UNIVERSITY OF SURREY

NEW FORMS OF NURSE TEACHER PREPARATION
1989 - 1992
DEVELOPMENT AND EVALUATION

by

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ABSTRACT

Radical reform of the arrangements for pre-registration nurse education and the recommendation that nurse teaching become a graduate profession prompted a reappraisal of the arrangements for nurse teacher preparation. This thesis reports an evaluation of a new form of preparation for nurse teaching. The new courses were intended to combine advanced study of nursing with educational theory and practice, and led to an honours degree and a teaching qualification recordable on the professional register.

The study used the fourth generation evaluation model as a theoretical framework. During the early stages of the work, a secondary research purpose emerged - to evaluate the fourth generation model. This model has a qualitative focus, and emphasises the participation of all stakeholders with an interest in the outcomes of the evaluation. Participants in the enquiry were student nurses, nurse teachers, and to a lesser extent, teacher course leaders. The multi-method research design included document analysis; group interviews; postal questionnaires; non-participant observation; individual interviews. Rich qualitative data obtained from a small number of participants illuminated the quantitative data gathered from a national postal survey of all the nurse teachers (n=109) who graduated in 1992 from the seven courses studied.

A joint construction of an effective nurse teacher was developed from the data. It was concluded that the nurse teachers were broadly satisfied with the quality of the preparation courses. However, of the nine role elements included in the preparation courses, in only three elements did more than half the nurse teachers feel equipped for their new roles. In six role elements more than half the nurse teachers did not feel equipped. Credibility of the enquiry findings, the conclusions and recommendations were enhanced by a quality audit of the enquiry process and a critical review of the theoretical model. The fourth generation evaluation model was shown to be effective in revealing deficits in nurse teacher preparation which had become apparent when the respondents embarked on their new roles.

Recommendations based on the findings encompassed both action and further research and were directed towards

i) improving current courses for nurse teacher preparation
ii) re-examining a crucial role element - the clinical role
iii) re-examining the focus, location and organisation of nurse teacher preparation.
iv) further creative application of the fourth generation model.
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>i</td>
</tr>
<tr>
<td>Acknowledgments</td>
<td>ii</td>
</tr>
<tr>
<td>List of Figures</td>
<td>iii</td>
</tr>
<tr>
<td>List of Tables</td>
<td>iv - v</td>
</tr>
<tr>
<td>Chapter 1</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Part A</td>
<td></td>
</tr>
<tr>
<td>2 The Theoretical Framework</td>
<td>16</td>
</tr>
<tr>
<td>3 Methodology and Research Design</td>
<td>42</td>
</tr>
<tr>
<td>Part B</td>
<td></td>
</tr>
<tr>
<td>4 Presentation of the Enquiry Findings</td>
<td>67</td>
</tr>
<tr>
<td>Part C</td>
<td></td>
</tr>
<tr>
<td>5 Discussion and Interpretation of the Findings</td>
<td>123</td>
</tr>
<tr>
<td>6 Conclusions and Recommendations</td>
<td>143</td>
</tr>
<tr>
<td>A Critical Audit of the Enquiry</td>
<td></td>
</tr>
<tr>
<td>A Critical Review of the Fourth Generation Evaluation Model</td>
<td></td>
</tr>
<tr>
<td>Appendix</td>
<td></td>
</tr>
<tr>
<td>1 Questionnaire</td>
<td></td>
</tr>
<tr>
<td>2 Letter sent with questionnaire</td>
<td></td>
</tr>
<tr>
<td>3 Consent Form sent with questionnaire</td>
<td></td>
</tr>
<tr>
<td>4 Letters to Teacher Course Leaders</td>
<td></td>
</tr>
<tr>
<td>5 Letter to Pilot Study Participants</td>
<td></td>
</tr>
<tr>
<td>6 Observation Schedule</td>
<td></td>
</tr>
<tr>
<td>References</td>
<td>1-14</td>
</tr>
</tbody>
</table>
# LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The Flow of Fourth Generation Evaluation</td>
<td>23</td>
</tr>
<tr>
<td>2</td>
<td>The Hermeneutic Dialectic Circle</td>
<td>28</td>
</tr>
<tr>
<td>3</td>
<td>Preparation for Teaching Roles</td>
<td>92</td>
</tr>
<tr>
<td>4</td>
<td>The Extent to which the Courses Prepared Students to Carry Out Role Responsibilities</td>
<td>93</td>
</tr>
<tr>
<td>5</td>
<td>Extended Knowledge and Research Capability</td>
<td>95</td>
</tr>
<tr>
<td>6</td>
<td>Professional Knowledge and Research Skills</td>
<td>96</td>
</tr>
<tr>
<td>7</td>
<td>Characteristics Important in a Nurse Teacher</td>
<td>98</td>
</tr>
<tr>
<td>Table</td>
<td>Title</td>
<td>Page</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>1</td>
<td>Evaluation models: generations 1 - 3</td>
<td>20</td>
</tr>
<tr>
<td>2</td>
<td>Evaluation models: the fourth generation</td>
<td>21</td>
</tr>
<tr>
<td>3</td>
<td>Characteristics of Summative Evaluation</td>
<td>50</td>
</tr>
<tr>
<td>4</td>
<td>Helpful Characteristics/Behaviours</td>
<td>77</td>
</tr>
<tr>
<td>5</td>
<td>Unhelpful Characteristics/Behaviours</td>
<td>80</td>
</tr>
<tr>
<td>6</td>
<td>Biographical Data: Respondents' Current Posts Subdivided by Gender</td>
<td>84</td>
</tr>
<tr>
<td>7</td>
<td>Biographical Data: Respondents' Age and Gender Compared with ENB Data for Nurse Teachers in Post in England March 1993</td>
<td>84</td>
</tr>
<tr>
<td>8</td>
<td>Professional Qualifications</td>
<td>86</td>
</tr>
<tr>
<td>9</td>
<td>Professional Qualifications: Continuing Education</td>
<td>86</td>
</tr>
<tr>
<td>10</td>
<td>Teaching Qualifications</td>
<td>87</td>
</tr>
<tr>
<td>11</td>
<td>Academic Qualifications</td>
<td>88</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Career Patterns: Years in Nurse Education</td>
<td>90</td>
</tr>
<tr>
<td>13</td>
<td>Calculation to Produce Net Agreement Index</td>
<td>91</td>
</tr>
<tr>
<td>14</td>
<td>Positive Responses to Question 5 Subdivided by Courses</td>
<td>100</td>
</tr>
<tr>
<td>15</td>
<td>Additional Teacher Characteristics: Personal Qualities</td>
<td>101</td>
</tr>
<tr>
<td>16</td>
<td>Additional Teacher Characteristics: Professional Skills</td>
<td>102</td>
</tr>
<tr>
<td>17</td>
<td>Nature of Further Comments</td>
<td>103</td>
</tr>
<tr>
<td>18</td>
<td>Further Constructions of the Evaluand</td>
<td>104</td>
</tr>
<tr>
<td>19</td>
<td>Category: &quot;Prepared For&quot;</td>
<td>112</td>
</tr>
<tr>
<td>20</td>
<td>Category: &quot;Not Prepared For&quot;</td>
<td>114</td>
</tr>
<tr>
<td>21</td>
<td>Six Unresolved Issues</td>
<td>138</td>
</tr>
<tr>
<td>22</td>
<td>Characteristics Valued by Student Nurses and Nurse Teachers</td>
<td>144</td>
</tr>
<tr>
<td>23</td>
<td>Nurse Teachers' Preparation for Role Elements</td>
<td>146</td>
</tr>
<tr>
<td>24</td>
<td>Quality Criteria</td>
<td>160</td>
</tr>
</tbody>
</table>
CHAPTER 1

INTRODUCTION

The creation of closer links between nurse education and higher education has led to a reappraisal of nurse teacher preparation. The United Kingdom Central Council (UKCC) for Nursing, Midwifery and Health Visiting's recommendation (1987) that nurse teaching become a graduate profession has been an important factor influencing the development of new forms of teacher preparation.

There are some problems in defining the term nurse teacher precisely, since many nurses' roles encompass a teaching component. For the purposes of this study, a nurse teacher is seen as a practitioner employed in a full time post in nurse education, possessing a teaching qualification recordable with the UKCC. Increasingly, people in these roles span both initial and continuing professional education. This is a relatively recent development which has been acknowledged by the English National Board for Nursing, Midwifery and Health Visiting (ENB) in their extension of funded teacher preparation course places to nurses intending to teach on post-registration education courses. The Department of Health has published a Strategy for Nursing (1989:35) stating that

Future teachers must be able to demonstrate at an advanced level a knowledge of the theory and practise of nursing.... They must be qualified or clinically credible in the area of practice they teach and hold a recognised teaching qualification.

