another, to distinguish the friends from the family, and to recognize the role of the extended family. Others influences, including tutors, placement supervisors, social and cultural factors, and personal motivation, all contribute to the complexities of the decision making process.
The following section considers models of decision-making, and in particular evaluates the usefulness of models by Hodkinson and Sparkes (1997) and Ball et al. (2002).

### 4.3 Models of Decision-Making

Bloomer and Hodkinson (2000) and Gibson (2004) considered the social, economic, political and cultural contexts of the FE student. They identified the profoundly complex issues surrounding the FE students’ motivation to learn suggesting the pattern of motivation is dependent on the personal circumstances of the student including family, and relationships. Both texts focussed on students who had made a decision to remain in further education and had chosen a vocational route as opposed to a traditional ‘A’ level route, as the students in my study had done.

Bloomer and Hodkinson (2000) followed a number of students through their FE programme and identified what influenced any changes to their learning programmes. One particular student had a number of issues to address during her FE programme which ultimately led her to abandon her studies due to other pressures and priorities. The choices she made were influenced by external factors, such as moving in with her boyfriend and finding employment to provide an income when the boyfriend could no longer contribute to the living expenses; at that specific moment in time she saw no other option available to her.

Bloomer and Hodkinson present the notion of learning careers, defined as “the ways in which a person’s disposition to learning and their experiences of learning develop and evolve over time” (2000:73). The example given demonstrates how a range of factors can influence choices and decisions and also highlights the importance of
recognising critical moments in time where decisions made have potentially life-changing effects (Denzin 1989; Giddens 1991; Thomson et al. 2002).

The work by Hodkinson (1989; 1995) Gorard et al. (1999), Hodkinson and Sparkes (1997), Bloomer and Hodkinson (1997; 2000), Reay (1998), Thomson et al. 2002), and Brooks, (2003a; 2003b; 2004) have been a critical influence in my own study. Their work has enabled an understanding of the students' personal development throughout the duration of their FE programme and the multiple factors which influence young people in the decision making process.

Similarly, Hodkinson and Sparkes considered how young people made career decisions and suggest that decisions are made based on the "qualifications gained at post-16" (1997:30), but decisions about careers begin in schools and become dependent on qualifications gained.

Hodkinson and Sparkes identified that:

No attention is paid to the actual decision-making other than the assumption that it is a simple technically rational process, where (young) people assess their own abilities and interests, evaluate the range of opportunities which are available to them and then make a choice which matches ability to opportunity.

Hodkinson and Sparkes 1997:31

They reviewed different models of decision making including trait theory, developmental and social learning theory but suggested they were inaccurate as they did not fully embrace the finer details of the processes of decision making.
Conversely Foskett et al. (2004) suggest that “choice is not rational action in a strict sense... [but]... will reflect some active process...based on partial evidence, perception and circumstance” (2004:10).

Hodkinson and Sparkes subsequently developed a theory, or model, incorporating factors such as social, cultural, individual preferences and opportunities which they believe contribute to the processes of decision making. They defined this as ‘careership’ suggesting it was ‘pragmatic rational decision making’ (1997:32). The model proposes that young people:

“enter or reject an occupation based on personal experience (work experience or part time employment); and career decisions are context related and interlinked to family background, culture and life history; based on fortuitous contacts and opportunities; and influenced by feelings and emotions”

Hodkinson and Sparkes 1997:33

This broad range of factors identified as contributing to the process of decision-making further demonstrates the multiple influences young people are exposed to when confronted by choice and the need to make a decision. Hodkinson and Sparkes (1997) concluded that young people made decisions within the framework of their social and cultural horizon influenced by a number of different factors. Data will be presented and evaluated in chapters five with reference to young people’s choice of vocational education, while chapter six presents evidence to support the model of decision making for the FE students in transition to HE.
Research by Ball et al. (2002) focused on students from six different educational establishments with a broad range of ethnic and social groups. They considered aspects of social class, race, gender and culture as the students explored choices of higher education, reflecting similarities to the Hodkinson and Sparkes (1997) model.

The Ball et al. (2002) study was part of a wider study into student choices of HE and focussed on 65 ethnic minority students. Data was also collected from parents, teachers and careers advisors. Ball et al. (2002) determined there were two ideal types of choosers, 'contingent' and 'embedded', comprising of a number of different factors which enabled differences between the types to be identified more easily. These factors included social class, finance, ethnic mix of HEIs and parental influences.

The contingent choosers are identified as those who are the first in their family to go to university and so have no previous exposure to the idea of pursuing HE as an option, therefore the influence has to come from another source. For these students the family are unable to advise on HE choices but are supportive nevertheless. Alternatively, the embedded chooser comes from a family where an assumption is made that they will go to university as the parents themselves had done and are therefore able to provide constructive support and advice.

Ball et al. stressed that “the social conditions of choice of type [of chooser] are different” (2002:336) and concluded that for the contingent choosers, the parents were not as influential as for the embedded choosers. They concluded that the “contingent/embedded division is class based” (2002:352) which impacts on the HE choices made in relation to the institution and location. They suggest that the contingent chooser would not only choose an HEI close to home to be able to live at
home and reduce the overall costs of HE, but to reduce the risk of entering an environment and culture they are unfamiliar with (Ball et al. 2002). Indeed my own findings support this view as a number of cadets chose the local HEI and lived at home not wanting to move away, while others wanted the full ‘university experience’ and were happy to move away from home. Alternatively, the embedded chooser entering HE is viewed as “a natural progression, part of a well established ‘normal biography’” (Ball et al. 2002 353).

Although the Ball et al. (2002) study focussed on young people considering HE, the model could be applied to young people choosing whether to study vocational qualification at FE or traditional ‘A’ levels at 6th form. Equally, the 65 participants were all from ethnic minorities but the model is useful in identifying choosers from non-ethnic groups. The contingent chooser may also the first in the family to attend college while the embedded chooser may be following a family expectation of ‘going to college’ and equally, a choice exists between 6th form and FE College. Indeed, evidence emerging from the data suggests that a number of the students were indeed the first in the family to go to college as well as the first to go to HE.

Although this model is useful, it has limitations. It suggests that students fit into one ‘ideal’ category or the other, where in fact for some students there is a blend of both contingency and embeddedness. The data collected for my study revealed that a number of parents entered HE as adult learners at a similar time to the student, which clouds the concept of embedded choosers. The Ball et al. (2002) model defines one aspect of embedded choosers where the parents have been to university making an assumption that this has taken place as a young person. The model does not take into account the mature parent who studies at HE later in life at, or around, the same time.
as their children. The question raised asks is the young person the contingent chooser and the parent the embedded chooser? Despite its limitations, this model of explanation remains helpful where studies of influences in young people merit detailed consideration.

The issue of how a choice is made is critical to my study and whilst embedded choosers are often easy to recognise, my work contributes to the study of those students who do not easily fit into that category. The two ideal types of choosers are not clear when students apply to study the vocational programme and the implications are greater where they are more contingent choosers considering their options for post-compulsory education.

Reay et al. (2005) suggest that financial issues are the most significant factor for the contingent chooser. These students are typically from working class families with low incomes. The embedded chooser as identified by Ball et al. (2002) has fewer financial constraints and typically comes from a higher income family, having a greater familial and cultural context on which to draw on; the parents have experience of HE and are able to provide more substantial and overt influence. Reay et al. (2005) highlighted the issue of ‘belonging’ and quote one student described as ‘white working class’ who replied to a question about going to university with “what’s a person like me going to do at a place like that?” (2005:91). This quote suggests that some people choose not to go to university because they would feel uncomfortable, and this perhaps comes from a lack of exposure to a particular social or cultural experience. Data gathered in my own research supports the concept that many of the FE students are indeed contingent choosers and with that choice, comes the risk of facing the unknown.
Archer and Hutchings (2000) argue that risk is linked with choice in relation to the widening participation policy of encouraging people from non-traditional backgrounds to consider higher education. As young people contemplate their future education pathways and careers, so choices and decisions have to be made. Archer and Hutchings suggest that for the non-traditional student the decision making includes elements of risk. These include financial risk, risk of failure, and for some "the risk of a mismatch between expectations and experience" (2000:561). There is also a suggestion of social risk as students enter a different environment for example as implied by Walkerdine, et al. (2001) who advocate that working class girls may feel they are betraying their culture if they choose to pursue HE. Equally, Giddens (1991) identifies risk in his work on modernity and self identity, including the influence of living in an environment of risk and chance when considering choices.

This section has presented models of decision making from Hodkinson and Sparkes (1997) and Ball et al. (2002). The Hodkinson and Sparkes (1997) model highlights the process of decision making while Ball et al. (2002) also focus on individuals by categorising the two types of choosers. Both models have been influential in my own research and have helped inform the analysis, enabling the student voice to be revealed. The Hodkinson and Sparkes (1979) model has been a valuable tool in analysing my data facilitating identification of the processes young people undergo while making decisions. Their pragmatic rational decision making model not only considered social and cultural factors, family influences and opportunities, but also acknowledged the influence of work experience which has been a significant factor emerging from my own data. The model presented by Ball et al. (2002) of ideal types of choosers has enabled me to identify contingent and embedded choosers within the
student sample selected for this project, and compare similarities and differences. In combination, both models have helped to answer the research question *How do FE students go about making choices in relation to 'stepping on' to a nurse education diploma programme in HE and what influences their decisions?*

While Colley (2006) asked the question about choice and how a career was chosen, Hodkinson questioned the *process* of how young people make career decisions believing that ‘good decisions’ are reached “through a series of logical stages” (1995:4). Hodkinson and Sparkes suggest that within the pragmatic rational decision making model “people make a *career* decision within horizons for action” (1997:34) and further discussion is presented in the following section.

4.4 **Horizons for Action**

Horizons for action are defined by Hodkinson and Sparkes as the “arena within which actions can be taken and decisions made” (1997:34). The arena includes the school, social, cultural and familial environment of the young person as they consider FE. It should also be acknowledged that the prospective FE students will only gain a place on the chosen course if they achieve the requisite GCSE qualifications at school.

In the context of the cadets, the horizon, or arena, includes the college environment, work experience as well as their individual cultural norm. The horizon is where realistic expectations of career choice and subsequent decisions are made based on what the cadet knows or is familiar with. The environment, programme of study and work experience are all factors contributing to the decision making process.
Hodkinson and Sparkes propose that “horizons for action are segmented” (1997:35) suggesting that they are not fully considered when educational opportunities are presented. They propose that the segments include social class, gender and ethnicity and these notions have been explored by Reay (1998) Ball et al. (2002) and Reay et al. (2005). Equally, within the segment of social class comes the influence of schools (Foskett at al. 2004) friends (Brooks 2004) and financial implications (Ball et al. 2002; Reay et al. 2005).

Equally, it could be argued that within the NDHS programme, every module tends to be viewed as a separate entity, or segment, both from each other and from the work experience. It can take time for the students to be able to link the modules and placement experience and view the programme as a whole. Hodkinson and Sparkes (1997) suggest that horizons can be both limiting and enabling. Opportunities can be created, as in work experience, thus enabling the individual horizon to broaden. Alternatively, a young person may perceive they are unable to follow a particular pathway and so create a blinkered view of career opportunities. This perception may be linked to familial influences where parents and family may positively discourage a young person from following a particular career choice as it is seen to be beyond their capabilities. Equally, young people are exposed to a number of different career opportunities and may choose to follow a career pathway not previously considered.

Hodkinson et al. (1996) suggest there are two dimensions to horizons for action. Whilst one, based on the individual, has been discussed, the other aspect is the employers who perhaps unknowingly, play a role in determining a young person’s horizon. Hodkinson et al. (1996) highlight the fact that jobs are not always available to the young person, or the young person does not manage to gain employment.
Hodkinson believes that “horizons for action are located in time and space” (2004:7). It is my understanding that choices and decisions are made not only within an individual’s horizon for action as defined by Hodkinson and Sparkes (1997), but also at moments in time, alluded to earlier. Within horizons are factors influencing the decision-making-process, and while the most significant is perceived as that of the family, students have also commented on moments in time which have impacted on career choices.

In my own professional role I have witnessed many choices and decisions young people have made. One example is a significant decision made by a young male student who, through work experience opportunity, was able to observe the role of junior doctors. This experience, and subsequent discussion with the tutor, resulted in a change of career pathway into medicine, a choice not previously considered.

Horizons can also change, and Hodkinson et al. (1996) suggests that change occurs at moments in time which they refer to as ‘turning points’. The following section consider the moments where changes are experienced in an individual students’ life course or educational journey, including turning points, critical and fateful moments.

4.5 Turning Points, Critical and Fateful Moments

Strauss (1962, cited Hodkinson et al. 1996) originally coined the term ‘turning points’ in 1962. He recognised that moments in time occurred throughout people’s lives enabling choices to be made by the individual at a specific point in their life. However, Hodkinson et al. suggest these moments are “not always predictable” (1996:11). Some students may experience a turning point when they start their programme of study while for others it may be a placement experience which has a
profound and transforming effect on them which may subsequently influence choices and decisions made.

Thomson et al. define critical moments as:

"an event described in an interview that either the researcher or the interviewee sees as having important consequences for their lives and identities"

2002:339

While Giddens defines fateful moments as:

Those [moments] when individuals are called upon to take decisions that are particularly consequential for their ambitions, or more generally for their future lives.”

1991:112

Fateful moments are seen as transition points by Giddens (1991) where a decision affects lives as a result of an experience, episode or event but the role of fate cannot be ruled out. Giddens (1991) believes fateful moments occur as a result of a choice being made which is empowering to the individual and ultimately affects identity. This is seen by Giddens (1991) as destiny, or an inevitable course of action, which is also acknowledged by Mandelbaum (1973) in his study of Ghandi. Ghandi believed his destiny was fated as determined by his lifestyle, tradition and situation. It is also recognised that individual fateful moments played a part in the destiny of Ghandi (Mandelbaum 1973).

Giddens (1991) believes fateful moments can be under the control of individuals as they have the right of choice and can choose their own pathway from available options. Similarly, Mandelbaum (1973) recognized that individuals have the
capability to make their own choices and decisions as a ‘free agent’ but did not acknowledge from where the initiating and perhaps subconscious influences might emerge.

Thomson et al. (2002) considered biographies and life histories in an attempt to identify the processes by which individuals make choices and decisions. They looked at the complexities of young people's lives and the effect of critical moments, or turning points on individuals. Rachel Thomson and colleagues, building on the work of Giddens, refer to critical moments which occur when there is a combination of timing and chance (Thomson et al. 2002). They suggest that critical moments are identified in retrospect, and are reached through an experience which heavily influences individuals’ lives and subsequent identities (Thomson et al. 2002). Similarly, Giddens states that “fateful moments are highly consequential for a person’s identity” (1991:112).