At a follow-up seminar in June 1989 an action plan was produced, which identified the target date for all teachers to become clinically credible - 1991; and the date by which all newly appointed teachers would be graduates - 1995. These recommendations coincided with great changes in pre- and post-registration nursing education, (UKCC 1987; 1991) and within the National Health Service as a whole. The amalgamation of schools of nursing and midwifery into larger colleges, initial links and eventual integration with higher education institutions, have all brought about changes in the roles and responsibilities of nurse teachers, which have implications for the design and provision of preparation for those roles.

Hall and Loucks (1978), however, observed that educational innovations may undergo significant change, to the extent that their operational forms bear little resemblance to the original model. There is some support for this view in the researcher's experience of implementing the validated curriculum of a nurse teacher preparation course. This was an honours degree for qualified nurses, which combined advanced study of nursing with theory and practice of education.

This thesis is an evaluation of the new forms of nurse teacher preparation approved and financially supported by the English National Board, of which the degree referred to above is an example. The investigation covered the period 1989-92. This
introductory chapter provides a rationale for the choice of nurse teacher preparation as a topic for study. Then, a brief review of the development of such preparation since the early years of the century leads to a consideration of nurse teacher preparation in the 1980s. The historical review places the development of the new degree level courses in context. Next, an outline of the exemplar course, referred to above, indicates its innovatory characteristics. The elements of the role of the nurse teacher, as it is perceived and reported in the literature, in a time of rapid changes in nursing practice and education will then be explored. Finally, having reviewed the historical and contemporary contexts, the research questions addressed in the enquiry will be identified and the second purpose of the enquiry, to evaluate the evaluation model, will be justified.

Rationale for choice of topic

The impetus for the research arose from recognition of the immense amount of time, money and personal commitment invested in the preparation of nurse teachers. These factors are particularly evident in the degree programmes included in this study. Many of the courses are provided by institutions on a full cost basis. The resources are supplied variously by the ENB (course validation and funding); the institutions and staff providing the programmes; and the aspiring nurse teachers who seek personal and professional fulfilment. These aspirations often involve some sacrifice. Student nurse teachers may have to give up their jobs and move to a strange town because no suitable course is available near home. The knowledge that there may be difficulty in securing a suitable post upon graduation compounds the problem. These drawbacks are mitigated to some extent by payment of salary during the period of the course. However, many potential students underestimate the effect of the upheaval upon themselves, as mature people moving from a senior position in the nursing hierarchy to the relatively lowly position of students. Insights gained since 1989 as course leader of one of the programmes have confirmed the view that the process and outcomes of such costly endeavours demand rigorous evaluation.

Previous research experience involved studying the educational preparation and development of ward sisters in one health district (Race 1990). Combining the roles of researcher and course leader in a case study using an illuminative evaluation model and action research methods proved to be challenging, but personally and professionally rewarding. Collaboration between the participants and the researcher enabled changes in nursing and managerial practices to be initiated and sustained by the majority of the ward sisters studied. The findings formed the basis for further curriculum development in the health district concerned.

The opportunity to take up a newly created post, concurrently with the arrival of the first group of student nurse teachers to undertake the full time degree, enabled a collaborative approach
to course planning, curriculum evaluation and development, from the outset. A research proposal designed to evaluate the new course was approved by the university, and funding provided by faculty staff development resources. Subsequently, the scope of the enquiry was extended to include the seven degree courses incorporating nurse teacher preparation, which were provided in England in 1992. In order to understand the position of nurse teachers at the time of this study, it is necessary to review the origins of the nurse teacher role, from the early years of the century. Kratz (1980:215) observed that understanding those factors which led up to the present, may help us to shape the future.

An historical review of nurse teacher preparation

The first formal course of training for nurse tutors began in 1918, at King's College of Household and Social Sciences. The new course was instigated by the Royal College of Nursing, four years after the appointment of the first nurse with a purely teaching role, at St Thomas's Hospital. Prior to this appointment, teaching had been the responsibility of the Home Sister, who was responsible for the probationers' (trainee nurses) health and welfare. The Royal College established its first "specialist" section, for Sister Tutors, in 1925. Other certificated courses developed, until in 1944, sister tutor qualifications became registerable with the General Nursing Council (Bendall and Raybould 1969).

In 1939 the desirability of registration for nurse teachers was recognised. The responsibility for maintaining the register was accepted by the General Nursing Council (GNC) in 1942, pending appropriate legislation. Following consultation with interested bodies, including the University of London, rules governing nurse teacher registration were published by the GNC in 1944. Three salient requirements for registration were a nursing qualification, four years post registration experience and possession of an approved Sister Tutor Certificate. The rules also included administrative requirements, such as the registration fee. The regulations did not specify entry criteria for the certificate courses, only criteria for registration.

The University of London established a two year full time Sister Tutor Diploma course in 1947, which continued largely unchanged until 1983. The course combined preparation for teaching with the study of life sciences, seen as the basis for learning to nurse within the framework of the prevailing medical model. From 1950, pre-requisites for aspiring sister tutors included four years clinical experience, including two as a ward sister in a hospital approved for nurse training. However, Davies (1980:107-8) noted great variations in standards of care provided, and in the sizes of approved training hospitals, some of which had fewer than 50 beds. These disparities must have had implications for the quality and parity of nurse training.

The Lancet Commission on Nursing (1932:para.235) discovered
hospitals with more than 100 nurses in training which employed only one sister tutor. The sister tutor was frequently expected to combine other duties with teaching, as home sister or assistant matron. Similarly, the probationer nurses themselves were workers first - for up to ten hours a day, and in many cases, learners in their off duty time (Davies 1980: 110).

Some of the different professional subgroups within nursing acquired the right to train and register teaching qualifications at different times, thus perpetuating the divisions within the nursing profession as a whole. The first course for midwife teachers began in 1926, organised by the Royal College of Midwives. The Central Midwives Board were empowered, by an act of parliament, to award midwife teacher diplomas in 1936. A three year health visitor tutor course began in Birmingham in 1948. It was open to both district nurses and health visitors from 1969 - 1980 (Allen 1981).

The shortage of nurse tutors identified by the Lancet Commission in 1932 surfaced again from 1949 - 1965. In 1965 the title sister tutor was formally replaced by the designation "Registered Nurse Tutor", and the first one year nurse tutor courses began. The development of shorter courses was initiated by the General Nursing Council, in an effort to rectify the shortage of qualified nurse teachers by reducing the length of time taken to qualify. The two year courses had become concentrated in the London area, due to poor recruitment in other areas. In an attempt to break the vicious circle whereby there was a shortage of teachers because there were few courses, the new courses were geographically distributed across England.

The new courses provided the model for the Certificate in Education courses which became a popular route to qualification as a nurse teacher. Despite their popularity, there was concern about the weak professional knowledge base of nurse teachers who qualified by these shorter courses. Furthermore, considerable variation existed in the academic standing and quality of the courses (Akinsanya 1977; 1984). The report of the Committee on Nursing (Briggs 1972) recommended that the minimum educational qualification for entry to nurse tutor courses should be the University of London Diploma in Nursing, or equivalent. Reiterated by the Royal College of Nursing in 1983, this recommendation was not formally enacted by the ENB until 1991, consequent upon Buttigieg's evaluation of the preparation of teachers of nursing, midwifery and health visiting (1990).

Numbers registering as nurse tutors over the ensuing 25 years increased substantially, from 57 in 1966 to 422 in 1989. This would seem to support the improved geographical distribution of educational opportunities. However, it may be unwise to assume that all those who registered as nurse tutors, either began or continued to practice as nurse tutors. For some years, the ENB have required each nurse teacher to complete a form at course completion, showing qualification(s) gained and employment intentions (ENB Form T7). Data collated from these forms, supplied to the writer by the ENB Manager of Examinations and
Archives provides the basis for the following comparisons (Personal communication, Ms M Baker 1994).

In 1989, 37 (9%) of the 422 who qualified as nurse teachers did not specify the post taken up on course completion. It may be assumed that many of these 37 teachers had not secured a post commensurate with their new qualification. In 1992, 404 nurses qualified as nurse teachers and 47 (12%) did not specify the post taken up on course completion. The downward trend in numbers qualifying and the upward trend in those without posts on course completion accelerated in 1993, to 359 and 94 (26%) respectively.

The Royal College of Nursing established a working party to consider the training and careers of nurse teachers in 1978 (RCN 1983). Much data about training courses were gathered, but the nurse teachers’ career patterns proved more difficult to determine. A research study was commissioned by the RCN in 1980 to explore this in more depth (Allen 1981).

Nurse Teacher Preparation in the 1980’s

In a critical review of policy and provision, Wells (1984:20) claimed that

> The preparation and education of nurse teachers is in a worrying state. It seriously impedes the development of nursing and limits the quality of care...

He identified a number of problems relating to the preparation of nurse teachers, including the following:

1. Entry requirements were not sufficiently rigorous especially with regard to the professional knowledge base and professional experience.

2. Most courses included no nursing theory and/or other professional knowledge base, i.e. the study of life, social and behavioural sciences.

3. Most courses gave insufficient attention to research appreciation and methodology.

4. The statutory bodies had not undertaken a comparative evaluation of provision.

Although it was not stated explicitly, it is likely that Wells’ paper was primarily concerned with the situation in England. Some Scottish courses had long included nursing studies and research methodology in the curriculum.

Wells used his paper to promote the University of London Diploma in Nursing (new regulations) which he saw as the "best hope" for preparing nurses at the appropriate level and in the numbers required. An earlier Royal College of Nursing report (1983) had made similar points, advocating the establishment of courses...
extending beyond one academic year. Such courses would include a professional knowledge base in addition to educational studies. Entry requirements would include a minimum of three years' clinical experience in a position of responsibility, combined with evidence of academic ability.

Opportunities for nurses to study at degree level - and beyond - have proliferated since 1984. Myles (1989) found that over 46% of nurse teachers in pre-registration nurse education either held, or were studying for, a degree. The ENB records indicate that by March 1993 almost 82% of teachers in England had achieved graduate status or were reading for degrees (ENB 1993a).

Possibly the greatest impetus towards achievement of graduate status for nurse teachers was the implementation of Project 2000 (UKCC 1987) in 13 demonstration districts in late 1989 - early 1990, which represented a substantial innovation in pre-registration nurse education. The new courses began with a Common Foundation Programme (CFP) lasting 18 months, which led to a Branch programme in either Adult Nursing, Mental Health Nursing, Mental Handicap Nursing or Children's Nursing. The reform of nursing education encompassed the establishment of links with higher education institutions, referred to earlier; supernumerary status for the student nurses for 80% of the programme; and a diploma level qualification (UKCC 1987). A further recommendation was that no new non-graduate nurse teachers be taken into employment within Colleges of Nursing after 1995 - within Wessex Region, this had become reality by 1993.

Whilst the principles and aims of Project 2000 have been interpreted differently in different colleges, there are common themes amongst the expected outcomes. The emphasis is upon fitness for purpose of the diplomate nurse, "the knowledgeable doer" idealised in the early project papers (UKCC 1985). For example, by the end of the course diplomates are expected to be able to analyse and synthesise material and engage in cogent argument; understand, evaluate critically and apply research findings to nursing practice; construct a rationale for nursing decisions and justify nursing interventions; practise nursing autonomously, accountably and responsibly in a variety of care settings (Jowett et al 1992).

The values underpinning the different Project 2000 curricula are similarly diverse, but commonalities include a commitment to holism in client care - mirrored by a commitment to individualised student-centred learning within an integrated nursing-focused course. The courses focus mainly on health and the autonomy and dignity of the individual, moving to caring for people with increasing levels of ill health during the Branch programmes. Challenges to nurse teachers inherent in these new programmes stem mainly from the level of academic achievement expected from the student nurses, from the very different value systems of the higher education institutions (in contrast to the service ethos of the former monotechnic nursing schools) and from confusion about the nature of the nurse teachers' clinical role.
Furthermore, Crotty (1992:350-6) found that less than half the 28 colleges of nursing and midwifery in England which had implemented Project 2000 between 1989-91 had provided any kind of staff development programme to prepare the teachers to cope with their changed roles.

The implementation of Project 2000 recommendations (UKCC 1987), and the development of closer professional and academic links between schools of nursing and higher education institutions provided impetus for an ENB-initiated research-based evaluation of nurse teacher preparation (Buttigieg 1990). As a result of this study, ENB funding of teacher preparation courses below degree level ceased in 1992. Current developments which are likely to influence the qualifications and experience of future candidates for nurse teacher training include the UKCC Post Registration and Practice proposals (1991) and the ENB Framework and Higher Award (ENB 1990). Both propose strategies for formalising and recognising nurses' achievements in continuing professional education. Indeed, it is anticipated that enactment of the UKCC proposals will be linked to continuing licensure to practice.

One university in the south of England has been involved in the preparation of nurse teachers, through a part-time Certificate in Education (Further Education) and the preparation of District Nurses for a practice based teacher role, through a Practical Work Teacher course, for a number of years. Establishment of a partnership with the local School of Health Studies (formerly the School of Nursing) provided the stimulus for a range of Project 2000 related initiatives, including the development of a full-time BA (Hons) Nursing with Education degree designed to enable qualified and experienced general, psychiatric, paediatric and mental handicap nurses, district nurses and health visitors, to gain graduate status and a recordable teaching qualification. In the academic year 1992-93 the first cohort of student midwife teachers joined the group.

The exemplar course: BA (Honours) Nursing with Education

Extensive consultation and discussions between university and health service staff informed the decisions concerning course design and structure. Schwab (1973, 1983) has emphasised the importance of curriculum development groups, suggesting that these include representatives familiar with the subject matter, and with the aspirations and anxieties of the potential students, representatives from the milieu, i.e. nurses from a range of practice/care settings and from professional bodies, and finally teachers, especially those familiar with curriculum development.

The multi-disciplinary development team devised a full-time course significantly different from existing degree provision for nurses. Recognition of prior learning, using credit accumulation and transfer, encouraged the course team to develop a two year course, each comprising 400 hours directed study. It was felt that lengthening a professional degree course to match
conventional structures would lead to unnecessary repetition of material and the withdrawal of practitioners from their care/education setting for a protracted period. To enable course members to gain a teaching qualification recordable on the Professional Register, 22 weeks supervised teaching experience was included in the course.

The degree was designed around a student-centred adult learning model which recognises the course members’ expertise, knowledge and skills. Nurses entering the course bring a wide variety of professional qualifications and experience which is drawn upon during the course. They have their own views about their learning needs and preferred styles of learning. The opportunity is offered to identify individual needs and initiate a personal action plan to enable all course members individually to optimise their learning experience by exploring issues which are of greatest relevance to the education and care settings to which they will return. All too rarely do professionals have the opportunity to stand back from the demands of everyday practice and reflect. The course was designed to encompass a number of reflective elements and opportunities.

Three central aims form continuous threads which guide the course members’ progression through the two years. These are:

1. To develop nurse teachers who are able to communicate effectively in both classroom and care settings, and use their enhanced professional and practitioner knowledge to facilitate students’ learning on the basis of educational theory.

2. To provide an opportunity for individual growth to enable nurse teachers to achieve their full potential in both teaching and practice settings.

3. To develop skills of critical thinking, enquiry and analysis enabling nurse teachers to approach their work in a logical, systematic manner; able to evaluate, initiate and carry out research in education and practice settings.

The content of the degree programme mirrors the subjects contained in the Common Foundation Programme (CFP) of Project 2000 Diploma schemes. Whilst it is acknowledged that there are many variations in CFP curricula, the essential elements of social, behavioural and life sciences combined with the study of nursing theory and practice are common elements. Thus the course claims to ensure that the graduate nurse teachers have studied at degree level the same range of subjects included in the Project 2000 Diploma in Higher Education schemes, in which they will be teachers.

Further, the course sets out to equip the graduate nurse teachers to evaluate and utilise research derived from diverse sources, and to design, carry out and report on, small scale enquiries. Participation in debates, presentations and seminars, and the preparation of assignments require students to evaluate
critically material drawn from educational and professional nursing literature. This emphasis on a research base for practice and for teaching continues throughout supervised teaching practice. There students are expected to utilise research findings in their teaching, in both formal and clinical practice settings. In the final year students prepare a research proposal and carry out a small scale enquiry into a practice based problem. The outcomes of many of these enquiries have been used to influence nursing practice development in the settings where they were based.

The final year develops the knowledge base further, with increasing emphasis on integration and application of theoretical material to the practice of teaching nursing. The assessment scheme reflects the philosophy and aims of the course, facilitating integration and assimilation of content, encouraging a reflexive and reflective approach. A continuous assessment model is used, with the elements of assessment designed to integrate knowledge and understanding gained from a variety of course units, providing feedback to course members about their development and progression throughout the course. Having considered some of the characteristics of one course for nurse teacher preparation, the final section of this chapter reviews pertinent literature about the role and preparation of nurse teachers, culminating with the specific questions addressed in the enquiry.

The role of the nurse teacher

Recent and continuing research into the role of the nurse teacher in England has found a paucity of previous research evidence illuminating the nature of the role (Clifford 1992; Crotty 1992; Jolly 1991). Studies of nursing students' perceptions of the role (Sheehan 1981; Stephenson 1984) and of the clinical teaching role (Jones 1985; Robertson 1987) seem curiously dated in the light of Project 2000 recommendations (UKCC 1987).

Slevin (1992) and Clifford (1992) concur in their perceptions of the essential features of the nurse teacher's role in the 1990's. These are seen as competence and credibility in teaching, nursing knowledge and clinical practice. Academic credibility, achieved through research and scholarly activity was also seen as essential. Both writers advocate the allocation of time and resources to continuing education of existing nurse teachers, as well as to preparation of future teachers, if these standards are to be achieved.