My work with the students is to encourage them to explore and reflect on their experiences and consider influences of those experiences on career choices and decision making. Critical moments may be only identified on reflection or during narrative interviews with young people where the moment is identified after the event. Observations made by Thomson et al. suggest that it could be the way the ‘story’ is told which influences the interpretation of an incident as a critical moment (2002). Equally young people may choose not to share the experience of an incident and so the clear identification of a moment is absent.

Thomson and colleagues (2002) further identified and categorised critical moments of young people’s lives and placed them on a continuum between choice and fate. They considered the differential between “the extent to which events themselves
were within young people’s control, and the extent to which they were subsequently able to respond to these events” (Thomson et al. 2002:340). They claim that critical moments affect choice, in other words, a choice made at a particular moment in a persons’ life, but there were other events outside the individuals’ control (Thomson et al. 2002).

Giddens suggests that fateful moments influence decisions which ultimately affect lives of individuals. Fateful moments occur and a decision is made based on experience, but the decision is not necessarily taken at the time of the experience but following reflection, similar to the continuum of Thomson et al. (2002).

Choices and decisions are made based on the options available. Bloomer and Hodkinson (2000) suggest that the decisions, made through choice, are made within an individual’s horizon for action, as discussed earlier. The choices young people make are not only about their individual life style but also education and careers, perhaps influenced by culture, (Ball et al. 2000; Reay et al. 2005), work experience or careers advisors (Hodkinson 1995; Foskett et al. 2004).

4.6 Summary

The introduction of the widening participation policy has led to greater opportunities and choices available in education and careers for young people. The policy was aimed at individuals from non-traditional backgrounds and included access to HE with vocational qualifications. Decisions are made at key moments in their lives based on the options available but young people are exposed to a range of influences during the processes of decision making. These are acknowledged to include educational qualifications, experience, social class, family and friends.
Individuals experience a journey throughout their lives where decisions are made at moments in time, or periods of transition, which may change their life course and I have witnessed this in my professional life working with FE students. Evidence to support this has emerged from the data gathered and will be presented in chapters five and six. The points of transition engage with moments in time, which may be sudden or gradual. They are inclusive component of the life course embracing the social and cultural perspectives of the individual. This reflects the notion of change discussed by Mandelbaum (1973) where he believed that individuals change as a response to differing circumstances. Decisions are made within ‘horizons for action’ and may include turning points and identification of critical or fateful moments.

Hodkinson (1995) believes that support and guidance should be available to young people at the time of decision-making to ensure they understand any implications which may result as a consequence of their decision. Examples could be choosing a course of study, which may entail travelling abroad, or attending university further from home than the young person initially wanted. It is here where the role of the family, friends and careers advisors are perhaps at their most influential, at a time when the young person is at their most vulnerable and subsequent consequences of actions are not always understood.

What affects one person may not necessarily affect another in the same way reflecting the individuality of choice. For some people, family and culture have a strong influence on their decision-making, for others it is friends, careers advisors or other professionals (Gorard et al. 1999; Brooks 2003b, 2005; Foskett et al. 2004).

The pragmatic rational decision making model (Hodkinson & Sparkes 1997) considers the processes young people experience as they make considered choices.
and decisions. This model includes a number of factors and has been defined simply as ‘careership’, encompassing the different aspects and context, including experience. The Ball et al. (2002) model is focussed on social class and ethnicity, identifying differences between contingent and embedded choosers and specifically the ability to access HE from non-traditional backgrounds.

This chapter has discussed selected literature pertaining to influences on choice and decision-making. In evaluating the literature it has become evident that while there are a number of influences on choice and decision-making affecting young people, the family play the most significant role in that process. This includes choices about studying vocational or academic qualifications, higher education and careers. It is appropriate to acknowledge that the inclusion of discussion on turning points, critical and fateful moments has been a helpful ingredient of this work in identifying points in the student’s lives when decisions have been made. However, it has been less significant than the models of choice and decision-making in the analysis of the data gathered for this project.

These issues are central to my research project and the data collected from the young people at Valley College is analysed in chapters five and six to determine the influences on their choices and subsequent decision-making. The age of respondents and influences on their choices and decision-making identified in my research is reflected in the literature, which has helped to inform my study and provide a structure for the analysis of my own data. The next two chapters will present and discuss themes from the data collection, and draw conclusions in order to answer the research question: How do FE students go about making choices in relation to
'stepping on' to a nurse education diploma programme in HE and what influences their decisions?
5. FURTHER EDUCATION CHOICES and EXPERIENCES: Nature of FE Experience

5.1 Introduction

There has been considerable debate surrounding vocational qualifications and their academic value (Hodkinson 1989; Matlay & Addiss 2002; Culley & Genders 2003). Davies and Tedder suggest that vocational courses are perceived as having less value than their academic counterparts promoting the notion that the divide between vocational and academic programmes is “entrenched” within the academic culture (2003:23).

Research published in 2008 by the Learning and Skills Council (LSC) found that prejudice against vocational education and training is growing not only in the UK but across Europe (Kingston 2008). The LSC proposed that “four parents in five urge their children to follow traditional academic routes, such as A-levels” suggesting that parents steer their children away from vocational education and training (Kingston 2008).

This chapter focuses on the influences on choices and decision making made by young people as they prepare to move into post-compulsory education on completion of their GCSEs. Data will be presented and evaluated to indicate why the young people chose to study for a vocational qualification at an FE College as opposed to 6th Form College. Evidence will also be presented suggesting that the young people did not feel the BTEC programme was of any less value than traditional ‘A’ levels.

Further data is presented revealing the importance of the work experience, skills acquisition and the value of the exposure to the hospital environment. In addition, I
will present data which serves to support the modern cadet schemes, and argue that the level of skills competency gained by the FE students as cadets is reflected in the Benner (1984) model of skills acquisition.

Chapter six presents and evaluates data pertaining to the influences, choices and decision-making of the FE student as they consider studying a nursing diploma programme. I will draw on evidence which reveals the extent to which the students found the cadet component of their FE programme valuable in the transition to HE and suggest that the cadets’ felt more advantaged than their ‘academic counterparts’ on entering HE.

5.2 Choices and Influences: Vocational Education or 6th Form College

In my study, none of the students felt their vocational qualification carried any less value than the traditional ‘A’ level. They were doing what they had chosen, and what they wanted, without any consideration that the qualification may be valued differently; perhaps also without any structured advice as to a potential move to HE. This conclusion reflects the findings of research undertaken by Hodkinson et al. (2007) who observed that “some students saw their vocational courses as of higher status than their prior expectations and the experiences of their friends and family members” (2007:404). Equally, research by Davies and Tedder (2003) concluded that there was a clear differentiation in status between 6th form and vocational courses. Davies and Tedder felt that vocational programmes provided the opportunity to “introduce students to specific vocational paths but equally can help them to develop more generic skills that might lead them to consider other directions” (2003:23).
Careers advice at Valley College open days includes discussion with the students and their parents about career plans and the most appropriate route to achieve their goals. There was evidence of the influence of other professionals in the decision-making process. A number of students identified the FE tutors as playing a significant role, particularly in their FE choices. Advice on careers and participation in HE is provided for the students at open evenings. Naomi, and others, acknowledged the influence of the FE open evenings and discussions with the tutors as to the suitability of the course in relation to their future career plans.

One student, Maggie, questioned her decision about not to go to 6th Form, believing that ‘A’ levels held more value than BTec, but she wanted the experience saying:

I was really torn whether to come here or go to 6th form, because I thought the academic would hold more value. But it was just the experience that I would get here and I just enjoy doing coursework.

Maggie

Maggie successfully achieved three Distinction grades on completion of the National Diploma and gained a place at university to study nursing, she has no regrets about her decision to study a vocational programme. Since completion, she has secured part time work at the NHS Trust as a Health Care Assistant (HCA) not only to earn money for university, but to gain as much practical experience of care work before starting her course.
Mary, Holly and Matt said they had considered the academic route through 6th Form College but did not want to remain in a school-like environment, preferring the opportunity for work experience. Mary commented:

*I chose to do it [BTEC National Diploma] because I didn’t want to focus it on separate subjects like biology and chemistry. I wanted it to be more health related, and on the practical side. I wanted the work experience, because I wasn’t quite sure which area I wanted to go into. I wanted to be a nurse, but I just wanted to make sure that I got the experience, because I had not actually had any nursing experience before.*

Mary

Equally, Holly said: “I preferred it here because they do more adult learning. 6th forms treat you like you’re at school” while Matt was particularly keen not to pursue study in a 6th Form. He felt: “It was too academic as it were, sitting in a classroom and being taught. I don’t like being talked at I like going out and doing it.” He confirmed that: “a lot of my friends have either dropped out of 6th Form and come here [Valley College] or have finished early at the 6th Form so I feel that I have made the right decision because they all hated it there”.

Stuart made similar comments saying:

*I liked the fact that there was a course here that suited me. It had subjects that I liked and also the fact that the college is connected to the University [name] at the same time so you can have the advice and support here.*

Stuart
Hannah knew exactly why she wanted to do the FE programme, and specifically BTec, and not traditional A levels:

> It was the fact that it [BTec] had placements in the health care environment that made me think yes, I'm not just going to come and do an A level in science, or maths and stuff. I'm going to do something that's going to help me in my future to go to uni. Yes, it was just the fact that we were able to do placements in hospital and other health care settings to have an insight into what hopefully I wanted to do in the future.

Hannah

As discussed in chapter two, the FE programme at Valley College includes a wide range of integrated work placements, including an NHS Trust hospital. The cadet programme enables students to experience the realities of health care work first hand during the placements in clinical areas. Clearly the comments from the students presented above reveals the importance of the placement opportunities, which are not available through the 6th Form College, which identifies a distinction between the provisions of further education. The data presented suggests that the placement experience was significant in influencing the decision of whether to study at 6th Form or an FE College.

Hannah’s rationale for choosing a vocational programme reflects the findings of Davies and Tedder (2003) in wanting to experience different career opportunities. Although she clearly wanted to work in a care environment, she was looking for further insight into the role of the nurse before reaching a decision. The work experience at Valley College provided this opportunity, and it is pertinent to acknowledge the career specific placements are offered in the second year of the
programme. The rationale for this is allowing for the students to be more mature and
more able to cope with the emotional aspect of the work. The clinical placements
start prior to the students applying for HE enabling them to make informed decisions
about their careers and an opportunity to reconsider if necessary.

When considering her FE pathway, Emily made a positive decision not to stay at her
school which had a sixth form attached to it saying:

    I didn’t want to do A levels, it was too academic. I really wanted to
go into the caring profession but I didn’t have a clue of what it was
I wanted to do. And I didn’t want actually to do nursing. It was
going to be social work. That was sort of my main goal that I had
in the back of my mind, but I thought I would try this course and do
different things and then the opportunity came up to have a go at a
hospital and I absolutely loved it, so I did nursing.             Emily

Emily recognised her own difficulties with having dyslexia and knew she did not
want to go to 6th form college saying “it was too academic”. Emily was concerned
about her ability to cope not only at FE but also HE level and while she did not
achieve the highest grade possible, did complete her course gaining a PPP grade
enabling her to access HE.
Holly recalled that she came to an open evening and spoke to the staff. Although she had been offered a place at the 6th form college to 'do childcare' she changed her mind but could not remember why saying:

*I don't know really. I just decided that I really didn't want to go there. I wanted to go more down the nursing route anyway*

Holly

Similarly, Naomi had been to an open evening and recalled:

*When I came to the Open Evening and had a chat with you, you happened to mention that this was a good course and would lead on to a nursing course, which is what I actually wanted to do.*

Naomi

Comments from the seven students provided above reflect the views of the remaining 14 students who all shared the same opinion about study at 6th form college. The significance of open evenings has been highlighted by Naomi and Holly. Talking to members of staff who are vocationally qualified and realising the placement opportunities, would appear to be a further influencing factor in the student choices of FE. The attendance at open evenings by the students could be considered a turning point as identified by Strauss (1962 Cited in cited Hodkinson et al. 1996) when choices are made at a specific moment in time.

Maggie, Mary, Holly Stuart, Naomi Emily and Hannah are now studying at HE and pursuing their goal of nursing. Matt has taken a year out and is employed as a Health Care Assistant with the local NHS Trust. The partnership established between Valley
College, the local HEI and NHS Trust through the cadet scheme, enabled the students to access an accepted route into nursing without the need for traditional ‘A’ levels.

One could argue that careers advice is not fully appreciated by the students at a time of transition and turmoil, and the stress of GCSE exams (Denscombe 2000). While the Government claim that good careers advice is essential (DFE 1998) it would appear not to be fully utilised by the students whilst still at school, perhaps reflecting a level of immaturity and the lack of ability to make informed choices. Conversely there is evidence in the data presented here that a number of students had made their mind up early in life, long before they had met or even heard of careers advisors.

Evidence from the interviews suggests it is the family and, subsequently, the staff, both at school and college, who know the students and are able to provide appropriate information and career guidance on choices available enabling an informed decision to be made (Davies & Tedder 2003). Tutors are also able to consider both the emotional demands and cognitive ability of the students at a crucial time of identity transformation (Davies & Tedder 2003). While the government firmly believes that good careers advice is essential (Hodkinson 1995; Foskett et al. 2004) only one student identified that the Connexions service, which provides careers advice, had been influential in her choice of FE.
Liz said:

_I think it was Connexions because they tell you where you can go and when I said I wanted to be a midwife they said you can't really do it so come and do this and it will get you into uni._

_Liz_

Liz provides evidence of just one case where the careers service has been highly influential. No other students interviewed acknowledged any influences from the careers service. But for Liz it enabled her to make an informed decision about her career and although she wanted to study midwifery, she applied for nursing first with a view to undertaking midwifery as a post-registration programme. This does demonstrate a maturity to be able to make an informed decision which will impact on her future career (Bloomer & Hodkinson 1997; Ball et al. 2000).

The complexity of the decision-making processes may become easier as the student progresses from school to college, learning to take on more responsibility for themselves, and may be able to access and process information and advice more readily. It is also the 'next stage' in their learning career and so decisions become more relevant to their immediate future.

This was the situation for Caroline, who had been disappointed with her GCSE grades and retook a number of them to access the BTEC programme. She began to struggle during the second year of the programme and lost confidence in herself, both on placement and the classroom. Caroline sought advice and considered her options before making a decision not to continue on the diploma, opting for the Certificate instead, equivalent to two 'A' levels, as opposed to the three 'A' levels of the Diploma. As soon as the decision was made she said she felt "really happy" and,
although it postponed her study at HE, she appeared to be much clearer about her future saying:

_I'm quite happy because I don't think I'm ready now, I want to work, get a bit of experience and get more confident before actually stepping into university._  

Caroline

Caroline has since worked as a care assistant to gain further experience and confidence and is currently in the process of applying for HE.