A more recent study by Burnard and Morrison (1992) compared student nurses' and nurse lecturers' preferred teaching strategies, and demonstrated similar dissonance in views to those found by Sheehan a decade earlier. Burnard and Morrison suggested that some nursing students may benefit from more teacher direction than the teachers in their study were prepared to give.
In the light of the generally poor role definition for the nurse teacher functioning at a time of rapid change, in nursing practise and in nursing education, the notion of teacher effectiveness will be examined in the next section.

**Teacher Effectiveness**

Writing in the context of further and higher education, Eraut (1982) suggested that teaching can be construed as a performing art which needs to make an emotional impact in order to communicate ideas. In nursing education, teaching might be perceived more as a craft, with student satisfaction derived from the nurse teacher’s perceived competence, in both clinical and educational settings. Adelman (1989:174) has examined both the craft and the science models of teacher effectiveness and criticises both as deficient.

Exploring the notion of student satisfaction with the teaching of nursing, Eason and Corbett (1991), two American professors of nursing, attempted to identify effective teacher characteristics desired by adult learners. However, they did this by studying qualified nurses in continuing professional education programmes. The characteristics desired by experienced qualified nurses could be expected to differ, to some extent, from those preferred by pre-registration nurses. Having located and examined four evaluation studies, of varying sample size, Eason and Corbett (1991) concluded that there was a dearth of literature in the subject area. Data from their own relatively large scale study (113 programmes; 2877 participants) generated four major categories of teacher characteristics, divided between professional and personal attributes. The categories were:

- Organisation of content - Professional
- Knowledge of content - Professional
- Teacher strategies - Professional
- Individual attributes - Personal

(adapted from Eason and Corbett (1991)

The report of this research included a twelve point checklist entitled "Be Prepared to Teach", designed to help nurse teachers incorporate salient desired characteristics into their lesson planning. Evaluation of this tool in the context of British pre-registration nursing education would be essential before its implementation could be advocated with confidence.

Teacher effectiveness as an overall concept, focusing particularly on the process of peer evaluation, was examined by Andrusyszyn (1990). Again, a dearth of literature relevant to the nurse education scene was noted. Organisational and personal accountability for quality were influencing factors in this
study, which culminated in a tool for peer evaluation, presented
in three sections:

- **Content/presentation**
  - (10 criteria)
- **Interactions/strategies**
  - (14 criteria)
- **Personal characteristics**
  - (6 criteria)

These sections are comparable to the professional and personal characteristics listed by Eason and Corbett (1991).

Grappling with the problem of defining criteria for teacher effectiveness, an English nurse educator compared two teacher development packages (Callery 1990). One package was designed to prepare nurse teachers to cope with change imposed from above (ENB 1987), the other to equip school teachers to evaluate and initiate change in their own classroom practice (Open University 1980). Dissonance between the ideology advocated by the ENB (andragogy) and the emphasis in the package on coping with externally imposed change, and the resulting stress, is clearly demonstrated. Callery contrasts this with the empowering strategies incorporated in the school teachers' package.

Personal coping mechanisms, a sound knowledge base, and participation in change are the criteria for nurse teacher effectiveness (ENB 1987). Analytical skills, the ability to categorise data and to evaluate self-initiated change are the implied criteria for school teacher effectiveness (Open University 1980). Callery (1990) presents a powerful argument in support of his thesis that the Open University package could be used to develop essential skills in many of the professions, particularly in nurse education. As in the American studies cited above, the criteria for effectiveness encompass personal characteristics, professional knowledge, cognitive skills and teaching skills.

The general education literature pertaining to teacher effectiveness is extensive, but much of the material examined has been predominantly anecdotal and/or limited in scope. Garr (1989:1) edited a collection of papers by eleven educational theorists, academics and practitioners under the title "Quality in Teaching", seeing the problem of quality measurement in teaching as central to current educational debate. Some of the issues addressed will be explored in Chapter 3, in the Research Methods section. Suffice to say at this point that all eleven contributors characterise teacher effectiveness as a commitment to reflective and reflexive practice, sought and achieved through practitioner based action research. This is in direct contrast to current educational, policy-directed rhetoric which defines the problem of teaching quality in terms of standards and personal accountability (Garr 1989:1). Similar rhetoric has been evident in the nursing literature.

Usher and Bryant (1989:1) argue that improvement and enhancement
of educational practice can be achieved through a process described as critical reflection. Educational theory, practice and research are seen as a triangle, an "exploratory metaphor" for understanding the relationship between the three elements (Usher and Bryant 1989:4). Mezirow (1990:1-18) has described the potential of critical reflection as a tool for transformative and emancipatory learning in adults. Some of the techniques proposed by Mezirow have been used with groups of student nurse teachers, who evaluated the learning experiences in very positive terms.

In a guest editorial, Burnard (1992a) described seven aspects of role change, selected from a lengthy list, currently impinging on nurse teachers. In considering the implications of the Strategy for Nursing (Department of Health 1989) he noted the problems for nurse teachers inherent in the pressure to retain - or regain - clinical credibility. Jarvis (1992) argued that as learning to learn is an essential skill for student nurses, the ability to facilitate its development is central to the nurse teacher's role. Clearly, this skill is relevant in educational and in clinical practice settings, as Alexander (1983) demonstrated, and throughout professional life.

Benner (1984:24) suggested that different teaching strategies are necessary at each stage of her typology of nursing proficiency, from novice nurse to expert. As in the other American studies cited above, qualified nurses are the focus of this work, since in Benner's terms, novice nurses are the newly qualified, rather than pre-registration students. She emphasised that nurses develop clinical knowledge through learning from clinical experience, recognising that novices are the most difficult for nurse teachers to plan educational interventions for, since they have no experience on which to draw.

Much attention has been paid to the need for changes in preparation courses in order to equip the nurse teachers of the future for their new roles (Buttigieg 1990; Birchenall 1991; Gallego and Walter 1991; Crotty 1992). Buttigieg (1990) also recommended more effective procedures for selection and career guidance for aspiring nurse teachers. Recognition of the need for change implies dissatisfaction with what had gone before. Clifford (1992) reported 30 examples, given by 28 nurse teacher respondents (sample n=40) of weaknesses in their preparation courses. The great majority of these respondents had qualified through Certificate in Education (Further Education) courses, which were primarily designed for purposes other than nurse teacher preparation.

Deficits in nurse teachers' knowledge of nursing theory and theory-in-practice were identified by Chandler (1991). She ascribed these knowledge deficits to the preponderance of degrees in education, rather than degrees in nursing, possessed by graduate nurse teachers in one institution. This was contrasted with Chandler's perception of the "sound academic qualifications" of other subject specialists in the same higher education institution. Such staff were increasingly involved in teaching student nurses. Chandler's rooting of the problem in disparities
in academic qualifications may be seen to be unsound, in the light of other perceptions of the nature of nursing knowledge. Carper (1978) proposed a taxonomy of nursing knowledge, of which empirical knowledge is but one of four domains. Ethics, aesthetics and personal knowledge have been identified as equally important patterns of knowing (Carper 1978; Allen 1985; Meleis 1987).

All these commentaries and research reports have been produced by experienced educators, who have perceived a variety of weaknesses in the preparation and performance of nurse teachers. Many of the studies involved small samples, with consequent limitations in generalising the findings. The enquiry reported in this thesis was designed to evaluate nurse teacher preparation programmes from a different perspective, that of recently qualified nurse teachers. Further dimensions to the evaluation were sought in the expectations of student nurses and the researcher’s insights as a teacher course leader.

Initially, the enquiry set out to explore the reality of the proposition that quality in the educational preparation of nurse teachers is reflected in quality in their practice as qualified teachers. The proposition derives from a similar statement postulating a relationship, though not a causal link, between quality in nursing education and quality in nursing practice (Jarvis 1992). Specific questions addressed in the enquiry were:

To what extent are the seven course curricula (for nurse teacher preparation, with diploma entry and graduate outcome) comparable?

Are the characteristics of an effective nurse teacher embodied in the graduate nurse teachers?

To what extent do nurse teachers who have graduated from the courses studied:

- feel equipped to meet the demands of their new professional roles?

- demonstrate the characteristics of an effective teacher valued by pre-registration student nurses?

The characteristics of an effective teacher defined in the literature reviewed in this chapter are broadly similar to those identified by a sample of pre-registration student nurses who were interviewed during preliminary fieldwork for this study.

In addressing these research questions it was hoped to make a contribution to the growing knowledge base about nurse teachers, their roles and the preparation for those roles. The courses included in this study occupied but a brief space in the professional history of nurse teachers. They were designed as a short term bridge between stages in that history, but lessons learned from rigorous evaluation of them may enable a pro-active stance towards future pressures and developments in the role, in
contrast to the submissive, reactive posture evident in so much of nursing's history.

An unexpected development of early reading and planning the methods to be used for the enquiry was the emergence of a second research purpose. The research plan drew on a recently developed approach to course evaluation, the fourth generation evaluation model proposed by Guba and Lincoln (1989). This model seemed likely to enable judgements to be made about the impact of the preparation courses upon the participants' subsequent professional practice, an aspect of evaluation which is frequently neglected. Hopkins (1988:9) has warned that evaluation models can inhibit researchers' freedom by confining users within the intentions of the model's designers. It seemed appropriate to subject the fourth generation model itself to critical scrutiny as part of the enquiry - to evaluate the evaluation model. The proposition which prompted the study implied the importance of evaluation beyond learning outcomes and competences measured during and on completion of an educational experience. Evaluating the evaluation model extended the critical focus of the enquiry and enhanced the potential contribution to knowledge.

It can be seen that the enquiry purposes encompassed both evaluation and research. Norris (1990:97-102) has rehearsed the debates about the distinction between evaluation and research, whether such distinction is semantic or substantive. If it is accepted that the purpose of evaluation is to provide information for decision-makers, to inform policy and funding decisions, then distinctions based on abstractions are unhelpful. The methods and process by which information is obtained and presented indicate that good evaluation is a form of applied research, which is "situationally responsive" (Patton 1981:277). In later work, Patton stressed that evaluation research demands systematic data collection, and thoughtful analysis and interpretation of the data (1990:11). The enquiry reported here sought to describe and interpret the phenomenon of a new approach to the preparation of nurse teachers for their roles in a changing professional context (Bassey 1990b:42). The search for an informed perspective on this important professional issue had a sound theoretical base and was situationally responsive. The emerging findings were used to inform the researcher's teaching in successive cohorts of one of the courses studied and formatively evaluated by the student nurse teachers concerned.

The dual purposes of determining the impact of the nurse teacher preparation courses, and critically evaluating the theoretical model which underpinned the enquiry will be represented throughout the thesis, with the intention of expanding knowledge and improving practice. The thesis is organised in three broad sections: Part A (Chapters 2 and 3) sets out the theoretical and methodological dimensions. Part B (Chapter 4) presents the findings of the enquiry into the preparation of nurse teachers. In Part C (Chapters 5 and 6) the interpretation of the findings will include consideration of the evaluation model in action. Chapter 6 brings together the two purposes of the enquiry.
The conclusions drawn from the enquiry findings will form the basis for recommendations for improving practice in current courses and for further research into the nurse teacher's role and preparation. An audit of the method and process of the enquiry will be presented in Chapter 6, showing how the fourth generation model may provide a useful framework for future evaluations of nursing practice and education. The theoretical framework which formed the basis for both the enquiry purposes will be explored in the next chapter.
CHAPTER 2  THE THEORETICAL FRAMEWORK

The enquiry was designed to evaluate one form of nurse teacher preparation, which intended to combine educational and professional studies in an attempt to overcome some of the deficits discerned in earlier courses, discussed above. Patton (1990:11) defines evaluation quite broadly as "any effort to increase human effectiveness through systematic enquiry". This statement lacks focus on the specific types of activity which constitute evaluation research. It can be compared with a definition of research in education proposed by Bassey (1990a:2), derived from the work of Lawrence Stenhouse -

systematic, critical and self-critical enquiry which aims to contribute to the advancement of knowledge.

Bassey’s definition contains useful criteria for judging the outcomes of the enquiry reported here, but still lacks specific focus on evaluation methods and process.

Parlett (1981:221-2) stated that evaluation studies can contribute to decision-making and policy development. However, he warned that evaluation studies are frequently judged to be less than successful, ascribing this to the reluctance of participants in such studies to subject their activities to critical scrutiny. Another factor is the difficulty of gathering accurate data about politically sensitive issues. Clearly, the different audiences for any given evaluation study are likely to have different agendas and different criteria for success.

There has been considerable development in styles, models and methods of evaluation since the early 1970s. In seeking a framework for this study which would be congruent with an ethnographic approach, and with the practitioner as researcher model advocated in the literature to be reviewed in Chapter 3, the following models have been examined

Goal free evaluation (Scriven 1972a;1972b)
Responsive evaluation (Stake 1976)
Illuminative evaluation (Parlett and Hamilton 1972)
Utilisation-focused evaluation (Patton 1986)
Fourth generation evaluation (Guba and Lincoln 1989)

All these models utilise qualitative approaches, although not exclusively, and are thus compatible with humanistic research techniques. All, except illuminative evaluation which originated at the Centre for Research in the Educational Sciences at the University of Edinburgh, Scotland, were devised for use in the educational system of the United States of America. All the models were developed to guide extensive evaluation studies, frequently involving large teams of researchers.

Early models of evaluation (Tyler 1949; Wheeler 1967) arose from curriculum models which encompassed four phases: aims and objectives; content; organisation; evaluation. They were
concerned with measuring students' performance and progress towards the achievement of pre-determined behavioural objectives, through rigorous testing. Limitations of this approach to evaluation were the tendency to over-simplify educational aims to make them amenable to measurement, and the emphasis upon the content of educational programmes, with consequent exclusion of the educational processes involved. Unintended outcomes, a potentially valuable indicator of the effectiveness of a programme, were also excluded.

Goal free evaluation, in contrast, focused upon actual outcomes of the programme under study. Scriven (1972a) advocated keeping distance between the evaluator and the programme staff, and avoiding any intimation of the staff's goals for the programme. In this model, identification of the relationships between identified learning needs and the actual effects of the programme were thought to produce a more holistic view of the outcomes. Clearly, a professional evaluator using such an approach would be aware of the goals normally expressed in an educational programme. A range of measures of attainment and structured checklists of evidence were used in goal free evaluation studies, so the descriptor is not entirely accurate. Scriven (1972b) subsequently argued that goal based and goal free evaluations conducted in parallel by separate evaluators would counteract the weaknesses inherent in each approach. The costs and benefits of such a design would need to be carefully balanced to justify the additional expense involved.

Stake (1976:68-74) rejected goal based and goal free approaches to evaluation. He stated that evaluations were of greatest value when they were concerned with the educational issues within a programme, rather than external issues. Stake (1975:14) gave a high priority to the views of the different groups participating in and contributing to an educational programme. He noted that people naturally observe and react to things, seeing this as evaluation in everyday life. The evaluator who used this model was responsive to the concerns of the different groups, who were given opportunities to respond to the findings of the evaluation, which were offered to them for verification. The model required a team of people who compiled a variety of qualitative records on which to base the evaluation, which included textual, visual and audio materials. All these were produced for scrutiny by the participants in the educational process. The responsive evaluation model would seem to lend itself to both breadth and depth of analysis of the educational processes within a programme, but there is little emphasis on the educational outcomes of the programme, whether expected or unforeseen.

Illuminative evaluation was promulgated as an innovation, a "radically different perspective" by Parlett and Hamilton (1972: 23), and further developed by Parlett (1981). They rejected experimental, objective methods of evaluation, whether goal based or goal free, seeing them as artificial and restrictive. Illuminative evaluation was located in a contrasting anthropological paradigm, it was concerned with description and interpretation of the programme as a whole. Observation and
interviews involving all the groups and individuals concerned with the programme were the tools for illuminating every aspect of it. This model focuses upon problems, issues and significant features of the programme under study. Great emphasis is placed upon the defining qualities of the setting, and the programme's essential characteristics, from the perspectives of all participants in it. Stake's approach (1975; 1976) emphasised responsiveness to the different groups concerned with the programme under study, but placed more reliance on data drawn from records and observations than upon the wider context within which the programme occurred.

In using the illuminative evaluation model the evaluator adopts the position of an impartial, but not value-free commentator, who "strives to capture a recognisable reality" by consulting widely and unravelling differing perceptions of the programme in action (Parlett 1981:224). Examples of national studies, carried out by teams of evaluators who used this model, are provided by Parlett. The model is also amenable to small scale work carried out by one evaluator, demonstrated in an enquiry into ward sister education in one health district. Effective in relation to evaluation of the educational programme and processes within it, the model's emphasis upon the educational programme was less helpful in determining the programme's effect upon the ward sisters' working practices six months after it ended. This may have been a weakness in the research design, combined with the limitations inherent in an evaluation carried out by one person, on a part time basis in conjunction with a full time professional role (Race 1990).