The study by Foskett et al. (2004) concluded that the careers service was ranked the lowest influencing factor by young people in determining future career choices. With only one of the students in my study saying how influential the careers service had been for her, this supports the Foskett et al. (2004) view. What the service can provide is information on a range of choices available to young people; it is ultimately up to them to decide which path to follow.
One student said she had made her FE decision "Because my brother had done it" and another "Because my friends were coming here" while a third indicated she had considered 6th form college but suggested it was the staff at the FEC who had influenced her choice of post-compulsory education commenting:

> When I came to the Open Evening and had a chat with you, you happened to mention that this was a good course and would lead on to a nursing course, which is what I actually wanted to do. I was just going to use it as filler but it turned out quite well. I had a look at the course at the 6th form but it just wasn't the same as this, not so in depth. Naomi

Naomi and Sophie acknowledged the role their families played in their FE choices and decision-making but again there is evidence from Naomi as to the significance of open evenings and careers advice from the tutors. Naomi spoke of her family influence saying:

> I think my family, especially, they have said, we'll support you in whatever you want. We'll help you make decisions if you want to. We'll give you advice. We'll help to finance that, but they've never been pushy or anything. They've never tried to push me in any direction. Naomi

Naomi’s family were obviously supportive and said they would help her with her decision making, whereas Sophie turned to her mother for advice. She had been accepted at the 6th Form College but was not sure she could cope with the A level programme. Her mother had been at Valley College as a mature student and knew of
the BTec programme so made a late enquiry on behalf of her daughter. As a result Sophie came to the college, successfully completed her programme and commented that although Mum had taken the initiative she was quite happy about it and did not regret her decision to move from 6th form to FE. Perhaps she trusted her mother to make a right choice for her as she was a nurse and had some insight in nurse education.

When asked if she had any regrets about her decision or felt that Mum was taking over she said:

*Yes, at first I was a bit unsure, but I knew it was the right thing to do. I remember that and I really loved it, that's Mums isn’t it?*

*Sophie*

The result of this decision could have been very different but Sophie, who was very unsure of the value of going to the 6th Form College but had the maturity to talk to her mother and ask for and accept her advice. Davies and Tedder state “students are at a time in their lives when they are becoming independent and when they are taking on more adult roles” (2003:19). Sophie demonstrates a maturity to recognise she needed advice and so turned to her mother. David et al. (2003) proposed that gender was an influence for young people when asking parents for advice and argued that girls will ask their mothers for help, just as Sophie did. The David et al. study further suggest that girls are more ‘collaborative’ when it comes to making decisions, whereas the boys sought ‘independence and autonomy’ and do not want parental intrusion (2003:35).
Annie commented:

*I think mine was my dad, not my mum, but I don’t live with my dad, so he was more supportive than my mum. Just that he wanted me to do well and he’s been there, done it, and like you want to get somewhere in life.*

Annie

Toni lived at home with both her parents, her brother had also been at the college some years previously and she had consciously followed in his footsteps to college but not the same career pathway. She said it was her father who had the most influence over her:

*Yes, my dad influenced me just saying like, it’s a good job. There are so many paths you can go down, so many different things you can do and looking at my personality, they both said that, because I have to be active and on the go that it would suit me to a T.*

Toni

Gorard et al. (1999); Brooks (2003a); and Foskett et al. (2004) all recognised the importance of family and friends in the decision making process and the data presented here confirms that the students explicitly recognised the influences of their families. Twelve of the twenty one students interviewed identified the family as influential, and nine specified one or other parent as their primary influence when making their choices and decisions about both FE and subsequently for HE.

For the BTec students, work experience is positively highlighted as a crucial factor in helping them to decide whether to study at 6th Form College or an FE College.
Evidence from my data indicates that the students valued their programme, particularly the practical experience they gained from the work placements. There is no doubt that the students had a difficult decision to make between studying at 6th form or FE and gaining a vocational qualification. However, it is clear they wanted practical experience as opposed to less vocationally-orientated programme of study.

5.3 Work Experience and Skills Acquisition

From the perspective of the respondents, the experiences on the wards through the cadet programme appear to have been very positive. Understanding the ward routines, observing clinical tasks, and learning basic skills such as personal care, bed-making and recording clinical observations were among the tasks and skills identified as important.

Naomi felt:

"It was good. It was a good foundation to basic skills you are going to need, how to make a bed, how to wash a patient, how to empty a catheter bag. Very, very basic, very limited, but skills that you have to have before you can go on to the next thing. Naomi
Although Naomi refers to the skills acquisition being very basic, she clearly believed it was essential to have that 'foundation' in order to progress. Equally Hannah believed gaining valuable experience from the placements confirmed her choice of career, saying of her hospital placement:

*It was really interesting. I think it was really good because you managed to get an insight into hospital as you first start, because if you go to college and do the two years and then go to uni and go for the first time into a hospital, it would be a bit scary and might not be what you want. So, actually having to do it in college, it was really good to have the insight because then you can think 'yes I definitely want to do this, or no, I'm not too sure really'. And you can take a different step. So, yes it was really good to have some basic experience of a hospital.*

Hannah refers to the experience as providing an insight into her future career acknowledging that it helped people make career decisions. Similar views were echoed by Izzie who said that she learnt about the care environment and career options available:

*The placements boosted my confidence a lot, and have given me loads of experience. Made me learn about all the environments we work in and all the options available. I realised doing the placements that it's what I want to do.*

Izzie
Stuart said the hospital placement was "brilliant, love it. It's great to get out there in the workplace, see what happens" while Matt expressed a very firm view when he said "I just think experience is better than grades as it were."

Liz had made a decision to study a vocational programme saying:

"I would definitely do this rather than A levels because you get your work experience"  

_Liz_

The students gave very similar responses for choosing a vocational programme namely they wanted to undertake work experience in order to confirm their choice of career. They acknowledge that the placements provided the experience, which is what they were looking for in the FE programme. It is clear from the data that the students are able to recognise they were learning basic skills in preparation for HE, but there is also evidence of gaining knowledge as Liz stated. For these cadets, the hospital placements and the acquisition of skills was highly valued reflecting the work by Culley and Genders (2003) and Draper et al. (2004) who concluded that cadet schemes provide the opportunity for practical experience while gaining a qualification to enable access to HE.

As Kate commented:

_I just liked the idea of this course, being vocational and having placements which you don't really get at 6th form. You get to look into it and see what it is you like and you can decide if you like it._  

_Kate_
The work experience within the cadet scheme enables exposure to professional practice and provides an opportunity to see where the underpinning knowledge of the BTEC programme is reflected in the professional knowledge of the qualified staff in the clinical areas. Draper et al. identified that the “practical aspect of the cadet scheme……was highly valued by the cadets” and concluded that more research would be needed “to establish whether cadet schemes do indeed provide a strong platform to launch cadets into pre-registration and beyond” (2004:226). The overwhelming evidence to emerge from this research data is the importance of the work experience gained through the cadet programme, reflecting the findings of Draper et al. (2004). As Stuart commented: “you can apply what you have learnt in class to actually doing it and seeing what you have learnt there and bring it back to class.”

Fourteen of the twenty one students interviewed had completed the National Diploma while the remaining seven were interviewed during their programme. However, they all shared the same view that the work experience was the most important and beneficial component of the two year programme which is reflected in the data presented.

The seven students from cohort four, who were due to start their HE programmes in September 2008, felt that the vocational experience had helped them at university interviews. When asked if she knew what a ward routine was, Jane replied “yes, I do it every Thursday on placement” and remarked that the interviewers seemed “impressed that someone actually knew what went on in the hospital setting”. She was offered a place to study nursing, but it is inappropriate to speculate whether the offer would have been made regardless of the practice experience. This data
importantly confirms the value of the work experience both as a confirmation of career choices, but also as a factor in helping in the transition phase to HE. This data also confirms the value of the vocational programme in helping FE students to make choices and decisions and enabling the research question of how student make decisions about HE to be answered.

However, although the students all acknowledged the importance of the work experience, not all had such a positive experience as Emily and Alison explained. Undertaking work placement in an NHS hospital with a Military Defence Hospital Unit (MDHU see Appendix Six) led to the cadets encountering confusion in their role. They were repeatedly being asked if they were in the Army.

As Emily explained:

*Well, they [ward staff] didn't really know who we were, either, when we were on the wards. They didn't quite know what a cadet was. They thought we were from the army. They said 'You're a cadet. Are you in the army'? NO!! So they didn't really know what to do with us or what we were allowed to do or what we can and can't do. We were just observing, which is fair enough. We just shadowed.*  

*Emily*
Alison also experienced confusion about her identity and role on the ward saying:

They [placements] really helped build my confidence and helped me develop basic things like communication with different people. It was a bit scary at first because everyone was asking me ‘what’s a cadet? I don’t recognise that uniform. What’s it all about?’ and you have to sort of explain to so many people. Everyone was really quite nice and welcoming.

Alison

Alison felt the placements provided insight into care work and the hospital environment although she admits that it was ‘scary’. Perhaps as the people around her did not have a full understanding of her role this did not help, but she did acknowledge the confidence and skills she gained during her placement:

The cadet course was just good as an insight. It is good preparation for the hospital environment. I mean you learn the basics about taking observations, making beds, communicating with patients. It was good that way and like you learn the routine of the hospital and how it runs and you learn all the basic things that you need to know before you can even attempt to go into the hospital.

Alison

The issues of identity of the cadets and the tasks they were able to undertake concerned all who had worked so hard to establish the programme. However, all the students believed that the placements helped them as they progressed into HE reflecting the view of Culley and Genders (2003) who believe cadet schemes offer a valuable vocational entry route and meet the policy requirements of widening access.
Clearly the work placement enhanced the experience for the cadets, enabling them to learn practical skills prior to their nursing programme. At the same time the knowledge and practice gained contributed to the decision-making process, perhaps enabling a more informed decision to be made about their route into the profession. The insight into hospital life and the role of a nurse had been a positive experience and increased their confidence, which ultimately eased their transition into HE and this will be explored further in chapter six.

The lack of understanding of the cadet role and acquisition of competencies by a number of staff within the NHS Trust and some HE staff perhaps suggests a negative attitude towards vocational qualifications. However, there is no evidence within this project to substantiate that notion. A number of the NHS Trust staff appeared to base their comprehension of the modern cadet programme on the historical and outdated views of cadets leading to a lack of understanding and value of the schemes. Sophie believed, “You’re always going to have problems with mentors and things like that, but you just get on with it.” Similarly, Alison confirmed that many people she came into contact with on the wards did not understand who she was or what her role was. This lack of clarity within the workplace is unacceptable as there is the potential for misinterpretation of abilities. For example, asking cadets to undertake tasks they are not permitted to do; conversely, the cadets could be left without appropriate guidance in the clinical area and so not achieve their learning goals (Akid 2002).

Nevertheless, there is also evidence to suggest that mentors can be very supportive, for as Nikki commented “my mentor was really nice. They [ward staff] always let me do things [under supervision] and were really kind.” In order to be able to mentor within the NHS staff must be hold a recognised mentorship qualification. Dedicated
training for mentors to support the cadets was provided, but staff were not always able to be released from their ward areas and so they were unfamiliar with the role of the cadet. This led to cadets feeling vulnerable with not enough people knowing and understanding their role in the clinical areas.

As discussed previously, MAD proposed a new model of nurse education to meet the recruitment needs of the NHS, and improve retention (UKCC 1999). The proposal was to integrate the knowledge and skills of the student nurses and to increase the practical skills acquired during the three year programme (UKCC 1999). An important element of the ‘new model’ was to establish:

“career pathways for cadets and healthcare assistants to progress ultimately to nurse, midwife or health visitor consultant. Many nurses will still train through the traditional three year diploma route, but it is important to widen the options to open entry to everyone”. MAD 1999:26

The integration of knowledge and skills for student nurses can be seen to start at cadet level, while the career pathway for cadets can be clearly identified within the Valley College scheme. This suggests that elements of the new model of nurse education are being implemented, but further research will be required in order to determine if the cadet schemes contribute to the retention of student nurses.

During their placement the cadets are able to achieve the same skills competencies as a student nurse, with the exception of undertaking any invasive procedure or giving medication. Subsequently, if the cadet stepped-on, the record of skills achieved
would be acknowledged, credited and continued throughout the remainder of the three year programme.

The data gathered for this project has demonstrated that the knowledge, skills and competencies gained in placement by the cadets have made a valuable contribution towards decisions about becoming professional carers. More importantly, the students themselves identified the value of the work experience providing them with the confidence and competence to take with them to their HE programme. The model of skills acquisition presented by Benner (1984) suggests that the Advanced Beginner at stage 2 of the model is one who can demonstrate an acceptable level of skill and ability based on prior experience. The data gathered supports the notion that the cadets are novices when they first start their clinical placement. The knowledge and skills gained though experience places them at the second stage, or advanced beginner as they “have coped with real situations” (Benner 1984:22).

As the cadets join the nursing programme having completed one year's work experience, they have an advantage to potentially reach level three of the Dreyfus skills acquisition model, and become competent practitioners ahead of those without prior experience. It has been necessary to acknowledge the role of skills acquisition in this section as it refers directly to the cadets FE experience, but further data will be presented in chapter six to fully demonstrate the value of the work experience when the cadets have progressed to their HE programme.
5.4 Summary

This chapter has considered a range of issues including vocational qualifications, choosing FE, influences on decision making and work experience within the cadet scheme.

I have presented evidence which suggests that the partner HEI acknowledges the BTec qualification and values the vocational experience gained by the students. Evidence from the respondents suggest that other HEIs are also beginning to acknowledge the value of the vocational qualification. This was highlighted in the data from the fourth cohort who had recently undergone university interviews where staff were impressed by the practical knowledge of the applicants. Perhaps the high profile media coverage of the Tomlinson Report (Tomlinson 2004), and vocational qualifications has impacted on admissions tutors who are embracing widening participation as a reality.

It is the combined elements of skills, knowledge and experience which enable nurses to care. The cadet scheme at Valley College, through the BTec programme, facilitates all three elements and prepares the FE student for their HE diploma programme. There is substantial evidence from the interviews to indicate the value of the cadet programme and how it has helped students their preparation and decision making for HE. FE students are able to access nursing through this route as a direct result of the governments’ widening participation policy and the proposals which have emerged from both the MAD and FFP documents, discussed in chapter two.

In the data gathered and presented in this chapter it has been important to reflect on the perspective of the FE students and how this has impacted on their decision-
making process which has provided valuable evidence towards answering the research question: *How do FE students go about making choices in relation to 'stepping on' to a nurse education diploma programme in HE and what influences their decisions?* Cadet schemes offer an insight into working in clinical environments in the NHS enabling first hand experience of the role of the nurse; the choice of whether to step-on to nursing diploma programmes is also an option. The placement experience enables the FE student to observe at first hand, the role of a nurse and provides them with a much needed realistic view of nursing, which Culley and Genders (2003) believe many young people entering nursing do not have.