Utilisation focused evaluation has been defined as a process or strategy, rather than a model (Patton 1986). The approach has some similarities to the responsive approach advocated by Stake (1975; 1976), which has been examined above. In utilisation focused evaluation, the process incorporates decisions about the content, focus and methods of an evaluation, but, as in Stake's model, they are not specified in advance (Patton 1990:121). This form of evaluation is designed to meet the needs of active decision makers, rather than passive audiences. Methods of data collection and analysis derive from the questions to be answered, and the utility of the answers. Patton (1990:123) advocated a problem solving approach to evaluation, rather than a model based approach. He reiterated the outcome of a symposium in 1977, at which several experienced evaluators, including Worthen, Stake, Popham and Stufflebeam, expressed their aversion to using a synthesis of evaluation models. Flexibility in the face of practical problems was preferred to the restrictions imposed by a prescriptive model.

In seeking useable data, utilisation focused evaluations employ a full range of research methods, but with greater emphasis upon qualitative approaches. Patton (1986) used qualitative methods to study a number of evaluations carried out by others to determine the use which was made of their findings. In the course of that work, Patton found a number of other studies which confirmed his observations about the special nature of
utilisation focused evaluations. Commenting on the application of various evaluation models, Patton (1990:124) stressed that prudent evaluators recognize the importance of the primary users' views, and their preferences for particular data collection methods. He noted that quantitative data can be perceived as more personal and relevant to users if they are supported and enhanced by qualitative data. In support of his case for a more humanistic approach to evaluation Patton (1990:124-5) enumerated twelve principles, values which permeate qualitative methods and render them particularly appropriate to use in evaluation studies of programmes which incorporate similar values. These principles are presented in full, since they are congruent with the researcher's personal philosophy, with the model (described below) selected to guide the enquiry into nurse teacher preparation courses, and underpin the research design used in the enquiry reported in this thesis.

Humanistic Principles for Qualitative Evaluation Studies (Patton 1990:124-5)

1. Each person or community is unique.
2. Each person or community deserves respect.
3. Equity, fairness and mutual respect should underpin human interactions.
4. Research processes should be negotiated, agreed upon, and mutually understood - not imposed, forced nor required.
5. Respect and concern for others is expressed by learning about them, their perspectives and their world - and by becoming personally involved.
6. Research processes should be person centred, mindful of the effects on real people with unique needs and interests.
7. Emotions and feelings are natural, healthy dimensions of human experience.
8. The researcher is non-judgemental, accepting and supportive, respectful of other peoples' rights to make their own decisions and live as they choose. Research should empower, not control or judge others.
9. People and communities should be understood holistically, in context.
10. The research process is as important as the outcomes.
11. Action and responsibility are shared.
12. Information should be honestly communicated.

When these values are shared by the participants in an enquiry, qualitative methods are likely to be appropriate and appreciated.
The same principles can be applied in research designs which employ mixed methods to address diverse questions, as in the study reported in this thesis. Utilisation focused evaluation can be seen as a process with a number of useful attributes. However, the emphasis on the uses of the findings did not quite fit with the purpose of the enquiry reported here, which was concerned to discover the graduate nurse teachers’ perceptions of the value of their preparation courses, in relation to the demands of their new roles as nurse teachers. At the inception of this enquiry, potential uses of the findings had not been formulated. Most interest was focused upon the claims, concerns and issues which might be expressed by some of the stakeholders involved in the courses under study, principally the nurse teachers, and to a lesser extent student nurses and course leaders. A model which emphasised these elements, and thus seemed likely to be helpful in this endeavour, was the fourth generation evaluation model proposed by Guba and Lincoln (1989).

The notion of a fourth generation begs questions about the nature of generations one, two and three, and further questions as to why they should be superseded by a fourth generation. In essence, the three earlier generations are represented by the evaluation models referred to above. Guba and Lincoln (1989:22-38) attempted to encapsulate the foci of the first three generations, as shown in Table 1.

Table 1  Evaluation models: Generations 1-3

<table>
<thead>
<tr>
<th></th>
<th>First Generation</th>
<th>Second Generation</th>
<th>Third Generation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong></td>
<td>Measurement</td>
<td>Description</td>
<td>Judgement</td>
</tr>
<tr>
<td><strong>Role of the Evaluator</strong></td>
<td>Technical Expert</td>
<td>Describer</td>
<td>Judge</td>
</tr>
<tr>
<td><strong>Key Features</strong></td>
<td>Tests to measure achievement</td>
<td>Objectives; Formative Evaluation</td>
<td>Standards; Objective Evaluator</td>
</tr>
<tr>
<td><strong>Examples</strong></td>
<td>IQ and achievement tests</td>
<td>Tyler; Eight Year Study</td>
<td>Stake; Scriven; Eisner</td>
</tr>
<tr>
<td><strong>Weaknesses</strong></td>
<td>Narrow focus</td>
<td>Objectives not necessarily valid</td>
<td>Evaluator may be reluctant to judge</td>
</tr>
</tbody>
</table>
In contrast, fourth generation evaluation has a quite different focus, shown in Table 2. The numbers shown against the roles in Table 2 correspond to the four generations of evaluation.

Table 2  Evaluation Models: The Fourth Generation

<table>
<thead>
<tr>
<th>Focus</th>
<th>Empowerment; equality of stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roles of the Evaluator</td>
<td>1. Human instrument and data analyst</td>
</tr>
<tr>
<td></td>
<td>2. Illustrator and historian</td>
</tr>
<tr>
<td></td>
<td>3. Mediator of judgemental process</td>
</tr>
<tr>
<td></td>
<td>4. Collaborator; learner; teacher;</td>
</tr>
<tr>
<td></td>
<td>reality shaper; change agent</td>
</tr>
<tr>
<td></td>
<td>and others not yet known.</td>
</tr>
<tr>
<td>Key Features</td>
<td>Primarily qualitative methods</td>
</tr>
<tr>
<td></td>
<td>No causally inferential statistics</td>
</tr>
<tr>
<td>Weaknesses</td>
<td>Will someday be shown to be inadequate</td>
</tr>
</tbody>
</table>

(adapted from Guba and Lincoln 1989: 259-60)

Like illuminative evaluation, described above, fourth generation evaluation rejects the logical-positivist orientation, characterised in earlier approaches to evaluation by emphasis upon measurement, description and judgement, shown in Table 1 (p.20). In this model, the evaluator seeks to discern the meaningful constructions that individuals employ to make sense of their situations. An interactive enquiry process that includes the evaluator and those who have some stake in the programme and/or its outcomes is used. These groups may, or may not, share values, goals and expectations of the programme - all of which are likely to influence their constructions of the programme and its worth.

These constructions cannot be separated from the physical, psychological, social and cultural contexts within which they are shaped, and in which the programme is located. The people themselves are also part of the context, for each other. Thus it is likely that some constructions will be shared, or be complementary to those held by other groups of stakeholders. In this, as in other models, selective involvement of different groups of stakeholders can be used to serve a variety of purposes. Similarly, selective dissemination of findings can empower, or disempower, different groups. The humanistic principles defined by Patton (1990:124-5), listed above, are
similar to the values expressed by Guba and Lincoln (1989:10-11). Using these guiding principles in fourth generation evaluation studies guards against any such misuse of power.

Guba and Lincoln (1989:11-13) contend that fourth generation evaluation should employ two strategies: a responsive focus and constructivist methods. The notion of responsiveness derives from the work of Robert Stake, described above, who held that all groups of stakeholders put at risk by an evaluation have the right to voice claims, concerns and issues of importance to them, in the evaluation. Constructivist methodologies are contrasted with the earlier positivist emphases upon scientific measurement and the search for objective truth, and with the idea of an outside observer being able to define the reality experienced by those within. Fourth generation evaluation seeks socially shared constructions, but does not see these constructions as real for anyone other than the participants. People trying to make sense of their shared experiences recreate their perception of reality, and the evaluator is seen as a party to this endeavour.

The claims, concerns and issues of the various groups of stakeholders are used as the organising themes in a fourth generation evaluation. The research methods are generated by the questions derived from the themes, and by constructivist beliefs (Guba and Lincoln 1989:184-5). The evaluator attempts to devise joint, collaborative or shared constructions from the contributions of the various groups and individuals participating in the evaluation, respecting and valuing the integrity of each. Guba and Lincoln (1989:186-7) provided operational guidelines for using the fourth generation evaluation model, summarised as twelve steps and represented in Figure 1 on the next page. The diagrammatic representation appears to recommend a straight forward linear progression through the stages. In practice, movement back and forth and advancing through several steps at once may occur at different points in a fourth generation evaluation. Such operational flexibility is seen as a strength of the model, allowing the evaluator to make adjustments to approaches and methods in the light of emerging knowledge.