Educational decisions made by young people in FE potentially affect their future career and the decision-making process involves reaching a conclusion based on choices available. The influences on the young people both at the point of FE and HE choices are seen to come from a variety of sources which impact on the decision ultimately made, including experience, family, friends, and professionals. One student, Kate, defines the FE programme as *'being vocational'*, a statement which defines the essence of the BTec and cadet programme. This suggests that young people are making FE choices in relation to their future career plans.

The evidence presented in this chapter demonstrates the students’ pragmatic decision making as defined by Hodkinson and Sparkes (1997) where students reach career decisions based on context related experiences. A further discussion about choice and decision-making for HE will be presented in the following chapter.
6. HIGHER EDUCATION: Choices and Decision Making
Influencing HE and Stepping-on

6.1 Introduction

Chapter five presented data about the influences on choices and decisions made by young people in transition from school to college. Evidence considered why young people chose to follow a vocational programme and not ‘A’ levels at 6th Form College. Data was presented and evaluated demonstrating the extent to which the young people valued the BTEC programme, and in particular the work experience, in relation to choosing a vocational programme in preparation for nurse education. The acquisition of skills was identified as a significant factor in determining their choice of vocational education on leaving school.

Chapter six focuses on factors influencing choices and decision-making of the young people as FE students as they consider their HE options. The opportunity to ‘step-on’ to a nursing programme is fully examined and evidence presented and analysed as to why some students chose to step-on while others did not. Evidence will also be presented regarding the students’ view of work experience and how the experiential learning and acquisition of skills has enhanced their confidence as they move into HE.

The content in chapters five and six both address influences on choice and decision-making, but from different perspectives. Chapter five considers how young people make decisions about post-compulsory education, while chapter six presents data and analysis on the influencing factors pertaining to HE choices. Both chapters consider the influence of friends and family, and the work experience in the decision-making process, with chapter six focusing specifically on the transition to HE and the
students decisions of whether to step-on or not. The two chapter together form a cohesive analysis of the data which seeks to determine how the students at Valley College reached their decisions in order to answer the research question: *How do FE students go about making choices in relation to 'stepping on' to a nurse education diploma programme in HE and what influences their decisions?*

The widening participation policy (DFES 2003a) has been fully discussed elsewhere in this thesis. Evidence will be presented here to support the notion that for some young people the policy has provided the opportunity to access HE. This chapter also provides brief profiles of the student respondents at Valley College who participated in the research.

### 6.2 Influences and Decision Making

Potentially, choices and decisions for young people in education, who are at the beginning of their learning careers, can be overwhelming. Influences from a number of different sources can include personal experience, family, friends, careers counsellors and teachers. These influences will be evaluated to determine if, and how, this relates to stepping-on to a nursing programme. I will argue that while the family plays a significant role in the decisions regarding FE, there is evidence to indicate that it is the students themselves who makes the final choice about HE and whether to step-on or not to the nursing diploma programme, often in light of their work-related placement experiences.

The research papers by Gorard et al. (1999), Brooks (2003b), and Foskett et al. (2004) all acknowledged the positive influence of the family. Significantly, family influence was not restricted to parents but included grandparents. Hannah, Yvonne,
Mary and Molly recognised their grandparents had played a prominent role in their lives.

Hannah’s career influence came from an early experience of helping to care for her grandfather. She explained:

*My grandad was really, really ill and I helped nurse him before he died and that’s what set my mind on it. I thought, yes I’m going to do this. This is what I want to do when I’m older and I just carried it out ever since.*

Hannah

She also admitted to watching the television programmes saying “*When I was younger, about nine, I used to watch Holby City, Casualty and that, and used to think ‘oh yes, I really want to do what they do, be a nurse’*” An influence shared by Stuart, Annie and Liz.

Mary acknowledged the wider family influence saying:

*My Aunty is a nurse and I found it quite nice that she could make a difference to people. When my little brother was younger he was really ill and we got involved with his care quite a lot and I became quite interested in that area. So since I was about eight or nine I was pretty much wanting to nurse.*

Mary
Yvonne said it was her Nan who was more excited than her father when she gained her place at university. She made no acknowledgement of any influence from her immediate family during the period of choosing if and where to go:

*My Nan was really excited but my Dad didn't really care. So she was telling all the family 'oh she's going to uni'. My dad's always been pleased with what I do, but he just lets me get on with it really, whatever I wanted to do.*

Yvonne

The influence of the family, both immediate and extended, is evident and reflects the literature presented in chapter four but perhaps the examples given relate more to the research by Gorard et al. (1999). As discussed earlier, their study investigated influences over a period of time during the 1950s and 1960s when the wider family still lived in close proximity.

Molly admitted she had “always wanted to be a nurse” and acknowledged the influence of not only her mother but also her Grandfather:

*Because my granddad was a nurse as well at [name] I had always been brought up with it, but they have never told me to do it. I just knew I wanted to do it. I always thought 'that would be good'.*

Molly

Alison and Kate provided a different perspective. Alison said of her parents: “*they just let me get on with it. They didn't push me any which way. They just sort of supported me. Any decision I made was my decision. It was completely up to me.*”

However, there was no indication of how that support was provided but it is significant to note that Alison lived with her father and did not see much of her
mother a situation which may have influenced her independent decision making. Kate said: "They don't like force us into it. She [Kate's mother] said to me if you don't want to go to university you don't have to. So not like forcing me. But she wants us to have the opportunity that she didn't have". The data gathered suggests that family responses had a significant influence on the students HE decisions.

Work by Brooks (2003b), which has been discussed in chapter four, found that young people did not always discuss their HE choices with their peers, suggesting that friends played no part in influencing decisions, which has been reflected in the data gathered and presented in this chapter. This contradicts the evidence presented by David et al. who claimed particularly that "female students tended to collaborate with their friends over choosing universities" (2003:22). None of the female students interviewed acknowledged any influence from friends or peers in their choice of HE. Although there is no data to support this view, it reflects the work of Brooks (2003b) and is evident by what has not been said during the interviews. However, the influence of joining friendship groups at HE was a significant factor and evidence to support this is presented and discussed later in this chapter.

The data revealed that nine of the 21 students interviewed had members of the family already involved in the nursing or caring profession. Two also acknowledged that their mothers were the primary carers for a younger brother with special needs, and one mother was the primary carer for her father. Hodkinson and Sparkes (1997) suggest that social experiences are "an integral part of the decision-making process" (1997:32). Individual experiences and familial culture influence decisions and, in the context of this research, the experiences of other family members appear to have contributed to the student following a particular career pathway. Similarly,
Hodkinson found that “decision-making was context related, and cannot be separated from the family background, culture and life histories” (1995:6) of the individuals involved. Matt and Sophie’s mothers are both nurses, while in a reversal of roles, Hannah’s mother entered care work as a result of what her daughter was doing.

When Toni secured her place at the HEI she said her “Mum and dad were really chuffed. They always boast about my brains!!”, and although they encouraged her to apply, they did not push her into any decisions. Toni’s only regret in her decision-making was not to look at any other HEIs. Instead, she chose to live at home and study locally, saying she did not want to leave her parents. Two thirds of the students interviewed said they chose their university due to its proximity to home as they did not want to move away, acknowledging it would be cheaper to live at home and travel daily to lectures. This reflects the findings of Ball et al. (2002) who suggest that the contingent chooser would choose an HEI close to home to be able to live at home and reduce the overall costs of HE, and to reduce the risk of entering an environment and culture they are unfamiliar with.

However, the fourth cohort presented a different point of view with four students saying they wanted to move away and be as far from home as possible so as to engage with ‘the whole student experience’. This might suggest the type of chooser they were, whether embedded or contingent. Toni, Alison and Yvonne were contingent choosers and, as such, perhaps felt the need to stay nearer the family home.

As discussed in the literature review, Ball et al. (2002) suggest there are two ideal types of choosers, contingent and embedded. All but five of the twenty one students interviewed in my research are contingent choosers, coming from a range of social
backgrounds where neither of their parents went to university, although three had older siblings who had been the first to go. Of the five embedded choosers, Caroline, Kate, and Izzie said they were the second child in the family to go, whereas for the others it was the parents who had been to university. This is perhaps an indication that the policy of widening participation is effective in enabling students from non-traditional backgrounds to consider studying at university.

David et al. (2003) and Reay et al. (2005) suggested that the more subtle influences from the family may be due to financial constraints, whereby application to HE is not encouraged due to the issue of financial support. As tutor to students over a number of years, I have witnessed many who undertook paid employment to fund themselves through College. There is no reason to suggest that this situation would change when the student enters HE, nevertheless, there was no evidence gathered to indicate that the financial situation of the family impacted on decisions by the cadets to pursue HE. This does not imply that no financial constraints existed and it would be inappropriate to presume there were financial pressure on the students in this study.

Only one student, Naomi, spoke of her parents supporting her financially whatever her choice of FE or HE. She acknowledged:

"My family have said we'll support you in whatever you want. We'll help you make decisions if you want to. We'll give you advice. We'll help to finance that, but they've never been pushy or anything."  

Naomi

Conversely, it could be assumed that if students had financial problems at FE these would remain unchanged while studying for an HE programme. It is pertinent to note
that student nurses receive a bursary from the government and are not charged university fees if they pursue a diploma in nursing. All the students in my study chose to apply for a diploma programme suggesting that financial considerations may influence the choices and decision-making processes, but this is not evident in the data.

Only Hannah acknowledged the role of the careers advisors which occurred during a Year 11 careers visit when she was advised to consider joining the Army. All the students were asked during the interviews about careers advice, but of the 21 students interviewed only Hannah said the service had been helpful. The study by Foskett et al. (2004) found that the schools careers service was not ranked highly in influencing young people’s choices and my study would appear to support this.

This section has discussed a broad range of themes including the influence of the friends, the wider family, professionals and the media. Data presented indicates that the influence of friends is greater whilst at university rather than during the decision-making stage of whether to go to university or not. This has been evident where the student has struggled with the academic aspect of the programme and friends have been supportive at a time of personal and academic challenges.

The different types of choosers have been alluded to and while sixteen of the twenty one respondents in my study are contingent choosers there appears to be no difference between the choices made by the embedded or contingent chooser. While financial considerations have been an issue during the FE programme, it has not in itself been identified as a factor in determining choices of HE programme, but similarly cannot be ignored.
6.3 Vocational Preparation for HE

Four students commented that they had worked alongside student nurses who had accessed HE from 6th Form College but they did not have the benefit of sustained work experience. Liz and Annie recalled their first placement allocation as student nurses and acknowledged the value of their cadet placements:

when we had to go in there, we thought we might be nervous, but we knew what to expect, we had already done hospitals. And we’ve got our basic knowledge. Liz

There’s people that are going to go in there and they are asked ‘can you do this’ and they are going to go ‘no’, but we go in there and we know how to address patients, we know how to do this, that and everything. I mean some people don’t even know how to make beds. Annie

Sophie and Holly also provide examples of how they felt the cadet scheme helped them in transition to their HE programme, increasing both their self esteem and confidence saying:

It was good experience and good learning before going to university. Yes, definitely. It builds up your confidence so much, you know so much more than you think. Most first years were going in and didn’t know how to make a bed or do a blood pressure or anything. Sophie
I’ve worked with students as well and I knew so much more than them, working as a care assistant, you just think I don’t want to stand there teaching them but I knew so much more sometimes and being a cadet helped so much. 

Holly

Hannah also recognised the value of the work experience and said that she felt it helped her transition to HE:

All the experience, working in a hospital. I found being in the practical placements, I found it a lot easier when we went on to uni because you were able to listen and observe insights into what nurses actually do. So you were ready for when you actually can do it at uni, which was quite good. I found it interesting because some people at uni hadn’t had any experience at all before they had gone in and they hadn’t a clue, no basic experience, and it shocked them, shocked their system. But with us, [cadets] we went in and we were ‘yes, we’ve done that, we know how to do this’ and we could go on to further things.

Hannah

The cadets in each cohort who have progressed to HE believed their work experience prepared them for the challenges of the HE programme. One could argue they would still have entered HE if they had gone to 6th Form, but all the students interviewed for this project believed it was the vocational aspect and work experience which eased their progression to HE.

There is substantive evidence within the data presented about the acquisition of skills and knowledge to support the notion that the FE students did not feel any less valued
than their peers who had followed the more academic ‘A’ level route. On the contrary, they were frequently asked how they came to know so many skills or were so confident in the practice placement. Naomi spoke about the communication skills she had learnt during the FE placement at a learning disability day centre and, frequently, called on those skills. When asked if anyone had commented on her skills she replied “Yes, a few people have noticed, and have said ‘Oh that was good of you’, or ‘That was quite good’.” Evidence from the students is of significant quality, and frequently includes similar phrases for example ‘good experience’, ‘knowing what to expect’ and ‘confidence’ indicating the value of the vocational preparation.

Davies and Tedder wrote of becoming vocational and suggest that “vocational orientation is one important aspect of identity formation” (2003:19). Equally, Holland claims that “learning to be a nurse occurs within two parallel settings; the education institution and the practice setting” (1999:230). She further observed that “becoming a student nurse enables an individual to learn to undertake the occupational role associated with a nurse in society” (Holland 1999:232). Holland acknowledges that becoming a nurse is also a social process, and cites White and Ewing, (1991) who claim that “as such it should be differentiated from the academic process of earning a degree” (Holland 1999:230).

Thus, the ‘art’ of nursing is perceived as a social process towards a caring profession, one with an underpinning base of academic knowledge. It is clear from the data that the FE students possessed the knowledge and had gained initial socialisation within the profession during their FE work experience.
There is evidence from the interviews to suggest that the cadets who have successfully completed the transition into HE began the socialisation process of becoming a student nurse whilst still cadets. For example Holly acknowledged

"you were able to listen and observe insights into what nurses actually do, in a good way, because you can obviously see what is right and wrong from what you see some of them do. Some of them have given me good values on the way I work now, because they make you see how it is of benefit to the patient"

Holly

Similarly, Naomi said:

"You have already learned some skills, you already know the staff. You already know what the hospital environment is going to be like, because you’ve already been there, you know what early starts are like. You already know the general routine of the ward."