The steps of the fourth generation model will now be discussed in general terms, considering the implementation of each stage recommended by Guba and Lincoln (1989:188-226). Some of the steps are illustrated by examples drawn from the nurse education context. The chapter concludes with a critical review of the fourth generation evaluation model, so critical comment is omitted from the presentation of the model which follows. The ways in which the model was used to develop the enquiry reported in this thesis will be examined in Chapter 3.
Figure 1 - THE FLOW OF FOURTH GENERATION EVALUATION  
(Source: Guba & Lincoln (1989):186-7)

**STEPS**

1. **Contracting**
   - Initiate contract with client/sponsor

2. **Organizing**
   - Select/train team of evaluators
   - Make entrance arrangements
   - Make logistical arrangements
   - Assess local political factors

3. **Identifying stakeholders**
   - Identify agents, beneficiaries, victims
   - Mount continuing search strategies
   - Assess trade-offs and sanctions
   - Formalise 'conditions' agreements

4. **Developing joint group constructions**
   - Establish hermeneutic circles
   - 'Make' the circles
   - Shape the emerging joint construction
   - Check credibility

5. **Enlarging joint stakeholder constructions through new information/increased sophistication**
   - Making the circles again-Utilising documentary information
   - Interplay of interview and observation
   - Literature analects
   - Evaluator's etic construction

6. **Sorting out resolved claims, concerns and issues**
   - Identify claims, concerns and issues
   - Resolved by consensus
   - Set aside as case report components

7. **Prioritizing unresolved items**
   - Determine participatory prioritizing process
   - Submit items to prioritization
   - Check credibility

8. **Collecting information/adding sophistication**
   - Collect information/train negotiators in its use
   - Utilizing further hermeneutic circles
   - Gathering existing information using new/existing instrumentation
   - Performing special studies

9. **Preparing agenda for negotiation**
   - Define and elucidate unresolved items
   - Elucidate competing constructions
   - Illuminate, support, refute items
   - Provide sophistication training
   - Test agenda

10. **Carrying out the negotiation**
    - Select 'representative' circle
    - Make the circle
    - Shape the joint construction
    - Check credibility
    - Determine action

11. **Reporting**
    - Case reports
    - Stakeholder group reports

12. **Recycling**
    - Recycle the entire process

---

23
Step 1: Contracting

Writing for professional evaluators who expect to be commissioned by clients or sponsors in positions of some power, Guba and Lincoln (1989: 188-194) specified in considerable detail ten elements of a contract for carrying out fourth generation evaluation. These ten elements were seen as the minimum required to protect the interests of the evaluator and the commissioner(s) of the evaluation, and to guard against misunderstanding and misrepresentation on either side. The main points were:

Identification of the client or sponsor
Identification of what is to be evaluated (the evaluand)
The purpose of the evaluation
The client/sponsor's agreement to fourth generation methods
The evaluator's intentions towards stakeholders
A brief description of the methodology to be used
A guarantee of access to records and documents
A statement concerning confidentiality of information
A description of the reporting method to be used
A list of technical specifications -

The agents: those involved in data collection, their credentials, experience and training.

A tentative schedule, because the nature of the methods make it difficult to devise a precise time frame.

A budget, which must be more flexible than the customary costing of specific activities.

A list of likely "products", since a creative approach is necessary to generate exemplar statements rather than expected outcomes.

The purpose of the contract is to alert all parties to their rights and obligations, in order to foster the atmosphere of trust which is necessary in this form of evaluation. However, Guba and Lincoln (1989:195) recommended that in large scale and/or politically sensitive evaluations, the contract should be drawn up and witnessed by a lawyer. Such caution is entirely appropriate in the litigious society of the United States of America, but may be prudent in any setting where education is subject to political intervention. In such circumstances the notion of fostering an atmosphere of mutual trust becomes more problematic.

In nurse education in England, the body in a position to commission research on a scale sufficient to warrant a contract such as that described above is the English National Board for Nursing, Midwifery and Health Visiting (ENB). The ENB has a statutory responsibility to maintain and monitor standards of professional education in England, devolved from the United Kingdom Central Council for Nursing, Midwifery and Health Visiting. The ENB publishes a strategy for research and development, and invites groups of researchers to tender for
contracts to carry out specific studies (LeVar 1994). Having negotiated the contract, the next step is to organise the study.

**Step 2: Organising to Conduct the Evaluation**

This step involves the principal evaluator, the signatory to the contract who is responsible for implementing the study, in four groups of activities. These are: selecting and training the team of evaluators; gaining entry to locations and getting established; making logistical preparations; becoming familiar with local social/political/cultural factors which may have a bearing on the planned study.

Guba and Lincoln (1989:196) advocate employing a team of evaluators even in small scale studies, on the grounds that different skills are required for different aspects of data collection, particularly in mixed method studies. It may be difficult to ensure the right combination of skills in the person of one evaluator. Team members may be able to bring different perspectives to the analysis and interpretation of the data. A further dimension exists in the relative importance of expertise in evaluation and in the subject - i.e. the nature of the programme under study - a breadth of knowledge which may not be present in one person to the extent required.

The training element arises from the nature of fourth generation evaluation, where the human skills of the data collectors are of particular importance. Those experienced in earlier models of evaluation may need to be resocialised to the qualitative approaches used, as well as trained in methods of data collection and analysis. Guba and Lincoln (1989:197) cite their own earlier work, and the evidence of sociologists and anthropologists who have developed ways of honing the human data collection instrument in new methods and new situations. They argue that some training will be essential in almost every case.

Particular attention should be paid to the need to resocialise team members who are wedded to positivist approaches to evaluation through training and long experience. Techniques suggested by Guba and Lincoln (1989:197) include a four stage training programme of considerable scope and depth. Such an endeavour would have clear cost implications for the evaluation budget, and is not to be undertaken lightly.

Gaining entry to the locations would normally be facilitated by the client/sponsor of the evaluation, but Guba and Lincoln (1989:198) warn that it is rarely so simple. Gatekeepers exist at every level within organisations, and the evaluator must establish his/her credentials and secure co-operation at every level. Whether the gatekeepers have power or merely influence, it would be difficult to proceed without their help. Some stakeholders may be outside the formal organisational structure, and access to these groups must be negotiated in appropriate ways. In the nursing hierarchy, the principal of a college of nursing may be seen as a powerful gatekeeper. However, in
studies designed to examine the whole learning experience of student nurses, for example, ward sisters and clinical managers who function in a different hierarchy, would have an equally important role in facilitating (or denying) the researcher’s access to clinical settings.

It is at this point in the model that Guba and Lincoln (1989:199) recommend that attention be paid to ethical considerations of fully informed consent to participate by every respondent. The contract formulated in Step 1 cannot be assumed to imply consent on the part of individuals, nor can those in positions of power consent on behalf of less important people. The reasons for establishing the all important atmosphere of trust for the enquiry are reiterated:

Respondents are much more likely to be both candid and forthcoming if they respect the enquirer and believe in his or her integrity.

Lincoln and Guba (1985:256)

Nurse researchers must be scrupulous in observing ethical principles, since their studies often involve groups or individuals who may be described as vulnerable and requiring special protection, such as patients/clients and student nurses. Increasingly, ethical committees are charged with the responsibility of protecting the rights of such people within health care settings.

A comprehensive list of logistical matters which require attention at this stage of the enquiry encompasses transportation, an appointments schedule and the provision of appropriate equipment. Planning, including time and costs, for fieldwork must be included in the initial project plan. Fieldwork plans must be reviewed at each stage of data collection, since these enquiry elements always take longer than envisaged at the planning stage.

Becoming familiar with the social, political and cultural context may be accomplished during a period of time spent in participant observation in the enquiry setting, prior to the start of the evaluation study (Guba and Lincoln 1989:201). If that is not possible, local informants may be called upon to act as teachers and guides to orientate the evaluators to the setting, in the early stages of the enquiry. The evaluators must be alert to the possibility of hidden agendas prompting people to volunteer to help in this way. The importance of this familiarisation process should not be underestimated, and it ought not to be omitted on logistical grounds. The information gained may be essential to the identification of stakeholder groups.

Several studies of nursing education and nursing practice have been undertaken by (or commissioned to) individuals and teams without a nursing background (for example Jowett, Walton and Payne 1992; National Audit Office 1992). Whilst socialisation
to qualitative research methods may have been unnecessary in these cases, insight into the nursing culture and social structure would have been essential, in order to understand and interpret the data.

Step 3: Identifying Stakeholders

The term stakeholders encompasses any individual or group who is put at risk by the evaluation. In an earlier work, Guba (1981) specified three potential groupings of those at risk:

Agents - those involved in designing and/or delivering the programme under study

Beneficiaries - those who profit in some way from the programme

Victims - those who may be negatively affected by the programme.

The agents are most easily identified, the commissioners of evaluation studies are likely to be a subgroup within this category. The ENB, regional managers, college principals and nurse teachers are likely to be agents of evaluation studies in nurse education. Beneficiaries are found amongst the target groups for the evaluation, and may include nurse teachers, and parents or spouses as well as student nurses themselves. In evaluations of health care education programmes patients/clients may be amongst the peripheral beneficiaries, other such groups may emerge in other evaluation studies. Victims may be more difficult to identify, partly because in an ethical research design there is no intention to create a victim group, but also because the victims may be unaware of their victim status. In another example drawn from health care education, resources devoted to preparing paediatric intensive care nurses may lead to a reduction in resources for educational opportunities for other less attractive areas of nursing practice. The nurses working in those areas may be seen as unwitting victims of the new educational provision. When stakeholder groups have been identified, the process of formulating group constructions of the evaluand can begin.