Naomi

Working on the wards as cadets alongside student nurses and being mentored by qualified staff, they were exposed to the profession earlier which enabled final career decisions to be made. It has also, in some cases, enabled the students to be more confident and competent in the work place as identified by Hannah, Sophie, Yvonne, Naomi, Holly, Liz and Annie. Alison particularly felt her confidence had improved as a result of her FE work experience saying: "Yes, the work experience was really, really good, really building my confidence."
When asked about the cadet programme, Hannah and Sophie were very enthusiastic about their placement experience saying:

*I managed to get a lot of basic experience before I went to uni, because otherwise if I had had no experience, as some people haven't when they started uni, it was a bit of a shock, but we were, like, went to uni, straight in there, being able to do our full potential because we had had experience before, which was good. So, it did help us a lot.*

Hannah

While Sophie recalled:

*"It was good experience and good learning before going to university. The experience, learning the basic skills. It gives you more confidence on the wards with the patients and that"*

Sophie

Yvonne and Toni had a joint interview and during the conversation they talked about their experiences at HE alongside other student nurses. Yvonne said "we aren't being funny, but we have a better, maybe not academically just say, but we are better in practice than they are." Toni agreed saying:

*Definitely. A second year student asked me about aseptic technique the other day because she didn't know it. She said 'how do you know it?' I said, 'At college you get familiar with it'.*

Toni
Yvonne supported this saying:

*they sit there and say like ‘how do you know it?’ But they didn’t know how to do a manual blood pressure and I did because I learned it on placement and they look at you like ‘where did you learn that from?’*  

Yvonne

Toni and Yvonne provide an indication of familiarity and ‘being better in practice’ which stems from their FE experience, while further evidence came from Sophie. She felt that the work experience and acquisition of skills has a substantial impact when she moved into the clinical environment at HE. Sophie found that as a student nurse on placement, she was questioned about her skills competencies:

*Yes, they have said, how do you know all that and I say because I was a cadet. And the nurses pick up on it as well. Some of them don’t think that you are first year. Some of them say, are you at the end of your second year? When they are only at the beginning themselves. The way you act and the things you know, your initiative. It’s knowing the routine as well. As a cadet you pick that up. It builds up your confidence so much, you know so much more than you think. Most first years were going in and didn’t know how to make a bed or do a blood pressure or anything*  

Sophie

Toni, Yvonne and Sophie’s remarks about knowing the routine, being confident, and having basic ‘know how’ and skills again demonstrates the value of the cadet scheme and the importance of gaining experience and practical skills prior to undertaking the nursing programme. With seven of the fourteen students interviewed who were
already at HE making similar statements, the significance of the work experience cannot be dismissed. It is clear that the cadet placements played a substantial role in developing the vocational identity and maturity of the students summarised by the phrase ‘learning to become a student nurse’.

The transition from EEC to HEI, from cadet to student nurse has been made more straightforward as a result of the knowledge, skills and experience gained as a cadet. Perhaps they reach the third stage of Benner, or ‘competent practitioner’, earlier than their counterparts who have no prior experience as suggested by Sophie. There is an element of ‘learning by doing’, and acquiring skills in this way reflects the traditional apprenticeship model of learning, which historically was the way student nurses were prepared for their profession.

6.4 Stepping-on

The cadet scheme has been fully discussed in chapter three, and as cadets students acquire basic clinical skills. On completion of prescribed skills, competencies, and achieving the national diploma, the students may choose to apply to ‘step-on’ to the nursing programme, facilitated through the APEL procedure of the university. There are a number of reasons as to why the students choose to ‘step-on’ or not, which will be discussed in this section. Of the 21 students interviewed for this research, only six applied to step-on. Toni, Yvonne, Alison, Emily, and Hannah were all in cohort 1, while Naomi was in cohort 2. None of the remaining 11 students from cohorts 3 and 4 chose to step-on. Some students regret their decisions while others do not, and these variations will be explored.
Table two provides a brief profile of the seven students drawn from cohort one. Only one student, Nikki, chose not to step-on, while the remaining six applied and were accepted to step-on. However, of those six students only Emily and Hannah remained happy with their decisions while Mary, Yvonne, Toni and Alison changed their minds before the start of the programme. Mary, Yvonne and Alison regretted their decision not to step-on but Toni did not, and the reasons for this are explored more fully below.

Table 2 - Profile of Cohort 1

<table>
<thead>
<tr>
<th>Name</th>
<th>GCSEs</th>
<th>BTEC Grade</th>
<th>Chooser</th>
<th>Step-on</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emily</td>
<td>5Cs</td>
<td>PPP</td>
<td>Contingent</td>
<td>Yes, accepted, happy with decision</td>
</tr>
<tr>
<td>Mary</td>
<td>2As, 5Bs, 1C</td>
<td>MMP</td>
<td>Contingent</td>
<td>Yes, accepted but changed mind after interview. Regrets final decision.</td>
</tr>
<tr>
<td>Yvonne</td>
<td>1B, 6Cs, 1D, 1E</td>
<td>MMP</td>
<td>Contingent</td>
<td>Applied, accepted, but changed mind at last minute. Regrets final decision.</td>
</tr>
<tr>
<td>Toni</td>
<td>7Cs, 1D, 1E</td>
<td>DMM</td>
<td>Contingent</td>
<td>Yes, accepted but changed mind at last minute. No regrets.</td>
</tr>
<tr>
<td>Alison</td>
<td>1B, 6Cs, 4D</td>
<td>MMM</td>
<td>Contingent</td>
<td>Yes, accepted, regretted decision</td>
</tr>
<tr>
<td>Hannah</td>
<td>5Cs, 2Ds</td>
<td>DDD</td>
<td>Contingent</td>
<td>Yes, accepted, happy with decision</td>
</tr>
<tr>
<td>Nikki</td>
<td>Bs, Cs, Ds</td>
<td>PPP</td>
<td>Contingent</td>
<td>No, lacked confidence</td>
</tr>
</tbody>
</table>
Hannah was considering a career in the Army at the same time her peer group were applying for nursing and stepping-on. She acknowledged the influence of those events occurring around her, saying:

I wasn’t going to do it, [step-on] but then when I got the information from the army saying it was going to be 2 years before you could actually start your training I thought about it and that’s when I came and said ‘can I step on?’ and we managed to get the APEL form, filled it in. That was a turning point for me.

Hannah

Hannah did not discuss her decision with her friends, but the influence was implicit in class discussions and tutorial sessions. She had listened to the information about APEL and stepping-on but continued to follow her decision to join the Army, having been influenced by her father, formerly a soldier. During one of the selection weekends she learnt more about the time it might take to start the nursing programme. It was that moment in time, towards the end of her BTEC programme, when decisions and plans altered. Having gained the top BTEC grade of DDD, she demonstrated the ability to study hard and has since completed the nursing programme. She is currently employed as a Staff Nurse at the same NHS Trust where she was placed for work experience during the cadet programme.
Emily chose to step-on to the nursing diploma programme but regrets her decision as she explained:

*I do regret stepping on, just because I have really struggled with the academic work, so it hasn’t been so much enjoying my studying as having to scrape through it and trying to pass so it has been quite stressful to be honest. I’m getting learning support. They’ve got really good learning support tutors in the library. So I go there every 2 weeks.*

Emily

It could be that Emily’s dyslexia was the reason for her struggle; however she sought help through learning support and successfully completed her programme. This challenges the findings of Wellings et al. (1999) who, in a study of teenage pregnancy and life chances, suggest young parents are more likely to fail in both education and careers. Wellings et al. claim that “low educational attainment among women who became mothers at such an early age is an important factor determining life chances” (1999:189). As a single mother, Emily’s achievements are acknowledged, and she is currently employed as a community nurse.
Alison vehemently regretted her decision to step-on admitting:

*I wish I had gone with the others that didn’t [step-on] and started the programme from the beginning, because it is just so different. I would start from the beginning, because at the beginning you get told a little bit more of exactly what they want from you they just want so much from you, and we just had no preparation for it. I still don’t feel that my knowledge is as good as people who have done it from the beginning. And I do feel disadvantaged.*

Alison had no regrets about going to university but said, “I regret skipping the first six months”. Perhaps the pressure of missing the first modules also contributed to Alison not completing her course work and having to leave her studies. Alternatively, it might be that nursing was not the right course for Alison, reflecting the view of Colley who said the “learning itself is a process of becoming a different person” (2006:21). It could be argued that Alison was unable to become the person required for that particular career. This is a notion which is explored by Colley and Tedder (2003) who identified that successful students in FE already possessed a disposition to caring and were determined to be the right person for the job.

Both Alison and Emily had ‘stuck to’ their decision to step-on and pursued the shortened programme, but subsequently regretted that decision. Alison suggested that the university expectations were too high for her, whereas Emily acknowledged the difficulty but persevered and achieved.

There is also evidence of influence from other professionals. Toni and Yvonne had applied to step-on and been accepted only to find when they arrived at the HEI on
their first day, the staff there did not appear to know ‘what to do with them’ and they subsequently changed their minds. Toni explained:

*She [tutor] literally passed us in the corridor and said about it. And she was dead against it anyway she wasn’t very happy. And we got called up to her room with all the stepping on people, and she just said “Do you want do this?” A show of hands and then that was it. We decided together that we didn’t want to do it.*

Toni

When asked if they regretted changing their minds, Yvonne was quite clear saying, “*I do now because, like Toni said, we just repeated ourselves for six months. I do regret it now because we would have finished six months earlier*”. Conversely, Toni was unsure, suggesting she “*probably would still do it from the beginning*” but could give no clear rationale of why. However, she did concede, amongst great hilarity in the interview, that “*I quite liked looking brainy though*” because she was able to draw on her knowledge gained during the BTEC programme. Yvonne admitted to being concerned about joining an established friendship group and this had a bearing on her change of mind about stepping-on. She commented:

"*they would have made all their friendship groups already and it would be hard on us, because there weren’t a lot of us that went to Uni from our group, and I thought if we are all going to be split up anyway, I didn’t like it.*

Yvonne
Yvonne had a car accident which happened immediately prior to a period of practice placement. She coped but it would appear she did so alone, as she explained:

> I had a car accident and was off for 6 weeks in a collar. I literally stood in front of this board with all these names and extension numbers, and I just looked for one I recognised and she actually did help me. I had to make the time up on my own so I either had the choice to do it in the summer or do long days. It was awful.

_Yvonne_

Nikki chose not to step-on admitting "I don't think I had enough confidence in myself to think I'm good enough to do two and a half years". She opted for the full three year programme but, unfortunately, was subsequently involved in a road traffic accident which left her unable to attend her course for several weeks and she missed a crucial work placement. During this time she fell behind with her studies and withdrew from the programme. Nikki was asked if she felt she might still be at university if she had not had the accident, and she replied: "No, I probably wouldn't be." Despite support from tutors and friends, she did not return opting to take up a full time post in a residential care home, where she is now pursuing NVQ studies. Asked if she might reconsider nursing she replied, "I'll do my NVQ3 and then hopefully do my Registered Manager's Award and maybe one day manage my own home."

Did the widening participation scheme help Nikki? No, although she opted not to step-on, she was still offered a place despite attaining the minimum BTec grade. Perhaps greater awareness of individuals' ability to study at HE, and the BTec
Grades achieved should be taken into account by the HEIs when interviewing and offering places. Yvonne was fortunate in that she had the holidays to make up her placement hours, whereas Nikki found the challenge of making up her academic study too daunting and did not return. Conversely, Emily achieved the minimum PPP grades, chose to step-on and successfully completed her nursing programme.

Toni had a similar experience but with appropriate support from her tutor she managed to complete the required components. She still appeared very bitter towards the system commenting:

*I was having a massive crisis because I was ill, I was suspected TB and then I failed my exam didn’t I, and I had to take 4 weeks out of practice in order to do theory and she [personal tutor] wouldn’t help. It was [name], the Student Support woman, that helped and said, don’t worry about it. But my personal tutor hasn’t done anything*  

Toni

It has been suggested that cadets do experience difficulties with the move into HE and experience a “higher than average failure at the first attempt in their assignments” (Nursing Standard 2003). The data gathered for this project indicates that a number of the FE students interviewed said they had difficulties with their first academic portfolio; unfortunately there is no data available to determine if this was specific to the students from the vocational route or if ‘A’ level students experienced the same problems.

Toni and Mary they had made a choice to step-on, but on their first day staff at the HEI had been influential in changing student’s minds by suggesting that they studied
for the full three years, not the shortened programme. Being in a new environment, and not fully understanding the system, and as ‘contingent choosers’, they must have had feelings of being quite overwhelmed.

Table three provides a profile of the three respondents from cohort two. All three were contingent choosers, and only one student chose to step-on. Naomi left school with high GCSE grades and achieved the highest BTEC grade and after careful consideration chose to step-on and remained happy with her decision.

**Table 3 - Profile of Cohort 2**

<table>
<thead>
<tr>
<th>Name</th>
<th>GCSEs</th>
<th>BTEC Grade</th>
<th>Chooser</th>
<th>Step-on</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holly</td>
<td>2Bs, 6Cs</td>
<td>PPP</td>
<td>Contingent</td>
<td>No</td>
</tr>
<tr>
<td>Naomi</td>
<td>3 A*, 3As, 2Bs, 1C.</td>
<td>DDD</td>
<td>Contingent</td>
<td>Yes, happy with decision</td>
</tr>
<tr>
<td>Sophie</td>
<td>2Bs, 7Cs</td>
<td>PPP</td>
<td>Contingent</td>
<td>No</td>
</tr>
</tbody>
</table>

Naomi was asked how she had coped with the decision to step-on and replied:

> *I had a look at all the bits that were on the first few units, what they were going to cover and what we had covered. And talked to everybody and I just thought for me personally, I didn't think there was any point wasting my time re-doing it so I thought I might as well jump in and give it a go. If it goes well, then I've not wasted that 6 months and I just thought it was the best for me.*

*Naomi*
Naomi felt that it was an advantage stepping on as the groups welcomed her and supported her through the early stages of the programme. Naomi, like Hannah, had no regrets about stepping-on and accepted the 'hard work' was part of the 'uni experience'.

Naomi chose to step-on and did not change her decision. However, she did struggle at the beginning but acknowledged the support from the other students in the group she joined saying: "They were really helpful actually. They were really good". This sentiment was echoed by Emily and Hannah who had stepped-on and found that the existing students had been the ones to help them through.

Holly and Sophie both said they wanted to start at the beginning of the programme and be involved with establishing friendship groups. Having considered stepping-on, Sophie made enquiries about university life and this information made a significant impact on her decision-making.

Sophie said she has no regrets, suggesting her experience matched her expectations:

_The step on? Yes, I did think about it but I wanted to start with everyone else at the beginning, because I had already found out that being there is totally different to college, I just thought I would make the choice to start with everyone else. The six months didn't really bother me and it was nice to have that experience behind me._

_Sophie_
Evidence presented clearly suggests that friendship groups play a significant role in influencing choices and decision-making. Sophie succinctly explained why starting at the beginning of the programme was important for her:

*To get to know people, being in the same boat as them. Yes, just to get to know everyone so that we knew each other from the beginning and can support each other and you know how each other's feeling*

_Sophie_

While Sophie makes no overt mention of friends, the implication for starting at the beginning of the programme enabling friendship groups to be established appears an important factor in her decision making not to step-on.
Table four provides a brief outline of the four students from cohort three. All chose not to step-on, and Matt opted to defer a place at HE while Zoe changed her mind about her career pathway and did not pursue nursing. Zoe and Liz both left school with ‘A’ grade GCSEs and achieved top grades in the BTEC programme. Only three students from this cohort applied to HE and only Annie and Liz pursued the nursing programme.

**Table 4 - Profile of Cohort 3**

<table>
<thead>
<tr>
<th>Name</th>
<th>GCSEs</th>
<th>BTEC Grade</th>
<th>Chooser</th>
<th>Step-on</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matt</td>
<td>8Cs, 1D</td>
<td>PPP</td>
<td>Embedded (Mum adult Uni)</td>
<td>No</td>
</tr>
<tr>
<td>Zoe</td>
<td>5 As, 3 Bs, 4 Cs</td>
<td>DDD</td>
<td>Contingent</td>
<td>No</td>
</tr>
<tr>
<td>Annie</td>
<td>4Ds + First Diploma in Health and Social Care (D)</td>
<td>DDD</td>
<td>Contingent</td>
<td>No</td>
</tr>
<tr>
<td>Liz</td>
<td>2As, 7Cs</td>
<td>DDD</td>
<td>Embedded</td>
<td>No</td>
</tr>
</tbody>
</table>

Zoe considered stepping-on but chose the full programme as she had commitments as a carer but subsequently changed her mind about nursing during her final FE placement. Although she ‘loved nursing’ she felt it was not the most appropriate career pathway for her: ‘I got to experience what it would be like to do nursing and I really enjoyed it but once I stayed there for a while I just sort of realised that I didn’t want to go down that route.’

Zoe subsequently decided to undertake a different programme and chose an HEI nearer home so as to continue as the sole carer for her mother. Zoe did not foresee her response to the placement situation which has subsequently altered her career
pathway, suggesting an unforeseen turning point for her as identified by Hodkinson et al. (1996).

Liz and Annie had both considered stepping-on but when they went for interview they said the HEI staff “told us not to” thus providing a further example of the influence of professional, but not necessarily in a positive way. Equally Matt was influenced by professionals he encountered during his work placement. As he explained:

*I can’t really remember what they said, but it put me off. So then I thought again about doing paramedics, and then I thought do I really want to do that? And then I thought about doing nursing and then I came back to thinking about doing paramedics again. Because I went out with the paramedics. It was good. I liked being outdoors and I like being on the go all the time. It seems to suit me.*

Matt

Matt was one of two young men in a predominantly female cohort of nineteen students; of those, nine expressed an initial interest in nursing, and five are currently studying a nursing diploma programme. Matt was interested in a career as a paramedic and did allude to the financial implications for his future during his interview.

He was atypical of the respondents, being one of only two in his cohort who no longer lived with either of their parents. Matt had been financially self-sufficient from the end of his first year at Valley College and had initially considered a job in the plumbing trade.
While still living with his mother she persuaded him to consider an alternative career choice:

Well, I wasn't originally going to come here (Valley College). I was thinking about doing plumbing or something like that to start off with, and then, I don't know, my mum sort of said why don't you try something like this. So I did. I came here to do it just for two years to see if I liked it. I just tried to learn as much as possible. Doing the placements helped obviously because that's what I found, being out there rather than stuck in a classroom is better

Matt

He had no intention of following a career in nursing and had considered physiotherapy at one stage. Matt's indecision could be due to too many choices available to him, or perhaps he lacked maturity to make such a decision at that moment in time.
Table five provides a brief profile of students from cohort four. These students were still studying the BTec programme during the research interviews and provided a different perspective on the decision making process. Of the seven respondents, Caroline found the National Diploma programme hard work and subsequently transferred to the national Certificate programme achieving a PP grade, equivalent to two ‘A’ levels. None of the remaining students chose to step-on, and this group presented a 50% split between embedded and contingent choosers.

Table 5 - Profile of Cohort 4

<table>
<thead>
<tr>
<th>Name</th>
<th>GCSEs</th>
<th>BTEC Grade</th>
<th>Chooser</th>
<th>Step-on</th>
</tr>
</thead>
<tbody>
<tr>
<td>Izzie</td>
<td>4As, 2Bs, 3Cs</td>
<td>DDD</td>
<td>Embedded (Brother)</td>
<td>No</td>
</tr>
<tr>
<td>Molly</td>
<td>4Bs, 3Cs 3Ds</td>
<td>MMM</td>
<td>Contingent</td>
<td>No</td>
</tr>
<tr>
<td>Kate</td>
<td>2Bs, 7Cs, 1D</td>
<td>DMM</td>
<td>Embedded (Brother)</td>
<td>No</td>
</tr>
<tr>
<td>Stuart</td>
<td>3Cs, 4Ds, 3Es</td>
<td>PPP</td>
<td>Contingent</td>
<td>No</td>
</tr>
<tr>
<td>Jane</td>
<td>1A, 3Bs, 3Cs, 2Ds, 1E</td>
<td>PPP</td>
<td>Embedded</td>
<td>No</td>
</tr>
<tr>
<td>Maggie</td>
<td>1A* 4As, 2Bs, 2Cs</td>
<td>DDD</td>
<td>Contingent</td>
<td>No</td>
</tr>
<tr>
<td>Caroline</td>
<td>7Cs, 6Ds (+ resits)</td>
<td>PP (Certificate)</td>
<td>Contingent</td>
<td>No</td>
</tr>
</tbody>
</table>

Izzie said she thought about stepping-on but decided against it saying: “I want to start at the beginning and do freshers’ week. I wanted to start when everyone else starts so I’m not left out.” Similarly others identified concerns about friendship groups as one of the main reasons not to step-on as identified by Maggie, Izzie and Stuart.

Maggie achieved excellent GCSE results and did very well in her BTec studies. She would have coped with the shortened programme but chose not to step-on saying: “I
think it's just the fact that you join in the wrong time and I know how hard it is to join a new group of people”

Stuart’s interview encompassed the issue of friendship groups and said his decisions were made after considering opinions of friends:

*I thought about it [stepping-on] in my first year here, [Valley College] and in my second, and I have spoken to friends who are at the university as student nurses and in the first few months that’s where friendship bonds are made and stay for the rest of your time at university. I don’t want to go in and then find that, yes, I will join a social group, if I do step on but I would be joining one that’s already made, I wouldn’t be there for the building of it.*

Stuart

Molly, Kate and Jane all chose not to apply to step-on, wanting to start at the beginning of the programme. They also chose to study further away from home and were accepted at HEIs in London, Oxford and Birmingham but Jane withdrew before the start of the programme due to personal circumstances.

Stuart’s view echoes others who valued the importance of being ‘at the beginning’ of a programme. Twelve respondents indicated they wanted to start from the same point and be ‘the same as everyone else’. The literature discussed in chapter four, acknowledges the importance of establishing friendship groups at a time of change and transition (Denscombe 2000; Lawy & Bloomer 2003) and my data would appear to support this.
The literature on the influence of friends on decision-making has been fully discussed elsewhere. However, there is evidence to indicate the students felt the need to be included in friendship groups at HE and influencing the decision not to step-on which differs from the influence of friends during the process of decision-making. There were no precise questions in the interview schedule about friendship groups or age differential at HE but data from the interviews reflects the feelings of those who had said they were concerned.

Mary’s decision not to step-on had come from the HE staff. She explained “when I went to the interview, I was talking to them, in my interview they said that they don’t recommend that you APEL because they said it was better to do the three years”. Mary remained unsure of her decisions and when asked if she regretted not stepping-on she replied “I do and I don’t. Sometimes I think, maybe I would have known it, maybe I would have been able to ......But...... no, it’s over and done with now”.

Caroline struggled with her FE studies and transferred from the diploma to the certificate qualification and said “I’m quite happy because I don’t think I’m ready now” She chose not to pursue her nursing career until she had gained more experience and felt better able to cope.

The student’s come from a wide range of social backgrounds and gain experience during their BTEc programme which they take with them to the new learning experience at university. As Jarvis (1995) identified, it is the individuals’ past experience which impacts on current situations. Their motivation is a significant determinant in the ultimate outcomes of the student experience and success at HE.
This is evidence in the experience of Emily with dyslexia and her parental responsibilities, Matt having to manage independently, Toni overcoming the road accident and Naomi coping with lack of support at stepping-on. Caroline and Matt are still determined to study, but have decided to wait before committing to HE.

Having come from a culture of substantial academic support where tutors were available and accessible daily, the students were shocked at the lack of help at HE, especially for those who stepped-on. Emily said she felt let down by the university staff:

*I do feel let down by everyone really, because they never knew quite what to do with us. They said, ‘they’re the ones who stepped on’. They knew we had ‘stepped on’ but didn’t know what that meant.*

*Emily*

Those students undertaking the full programme felt they had better support at the beginning of their nursing programme and appeared to cope better with the transition to HE. Perhaps this was because all the HE students were starting at the same time. During the planning stages of the scheme, the HEI agreed to provide extra academic and pastoral support to the students stepping-on and it was recognised they would need a separate induction to the programme. This was to take the form of a ‘bridging module’ of one week duration to ensure the ‘new’ students were not disadvantaged. It appears that the anticipated tutorial support, agreed with the HEI staff, was lacking, so the experience of the cadets joining the programme was very different to their expectations. Perhaps the FE students did not appreciate the level of HE study and may be contingent choosers who lack familial experience or knowledge of
university life. These factors may have contributed to the students’ lack of understanding of what was expected of them.

Alternatively, it could be that the vocational students are not exposed to such a rigorous academic environment and so find it difficult to cope with the transition from FE to HE. Culley and Genders also suggested that there are a significant number of young people who enter nursing with “an unrealistic picture of what is involved” (2003:611).

Although the cadets have a realistic view of clinical work, they lack the knowledge and understanding of higher academic requirements. The cadet experience at Valley College had prepared the students vocationally but it would appear, not sufficiently for the academic component of the nursing programme. Data from the respondents presented earlier provides examples of this problem which has been recognised by Draper and Watson (2002) and Whitehead (2002) and Culley and Genders who claim it is “important that HEIs understand the needs of former cadets and the additional support they may need in making this transition [into HE]” (2003:611).

White and Ewan (1991; cited in Holland 1999) consider that the process of becoming a nurse is further complicated by the different completion times of practice experience in the clinical setting and academic study at HEI, sometimes waiting for professional registration to be completed before commencing employment. With the advent of nurse education in HEIs, this factor will not alter. Perhaps one solution is to link the two components more closely and enable registration to coincide with academic graduation but this would require considerable liaison between the institutions when there are already tenuous relationships between HEIs and NHS Trusts.
Both Toni and Yvonne made their decision to step-on, had applied to APEL and been accepted by the HEI to undertake the shortened programme. On arrival at the HEI the staff appeared not to support that decision and suggested they changed to the full programme. Unsure about being at university, and perhaps being overwhelmed by the situation, they both changed their minds and while Yvonne regretted that decision Toni did not. The students who changed their minds at the last minute about stepping-on still had a choice, but perhaps the pressure from the HEI staff influenced their decision as seen with Toni, Yvonne and Mary.

The average age of students from Valley College applying to university is eighteen, and a number of them commented that the average age of the HE student group appears to be around thirty. Nonetheless, Mary said she had made friends with a number of the older students. Naomi commented that an older group of students helped her and she appreciated their support:

_We've got a wonderful group and quite a few of took us under their wings and said 'we'll show you round, we'll look after you', which was really lovely, because a lot of them are a lot older and have been health care assistants at the hospital and you sort of knew them that way as well, which was really nice._ Naomi

Hannah, who made a last minute decision to step-on, also experienced the support of her peers at HE. Although anxious about joining an established group, she felt she coped which suggests perhaps she had the maturity to deal with the situation.
She observed:

*It was a bit scary and daunting because you are going into a group that have already known each other for six months, but it was really nice, because they were all higher, older people, they were 'yes, come in'. They helped us, they explained stuff to us and helped us on the way.*

Hannah

Perhaps due to the large numbers of students involved in a nursing diploma programme, many of the HEI staff appeared not to appreciate the needs of the stepping-on students. As part of the development of the cadet scheme the provision of a bridging module was discussed as mentioned earlier. As the numbers of stepping-on students were minimal the HEI felt they could not justify a full programme of lectures, seminars and tutorials for a limited number of students. It is important to acknowledge that the HE staff were not interviewed as part of this project. Therefore their view is not represented here and claims about the lack of understanding of the stepping-on students cannot be substantiated or contradicted.

Alison’s HE experience was not so successful. She felt she had been let down by the FEC and was not prepared for the step-up to HE and shared her feelings during the interview:

*It was the lack of preparation. I mean silly little things like how to write an essay. Although we had to do coursework here, it was nowhere near as in depth as they wanted it at university. At university it’s like 100 times harder.*

Alison
She also felt pressured by her family as she was the first one to go to university:

I kind of feel there is a bit of pressure on me to do it. Because all my other family have just got, you know, menial jobs in shops or whatever or have worked their way up from down below in the company. Like my dad. He’s worked his way up from the age of 16.

Alison

Alison was unsure of her career pathway, having considered working with children or the elderly; all she knew was she wanted to work in health care. She remarked “I didn’t actually want to be a nurse until it was mentioned at college that that was one of my options.” Alison progressed well, enjoyed the placements and gained MMM grade in the BTec course. She applied for and was accepted to step-on but subsequently found the work at HE much harder than expected.

The issue is raised as to whether the ‘system’ failed Alison. She enjoyed working closely with the patients as demonstrated in the following extract:

That was the good bit. I am a lot better in practice but I’ve always been like that. I’ve not been academic. I’ve been good at talking to people and getting my hands, you know, stuck in there. Alison

Having admitted to ‘not being academic’, should the HEI have taken her on, especially through the stepping-on route although her BTec grades met the entry and APEL requirements? Alison is no longer at university and is currently working as a Health Care Assistant while reconsidering her future. She felt very bitter that no consideration was given to those students stepping-on to the HE programme. Perhaps the FEC was at fault for encouraging her to apply to university straight from college,
or perhaps the family influences pressurised her into pursuing an HE course. She also experienced other personal problems at the time which she did not elaborate on during the interview.

6.5 Summary

This chapter has addressed a number of different areas in order to answer the research question *How do FE students go about making choices in relation to 'stepping on' to a nurse education diploma programme in HE and what influences their decisions?* Firstly, the issue of friendship groups has emerged and been highlighted as a high priority for the FE students and a determining factor in their choice of stepping-on or not, and influencing their decision-making. The theme of not wanting to join already established friendship groups, but to start with everyone else has been evident across the four cohorts of FE students. For some, this issue has impacted on the decisions made, which has been explored and linked to the literature by Brooks (2003b), Denscombe (2000) and Lawy and Bloomer (2003). Evidence has also been presented indicating that joining existing friendship groups was a positive experience. The influence of the family has been identified and the differences between contingent and embedded choosers as defined by Ball et al. (2002) considered. There appears to be a lack of differentiation in my sample between contingent and embedded choosers, which has led to questioning the models proposed by Ball et al. (2002) and Reay et al. (2005) as discussed in chapter four.

Many students openly recognised the influence of the family, in considering HE but the issue of not joining an existing cohort of students appears to be strong factor in choosing to step-on or not. One could speculate that the maturity of the students has
developed enough for them to take responsibility for their own decisions, and are merely looking to their parents for confirmation and approval of their decisions.

It is interesting to note that of the twenty one students interviewed, two acknowledged their grandfathers as having a primary influence on them and their career choice. Similarly, mothers of four students are qualified nurses, and seven are full time carers, thus strongly supporting the influence of the family, as reflected in the literature by Gorard et al. and others.

Secondly, the students interviewed all appreciated the work experience at FE and were happy with their decision to choose a vocational programme. The acquisition of skills has been clearly identified as a significant factor in easing the transition into HE with the exception of cohort four, who had not yet completed the BTEc programme. Emily, Nikki and Alison who had progressed to HE expressed the view that the academic work was much harder than expected and found the transition difficult, an issue recognised by Draper and Watson (2002). Similarly, Whitehead found that many student nurses ‘have little or no prior experience of academic writing’ (2002:1365). Students in the Whitehead (2002) study were identified to have struggled with the demands of their programme and this is reflected in my study where all the FE students indicated the support from the HEI was insufficient.

The transition to HE does not stop at the beginning of the nursing programme and HE staff need to acknowledge the experiential learning and tacit knowledge gained through the FE work placement experiences. HE Staff also need to recognise how the cadet experience has become part of the identity of the stepping-on students and while they appear confident in the workplace, they do not necessarily possess the academic skills to sustain the transition to HE.
Thirdly, stepping-on was a choice available for all the FE students interviewed and, as seen, the decision-making processes were influenced differently for individual students. The majority of the students interviewed indicated they were happy with their choices and decisions both for FE and HE and there is evidence from Naomi, Hannah and Emily to suggest that some had the maturity and determination to succeed in challenging circumstances. For others there were disappointments, including Alison and Nikki who struggled and did not complete the programme. A number of students regretted their decision to step-on while others did not, similarly there is data indicating that a number regretted not stepping-on. Evidence has also been presented to propose that cadet schemes do offer a valuable insight into working in the NHS.

The issue of stepping-off points for students from nursing diploma programmes has not fully been explored here but my respondents drew attention to it. Students who do not wish to continue their pre-registration programme currently step-off with only a portfolio of knowledge and skills to take to a prospective employer. The MAD document clearly expected that by 2002 students would be able to step-off with a recognised qualification (UKCC 1999), but this expectation has not been achieved.

The widening participation policy has clearly enabled young people to access HE but while the HEIs embrace stepping-on as part of the policy, staff must acknowledge that cadets, whether stepping-on or not, may require additional support to improve their transition into HE. HE staff not only have to support students through the HE programme but maintain retention and achievement rates within an ever changing environment. The policy of implementing cadet schemes has been a constructive contribution towards enabling FE students to access HE and gain a nursing
qualification; thus potentially helping to increase the number of qualified nursing staff within the NHS.

This project is small scale and focuses on one institution, a larger comparative study of more schemes would provide a much clearer view of the role of the cadet and stepping-on, and help to determine the success of widening-participation. Equally, further research is needed to determine if the stepping-on and widening participation is making any significant impact to the numbers of qualified nurses entering the profession.
7. SUMMARY and CONCLUSIONS

7.1 Introduction

In both education and practice, there can be no doubt that the nursing profession has undergone a significant process of change between the years 1850 and 2000, as discussed in chapter two. But change has been remorseless in more recent times. Further and Higher Education has also evolved as a result of government policies that have led, in part, to wider choices available for young people to access HE and broaden career opportunities. This chapter will draw on the concepts and issues discussed throughout this thesis and present answers to the research question How do FE students go about making choices in relation to 'stepping on' to a nurse education diploma programme in HE and what influences their decisions? There will be acknowledgement of implications for practice, and recommendations for future research will be outlined. A critique of research methodology and the literature review will also be included in summary form.

7.1.1 The Practice of and Preparation for Nursing

The early pioneers who established nursing as a profession and therefore required a recognised and approved process of preparation for nursing work acknowledged the importance of being ‘credentialised’. In an attempt to become accepted within society and distanced from the concept of the handmaiden and servant role, formal training programmes were founded. Following the end of the Second World War, the SEN was introduced as a support to the SRN, providing a practical-based professional qualification in nursing. As society, technology and debates on professionalisation evolved, the need to review the way nurses were prepared for
employment became an important focus for the UKCC. Since the Briggs Report of 1970, discussed in chapter two, there have been a number of structural changes to the governing body of nursing, and the education models of pre-registration programmes, including the return to a single qualification. This can be viewed as the biggest single change to nurse preparation since the original training programmes, recognising the educational requirements required by nurses in order to practice within an academic discipline. While it is acknowledged that nursing is primarily a vocational profession, the advances in knowledge, technology and treatments, meant the academic preparation for nursing could not be ignored. The recommendations under consideration by the NMC for the preparation of nurses to degree level also include proposals for generic preparation of nurses, with specialist practitioner education available post-registration (NMC 2008) which echoes recommendations of Lord Briggs over thirty years ago.

The recommendations for degree level preparation have been agreed and will be implemented in full by September 2013 (NMC 2009). However the report Nursing: Towards 2015 recognised that “Introducing graduate level programmes may present difficulties for some of the traditional applicants such as HCAs who may no longer be able to access nurse education” (NMC 2007:51). This may also affect the cadet route into nursing, and discussions are currently underway with Valley College and their local HEI to determine if access via a Foundation Degree in Health and Social Care might be an alternative route.

In order to ensure nurses were knowledgeable doers, combining both theoretical knowledge and practical skills, changes to the curriculum resulted in the education and training being removed from schools of nursing into HEIs. I have argued that the
demise of the SEN has led directly to a number of potential nurses being excluded from pursuing a career as a qualified nurse because they did not meet the entry criteria set by the HEIs. While the suggestion to reintroduce the SEN is perhaps not wholly realistic, consideration has been given to employing a model of nurse preparation more closely akin to the Briggs model. The reinstatement of the SEN would enable those who wish to enter the profession and become a more practical qualified nurse may do so. Conversely, the role of the SEN has been filled by HCAs through the NVQ training, and while they play a valuable and essential role in the clinical areas, they are, by their very title, assistants and not qualified nurses.

The development of the Associate or Assistant Practitioner may help to provide an alternative career pathway for those who are unable to fulfil the requirements of pre-registration programmes. However, their role will remain as an assistant as they will not be eligible for entry onto the professional register. This links deeply to the debate, now over 150 years old, on the essential components of a professional nurse. The argument for professional expertise and professional knowledge is evident within the literature, but there is also the concept of the semi-professional, perhaps represented today by the HCA, but first debated in 1943 by Mrs Bedford-Fenwick (Bedford-Fenwick 1943).

The transition of nurse preparation into HE was not smooth, and the introduction of Project 2000 led to a number of nurses being inadequately prepared for their intended role within the profession. A review of pre-registration programmes highlighted the issue of access to nurse education and the introduction of stepping-on and stepping-off points within the programmes. The proposal for the new model of nurse education was to facilitate a natural point to step-off after two years which
would also meet the government recommendation of both stepping-on and off points during the nursing programmes. In order to meet the proposals of stepping-on, cadet schemes were reintroduced. Valley College developed a partnership which provided a choice for young people, through a vocational qualification and cadet scheme, to step-on to nurse education programmes.

However, if an option was available where the clinical components of cadet programmes and pre-registration nursing programmes could be wholly managed and delivered from within training departments in NHS Trusts, hospital staff may have a clearer understanding of the roles and responsibilities of both the cadet and the student nurse, and the accompanying skills and competencies required for entry into the nursing profession. This in turn may help to resolve the misunderstandings which currently occur at clinical level, and enable the HEIs to recognise the cadets as a valuable asset to the nursing programmes and encourage stepping-on, but only if the cadets feel they could cope.

The issue of widening the entry gate to nursing would not have occurred if the academic requirements had not been so radically altered when nurse education moved into HE; if the SEN qualification had been retained it would, as it had done very successfully in the past, and provided an alternative route to qualified nurse status. Many believe the practical enrolled nurse should not have been replaced by NVQ qualified HCAs suggesting that the acquisition of skills by HCAs is of less value than the academic knowledge required by qualified nurses today. But we have already seen that nursing is a multi-faceted role with the skills component being equally valuable, and the student nurse curriculum reflects this balance.
7.1.2 Choice and Decision-Making

Chapters five and six presented evidence from the case study of the students about their choices of FE and a career in nursing, and whether or not to step-on to a nursing diploma programme at HE. More importantly, evidence was also presented about their decision-making processes and who influenced them during their periods of transition from school to college, and subsequently into HE.

The role of careers advisors did not appear to influence the students significantly, and only one student felt she had been helped by them at school. The influence of the family appears to be more significant for many of the students ranging from overt support from parents, to encouragement from grandparents. The influence of friends and family in choices of FE were seen to play a pertinent role in the choice process and while the role of friends was acknowledged as important, they did not factor highly in determining choices or influencing decisions about HE. This finding could be linked to the increasing maturity of the student in the two years between making FE choices and HE choices.

It is worth noting that the majority of the students interviewed came from single parent families but many remained in contact with both parents who played an important role in their decision-making both at FE and HE level. Where both parents were at home, there was a suggestion that one parent was more influential than the other, as seen in Sophie’s experience. But for Emily with a young child to care for, it was her role as a parent which had influenced ultimate decisions made, and introduces the concept of parental influence from a completely different perspective.
The ideal model of choosers as defined by Ball et al. (2002) was considered but there appeared to be few differences between the contingent and embedded choosers in my sample. This raises the question of the usefulness of the model, which perhaps needs further consideration within a broader FE context.

The models of choice and decision-making were extensively discussed in chapter four. The literature evaluated indicates there are a number of differing elements to all of these concepts including life choices and turning points in individuals’ lives, which in turn may alter the biography of that individual. Alternatively, choices and decision-making may be made as a result of a turning point, critical moments, fateful moment or epiphanic experience. Analysis of the interviews suggest that the turning points for the majority of the FE students was not as a result of a single moment in time but a series of subtle influences gained through practical experience or interactions with others, which led to choices made. This reflects more clearly the concept of a gradual shift alluded to by Mandelbaum (1973) as discussed in chapter four, as opposed to single moments in time.

An example of the influence of others was provided in chapter six. Having enrolled at Valley College and experienced work placements, a number of students interviewed chose to step-on and pursued this route into nursing. However, on arrival at the HEI it would appear Toni and Yvonne were persuaded to alter their decisions. Why the academic staff chose to overrule the decisions of their colleagues and the institutional processes is unclear. The HE staff were not the subject of this research project, and therefore not included in the research process. This is perhaps a weakness of the study as reasons behind their actions might have been illuminated.
An unexpected finding emerged from the data indicating that 86% of the students choose an HEI close to home as they did not want to move away from their families. This further supports the influence of the family in the life choices made by young people. The remaining 14% wanted to engage with the 'whole experience' of HE and move as far away from home as possible, which counters familial influence on the student.

7.1.3 Vocational and Academic Education

While the government's attempt at reducing the academic divide through widening participation policies is acknowledged, additional pressure for young people to join an HE programme in order to meet targets is inappropriate. Equally, if all young people are to be encouraged to undertake an HE programme, appropriate provision should be provided by the HEIs and the government in order to support those who do choose to follow this route. Indeed, data presented in chapter six indicated that the support from the HEI was minimal and that some of the students found the programme challenging during the early stages. Equally, it is important to acknowledge that not all young people wish to attend university and a number of students who achieve their BTEC qualification then choose to enter employment and utilise their experiences within the employment setting.

The value of vocational qualifications and work experience was discussed in chapters five and six. The students did not feel their vocational qualification was of any less value than traditional 'A' levels. Evidence presented from the data suggests that the work experience opportunities available through the vocational programme were an important factor in determining choices of post-compulsory education. Equally, the confidence gained as a result of acquisition of skills and competencies during the
cadet programme, was identified by the students as a significant advantage in transition to HE, whether stepping-on or not.

7.1.4 Cadet Scheme

While the scheme has been seen to be successful for some students in providing a 'stepping-on' point into nurse education, it is also acknowledged that it is not suitable for all students. Issues emerged throughout this project to suggest that there are further implications to be considered. In particular, it became apparent that those who do choose to step-on require extra support as they miss full induction to the programme, where two modules include fundamental information for the students.

Valley College and their partner HEI recognised during the many reviews of the cadet scheme, the need of some students to have extra support and have recently established 'taster' sessions to ease the students' transition into HE. Although this initiative is not direct academic support, it provides opportunity for students to visit the HEI and talk to tutors and students about their forthcoming programme. Not only are the cadets invited to open days but they are able to attend lectures and talk to the staff to ask about the level of support available, and how to manage the workload. As a discreet group they are invited to visit the faculty of nursing and see the facilities available and while many of the cadets appreciated this opportunity, there is currently no data available to identify whether this does ease the transition.

I have argued that the vocational preparation of the BTEc programmes provides appropriate preparation for entry into HE, and evidence has been presented to support this proposal. There is clearly a role to be played by the cadet scheme within the vocational programmes; it is evident throughout the interviews that the students not only enjoyed their work experience, but it prepared them for practice placements.
at HE. I have presented data suggesting that the cadet programme is also a valuable opportunity for FE students to access HE through the stepping-on route utilising the HEI’s APEL process. There was a variety of reasons why some students chose to step-on while others did not and while some students regretted their decisions others did not.

There is no doubt that for some the cadet route is a suitable route into nursing but it is not without its problems. As discussed in chapter two there are a number of cadet schemes operating, with varying entry criteria and different access routes into HE, namely NVQ or BTec. The majority of schemes are managed and funded through the NHS but others are not. As suggested by Culley and Genders (2003), if the government wishes to continue with the widening participation for nurse education, then parity of esteem should be considered for both the NHS cadets and FEC cadets through standardisation of the schemes. HEIs must also take responsibility for establishing and maintaining the links with both the NHS and the FEC to support the young people through their educational journey.

One recommendation from the 2006 White Paper Modernising nursing careers: setting the direction is for education stakeholders to “explore whether changes are needed to the content and level of pre-registration programmes” (DH 2006:18). Developments and changes to pre-registration programmes, both locally and nationally, are still at an early stage and are not underpinned by any evidence. At the time of writing this conclusion, changes were being discussed locally as a result of the 2006 White Paper and an autonomous decision has been taken by the partner HEI to introduce a new curriculum in September 2008. It is unclear whether the students from Valley College will be able to step-on and further discussions are necessary.
between the HEI and Valley College to determine how to proceed and continue to provide the stepping-on facility for the FE students. There remains a considerable amount of work to be done in order to retain the stepping-on option, still recognised by the Department of Health and the NMC as useful routes into the profession.

7.2 Recommendations

One recommendation for future research is for a longitudinal study of cadets from enrolment at FEC, through their decision to step-on, and their progress through to completion of their HEI programme. Of the students interviewed for this study, cohort one have completed their HE programme with two achieving, through the stepping-on route, three following the full programme, while two withdrew. It is acknowledged that this small number is insufficient to provide a valid conclusion to propose that the cadet scheme is a viable optional route to becoming a qualified nurse; nevertheless this research project does suggest that for some students it is a successful route.

A further suggestion for future research emerged as a result of the data gathered during this project; two of the students in this sample were parents themselves, managing on their own with no partner to support them. There would appear to be limited literature on the impact of young parents in FE, their choices and decisions, and the influence of children in the decision-making process. Literature available is scarce, and mostly refers to teenage parents in schools, not in FECs.

The practice implication for HEIs to provide a bridging module for students stepping-on raises concerns about widening participation and inclusion in the wider student body. These students might be perceived as having a lack of academic ability; which could be viewed as not taking responsibility for their own learning or being
encouraged to move into independence, but remain reliant on the higher level support received in schools and FECs. The lack of a bridging module could be a reflection that the stepping-on facility is not fully embraced. If more students were encouraged to step-on the provision of a bridging module would become more viable as the HE would be supporting a greater number of students.

The FEC could consider a closer working relationship with the HEI to ease the academic transition of the students from FEC to HEI. In 2008, the latest development meetings are considering the role of the FEC in delivering the complete CFP year so enabling students to enter HEI directly into the second year of the nursing diploma programme. This proposal is in its very early stages of discussion and will need further in-depth consideration of management of students, and sources of funding. It may potentially require a separate cohort of BTEC students at the FEC which would have repercussions for staffing, resources and modes of delivery. As this is in the very early stages of discussion a fuller exploration has not been possible in this project but is worthy-of-note none the less. A closer working relationship with the HEI may enable more FE students to step-on to the nursing programme utilising the competencies and confidence gained throughout the FE placement experience.

A further recommendation is for the government to continue encouraging widening participation where appropriate, to clarify the role of the cadet nurse and to recognise the value of the scheme by providing parity of esteem between the differing programmes around the country. Perhaps by adopting this approach, the government would be further recognising the value of vocational education in preparation for HE.
A final recommendation is made for additional research to be undertaken in order to determine if the reintroduction of cadet schemes has improved the retention and attrition rates of student and qualified nurses.

7.3 Strengths and Weaknesses

The main strength of this work has been to illuminate the uniqueness and value of the cadet scheme in this research, and the use of case study as the research method of enquiry. Rich data has been obtained through the semi-structured interviews allowing students to talk about their experiences and giving them a voice through the medium of the study. Further, the majority of the cadet literature identified and discussed in chapter two has been based around reviews and evaluations of the programmes. However, research undertaken by Culley and Genders (2003) did conclude that the schemes were valuable but questioned the broader policy issues. I engaged in empirical research to determine the value of the schemes in relation to the government’s widening participation policy. This has been achieved utilising twenty one students from four different student cohorts spanning a period of five years. While my work provides detailed research into cadet schemes and contributes to the debate of the usefulness of the schemes, it is also limited in its generalizability. As only one cadet scheme has been employed, it could be suggested that it has been influenced by the needs of the NHS Trust that already works in close partnership with the HEI. The uniqueness of this work lies in the fact that other cadet schemes are operated within NHS Trusts and students are seconded to the FEC for academic input through NVQs; only one other scheme was identified as employing the BTEc National Diploma to provide academic input for the schemes.
The data collection process was constrained by the availability of the students to conduct the interviews. Four cohorts of students were invited to participate, and the mix of volunteers from each cohort was imbalanced resulting in 21 interviews being conducted as opposed to the original 20. The timing of the interviews was also an important factor. The first three cohorts had left Valley College but cohort four was still studying at FE which meant that data gathered from this group was from a slightly different perspective. One set of interviews had to be delayed as, although they had left the FEC they had not started at HE so could not provide data regarding the transition into HE and a reflection of the choices made. As mentioned earlier, the HEI staff were not included in the interviews and so a ‘provider’ view has not been evaluated. The decision for not including HEI staff was made on the premise that this research was considering the choices and decision-making of the FE student. However, as the HEI were involved in establishing the scheme, this perspective could be the subject of future research.

7.4 Conclusion

The research question asked *How do FE students go about making choices in relation to ‘stepping on’ to a nurse education diploma programme in HE and what influences their decisions?* In order to reach a conclusion, a broad approach was adopted to establish a picture of the students’ experiences, choices available and influences on their decision-making linked to the appropriate literature. Policy implications were explored and the impact on the FE students identified and it is likely that without the *Deering Report* (1998) and *Making A Difference* (1999) cadet schemes would not have been reintroduced and many aspiring nurses would not have secured alternative means of accessing nurse education.
The choices made to study a vocational qualification were influenced not only by family and friends, but a number of students recognised the value of a practical-based course to provide an insight into their chosen career. The decision-making surrounding HE was less overt with influences coming from a range of different sources, including friends, family, professionals and the media. Final decisions about HE appear to have been made by the students themselves with less input from the family, and no acknowledgement of peer influences. It is suggested the reason for this is due to the increased maturity of the student during their programme of study at FE, a factor mentioned in the choices and decision-making section of this chapter.

The choices and decisions made by the FE students reflect the literature on models of choice and decision-making including fateful and critical moments, life choices and experiences. Substantial evidence has been presented to identify those influences affecting the FE students at Valley College; however, the most dominant factor would appear to be from the work experience placements afforded to them throughout the cadet scheme.

The data presented suggest that for some students the cadet programme and stepping-on was the most appropriate route into nursing. However, it has been recognised that it is not suitable for all students, but it does not mean the vocational route is not an appropriate entry for nurse education.

What is evident is that the cadet scheme provides a firm vocational foundation for HE, and stepping-on offers a suitable option for FE students to consider when choosing a career pathway into nursing.
8. REFERENCE LIST


Blomfield R. & Horne C. (2002) *Making the Grade* An evaluative study of the Nurse Cadet Scheme based at the Norfolk and Norwich University Hospital NHS Trust 2000-2002. (Referenced with kind permission of Carys Horne.)


Colley H. & Tedder M. (2002) Becoming the 'right person for the job': vocational habitus, gender and learning cultures in Further Education.
Learning and Skills Network Annual Conference. December 2002, University of Warwick.


Journal of Nursing Education. 47 (3), pp. 124-129.


9. **APPENDIX 1: PROFILE OF VALLEY COLLEGE**

Valley College is a mixed economy college situated in the South of England offering courses from entry level to post-graduate programmes. It has approximately 10,500 full and part time students from the surrounding areas as well as a number of international students.

Valley College provides opportunities for students from the age of 16 upwards and covers a wide range of subjects. Students can study for either academic or vocational qualifications ranging from entry level to post-graduate Masters Programmes.

Among the range of courses available are the BTEC National Diploma in Health and Social Care, First Diploma in Health and Social Care and Diploma and Certificate courses awarded by the Council for Awards in Children's Care and Education (CACHE) for those who wish to pursue a career in early-years settings.

Valley College is geographically close to a military establishment and a number of personnel attend the college for a variety of programmes; the college also facilitates local need and frequently delivers customized programmes off site to both military and civilian employers. Similarly, there are strong military links with the local NHS Trust as the hospital caters for both civilian and military population, and is staffed by both military and civilian personnel.

Valley College also holds University college status from the local HEI enabling validation of their own programmes. The close link with the University has facilitated the development of the Cadet scheme.
10. APPENDIX 2: INTERVIEW SCHEDULE

Thank you for agreeing to take part in my project.

Are you comfortable with me taping this interview? (If not be prepared with paper and pens.)

This should last no longer than one hour.

Would you tell me a little bit about yourself please?

- How old are you (in years and months)?
- Do you have any brothers and sisters?
- What school did you go to?
- What/how many GCSEs did you achieve? What grades were they?
- Can you tell me a little about your family? What do/did your parents do? Are you able to tell me what level of educational qualifications they have got?

Can you tell me a little about your experience on the BTec programme? (For those who have completed the BTec NDHS only)

- What grade did you achieve? How did you feel about this?
- Can you tell me a little about the work experience you did, as part of the BTec programme?
- Were you involved in the Cadet programme? If so can you tell me about your experiences? How did you find it? Did you find it useful preparation for your current programme of study?
- Could you tell me if the Cadet programme has helped with your HE programme in any way? Could anything have been improved?
Could you tell me about your experiences when you started your HE programme. How did you find things? (eg: joining the cohort; making friends;)

Can you tell me about any support you received once you entered HE (academic or pastoral)? Did you feel welcomed by the staff onto the programme?

Did you apply for APEL? If yes or no, why? Would you change that decision and why?

Looking back now, how do you feel about your decisions to do the cadet programme?

Reflecting on the choices made, how do you feel now about your decision to go on to HE?

Choices and Experiences

Can you tell me a little about how you came to be at the College

Could you tell me why you chose the BTEC National Diploma Health programme rather than an alternative course?

Can you tell me a little about the work experience you have done? (Where and when)

Did you consider any other college or course, if so can you tell me about this?

Did you ever consider an academic programme; can you tell me a little about your decision?

Were there any significant people who have influenced your college choices? If so who were they and in what way did they influence you? Were they helpful to you?
Career Pathway

Can you tell me about your career aspirations?

- Did you always know what you wanted to do?
- Did you consider any other career pathways?
- Have you applied for nursing?
- Are you considering APEL?

Influences

Have there been any significant people who have influenced your career choices?

- If so, who? What did they say? How did they influence you?
- Are there any family members involved in the care environment? If so, what kind of influence did they make? (e.g., parents, siblings, teachers, careers advisors, friends, any others)

Feelings

Can you tell me how you feel now about the choices you have made up to this point in time?

- Do you feel comfortable with the choices you have made professionally?
- Do you feel comfortable with the choices you have made educationally?
- If you were to start again, what might you do differently?
- On reflection, what was the most important/valueable aspect of the BTec course?
- On reflection, what was the most important/valueable aspect of the cadet programme?
Is there anything else you would like to comment on about your education and career choices?

Thank you

- Thank you so much for your time and sharing your experiences with me. I am very grateful and appreciate your input today.
11. APPENDIX 3: LETTER of INVITATION

Dear

I am currently studying for a Doctorate in Education at the University of [name] and am about to embark on my research.

I am writing to invite you to take part in the project which is looking at the choices available to FE students wishing to enter a nursing programme. The research will involve one interview with you to discuss the choices you have made throughout your education and your plans for the future. It is anticipated the interview will take no longer than one hour of your time and will be conducted at a venue and time convenient to you.

I would hope, with your permission, to tape record the interviews which will be transcribed and kept confidential and secure, and destroyed on completion of the project. All participants will be anonymised throughout the analysis and subsequently in the final paper. Feedback will be given to all participants, on an individual basis, upon completion of the project.

If you would be interested in joining this project, I would be grateful if you would be kind enough to reply to me at [address given] using the reply slip below and the pre-paid envelope enclosed, and I will contact you with further information.

Yours sincerely
12. APPENDIX 4: INFORMATION SHEET for PARTICIPANTS

Project Title:

"Influences on Decision-Making in Nurse Education and Stepping-on Processes: A Case Study of Further Education Students in Transition from FE to HE"

Focus:

- The aim of the project is to identify and explore issues surrounding educational opportunities, career choices and decisions made by current and former FE students who have considered working in a health care environment

Research method:

- individual interviews
- one hour in length

Venues:

- Valley College
- Other appropriate venue to suit participant eg: coffee shop,

Payment:

- there will be no payment for participation but reasonable travel expenses may be reimbursed

Data protection
• all information gathered and recorded either on tape or written will be kept confidential and secure in accordance with the Data Protection Act 1998
• all related information and documentation will be destroyed upon completion of the project
• anonymity of all participants will be preserved

Participant support
• counselling facilities will be available should any participant require support relating to any personal, family or health issues which may be illuminated as a result of the interviews
• if the participant is under 18, a parent or guardian can be present during the interview if requested

Debriefing and feedback
• opportunity will be afforded to all participants to read the final paper
• feedback will be given to each participant
• a final debriefing of each participant will be arranged upon completion of the project
I ____________________________ (name) am/am not (delete as appropriate) interested in participating in the project and would/would not be pleased to hear from you to discuss this further.

The best way to contact me is by: (please provide the following information)

Post address (including post code)

Email email address: ____________________________

Phone telephone number: ____________________________

Signed_________________________________________ Date____________________
14. APPENDIX 6: MILITARY DEFENCE HOSPITAL UNITS

There are five Military Defence Hospital Units (MDHU) operating within the United Kingdom which were established following defence cuts during 1999 when dedicated military hospitals were closed down.

Military personnel work alongside civilian staff, and military patients are cared for within NHS Hospitals. Service personnel who have been evacuated from an overseas deployment area after becoming ill, wounded or injured are evacuated from front line field hospitals to a Military Defence Hospital Unit in the UK; occasionally this may be via an MDHU in Europe (Armed Forces Information:2009).
Benner’s model of skills acquisition adapted from Dreyfus and Dreyfus 1980:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Novice</th>
<th>This level is characterised by rule-governed behaviour, as the novice has no experience of the situation upon which to draw</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 2</td>
<td>Advanced Beginner</td>
<td>The advanced beginner is one who has had sufficient prior experience of a situation to deliver marginally acceptable performance. Advanced beginners need adequate support from mentors, supervisors and colleagues in the practice setting</td>
</tr>
<tr>
<td>Stage 3</td>
<td>Competent</td>
<td>This stage is characterised by conscious, deliberate planning based upon analysis and careful deliberation of situations. The competent practitioner is able to identify priorities and manage their own work and benefit from learning activities that centre around decision-making, planning and co-ordinating patient care</td>
</tr>
<tr>
<td>Stage 4</td>
<td>Proficient</td>
<td>The proficient practitioner is able to perceive situations holistically and can therefore home in directly on the most relevant aspects of a problem. Proficiency is normally found in practitioners who have worked in a specific area of practice for several years. Inductive teaching strategies such as case studies, are most useful at this stage.</td>
</tr>
<tr>
<td>Stage 5</td>
<td>Expert</td>
<td>This stage is characterised by a deep understanding and intuitive grasp of the total situation; the expert develops a feel for situations and a vision of the possibilities in a given situation. Critical incident technique is a useful way of attempting to evaluate expert practice, but Benner considers that not all practitioners are capable of becoming experts</td>
</tr>
</tbody>
</table>

(Source: Research Group for Health Care Professionals)