Step 4: Developing Within-Stakeholder-Group Joint Constructions

This step encompasses the first of the singular features of the fourth generation evaluation model, the notion of the hermeneutic dialectic circle (Guba and Lincoln 1989:152, 204). The term hermeneutic is defined as an interpretive process (Concise Oxford Dictionary 1982:467), and as a general philosophy of human understanding and interpretation (Rowan and Reason 1981:134). A diagram of the circle is shown in Figure 2 on the next page. The process begins with one respondent, selected by the researcher or by a gatekeeper, for any one of a number of reasons, e.g. having special insight or knowledge of the evaluand or being particularly closely involved in its development. Random sampling is not usually used for this selection.
The Hermeneutic Dialectic Circle: the process within the circle
The first respondent (R1 - see Figure 2) provides the first emic (personal, insider) construction of the enquiry topic, in an open interview. The respondent is asked to describe the topic in detail, as it appears to him/her. At the end of the interview, the respondent is asked to nominate a second respondent, whose views on the topic are as different as possible from their own. This technique is termed snowball sampling by Polit and Hungler (1991:257), a form of convenience sampling.

The data supplied by R1 are analysed to identify the main themes and concepts, which form the first construction (C1), before the second interview is carried out. When the second respondent (R2) has said as much as he/she wishes about the topic, the themes and concepts drawn from the analysis of R1's interview are introduced and comments on them invited. In this way, R2 not only provides a second construction, but a critique of R1's construction, which together become C2. The process continues with a series of new respondents until either no new information is produced or there is clear evidence of two or more conflicting constructions within the circle. This completes the first hermeneutic circle, all the members of which are drawn from the same stakeholder group, e.g. parents, qualified nurses. At this point, all the members of the circle may be brought together to allow the earlier respondents to discuss and verify, or to dissent from, the construction(s) which have been built up.

As important themes begin to emerge from constant comparative analysis of the data (a method described by Glaser and Strauss 1967:101-115), the aim of sampling changes from obtaining as wide a range of opinion as possible, to selecting respondents who can comment meaningfully on the important themes. This sampling method is clearly prone to bias by the researcher, but bias is seen as a positivist criterion, irrelevant to qualitative enquiry (Guba and Lincoln 1989:204). Similarly, the change from completely open interviews to posing pointed questions derived from analysis of the earlier interviews relies on the researcher's interpretation of the emic constructions.

Other stakeholder circles may be built up simultaneously, and constructions from them introduced into the first circle's interviews. Data relevant to the emerging constructions, drawn from document analysis, and from the literature may also be introduced. If this is done, Guba and Lincoln (1989:155) recommend that sources which may be perceived as authoritative by the respondents are not identified, in order to avoid stifling potentially creative critique. Finally, the researcher's own etic (outsider) construction is introduced to the circle(s) for critical comment, but again, the source is not identified. Circles may be re-formed, with the same respondents, or spiralled with different members of the same stakeholder group, describing and critiquing the same topic. On completion of this step, a joint (consensual) construction which reflects the views of a group of stakeholders will have been produced.

Step 4 begins with a number of different emic constructions of the evaluand, and the claims, concerns and issues which surround
it. The hermeneutic process enables progressive refinement of
the elements, with the goal of achieving consensus, which can
then be tested and enlarged through the next step of the model.

Guba and Lincoln (1989:154) argue that the principles of
constructivist enquiry are observed provided that all respondents
have equal opportunities to criticise and refine the researcher’s
and each others’ interpretations of the emerging construction in
the same way.

**Step 5: Testing and Enlarging Joint Stakeholder Constructions**

In this step, additional information from a variety of sources
is introduced into the joint constructions achieved in Step 4.
Some of these sources may hold conflicting views, so consensus
is less likely to be achievable in this step. Five sources are
suggested by Guba and Lincoln (1989:209-213), but there may be
others, depending on the nature of the evaluand. The five
sources are: documents and records; observation; the professional
literature; other stakeholder circles; the evaluator’s etic
constructions.

Documents and records can be easily accessible, and may be
fruitful sources. Equally, they may be deemed confidential by
gatekeepers and, having been designed for other purposes, may
lack essential details. These records can be a rich source of
textual information. They can provide cues for interview
questions and/or information gathered in interviews can be
illuminated by reference to documents and records.

Observation can be a useful tool at various stages of a fourth
generation evaluation. Initially, the evaluator needs to become
familiar with the setting through free observation within it.
During the data gathering process, observation can prompt
interview questions, or help to illuminate interview responses.

The professional literature can provide useful insights for the
constructivist evaluator. Whilst the emphasis upon a
comprehensive literature review as a pre-requisite to an enquiry
as in the positivist paradigm is not appropriate, it would be
unwise to reject any recourse to previous work in the field.
Guba and Lincoln (1989:210) argue that the moral imperative to
be open to new knowledge applies in naturalistic enquiry as in
earlier paradigms. The implications of new knowledge in relation
to the constructions which emerge during a fourth generation
evaluation ought to be considered. Nevertheless, the caution
advised above should be observed, when introducing research
findings or alternative constructions from the literature to the
hermeneutic circles. Stakeholders and participants in the
evaluation cannot be expected to regard such information with the
critical eye of the evaluator.

Other stakeholder circles operating in parallel can be an
important source of material to introduce to a hermeneutic
circle. The constructions developed by each group of
stakeholders are likely to be different, and possibly
conflicting. The aim of introducing these differing constructions to a circle is to arrive at a joint consensual construction and/or to deal with claims, concerns and issues identified within the different circles. Clearly, consensus or agreement will not be possible in every case. The unresolved elements will require an action plan to address them at a later stage in the process.

The evaluator’s etic constructions can provide a further potentially valuable dimension to the hermeneutic negotiations. It is self evident that a person in a position to plan a comprehensive evaluation study of any size is likely to have prior knowledge of processes, claims, concerns and issues which may impinge upon that evaluation. This prior knowledge should be treated as the strength that it is, rather than a potential source of bias or limitation to the study. Such concerns represent subjectivity and prejudice within the positivist paradigm, but the issue within a constructivist study is the way in which such etic constructions are introduced into the hermeneutic process. As noted above, the source of such material should not be identified too specifically to the circle members. By this means, the evaluator’s etic constructions will be subjected to the same critical scrutiny as all the others.

The hermeneutic negotiations having been informed with further material from the five sources indicated, some of the elements identified will have been resolved. These matters are dealt with in the next step of the fourth generation evaluation model.

Step 6: Sorting Out Resolved Claims, Concerns and Issues

This is the simplest step in the model, in that claims, concerns and issues that may have seemed important within individual stakeholder circles were able to be resolved as additional information was introduced into the circle. Although these resolved items can be set aside at this point, they should not be neglected at the reporting stage (Step 11, see below), since they may be of concern in other similar studies.

Step 7: Prioritising Unresolved Items

These unresolved items are the justification for continuing the evaluation beyond Step 5. Not only is it unlikely that consensus on every construction will have been achieved, it is very likely that the number of unresolved claims, concerns and issues will be beyond resolution within the resources available to the evaluator. Prioritising these items and allocating resources to further exploration of them thus becomes essential.

Guba and Lincoln (1989:214-5) recommend that another hermeneutic circle be set up for this specific purpose, to comply with the participatory spirit of fourth generation evaluation. Stakeholders drawn from across the earlier circles, who have experienced the hermeneutic dialectic, and its potential for
achieving at least some consensus may be trusted to agree the
criteria for prioritising outstanding items. The groups of
stakeholders should select their own representatives for this new
circle. Once membership of the circle is established, the
evaluator should ensure that the following criteria are
considered by the circle in making the list of priorities:

- the potential for ease of resolution of a claim, concern
  or issue
- the potential for compromise, although some dissent may
  persist
- items which are of particular importance to one or more
  stakeholder group(s).

The third category may be the most difficult to deal with, yet
most important in terms of the evaluation as a whole.

Items placed low on the list, which may be beyond the scope of
the evaluation, should be considered for inclusion at Step 12
(Recycling, see below), since they may warrant examination in any
subsequent evaluation. Once the most important of the unresolved
items have been identified, it is time to consider what further
information is required to assist the development of joint
constructions, i.e. how may the unresolved items become resolved?

Step 8: Collecting Information, Adding Sophistication

Guba and Lincoln (1989:216-7) warn that there may be difficulty
in reaching consensus about unresolved items which are rooted in
value differences between stakeholder groups. In nurse education
such conflicting values are evident in the tension between
student centred approaches to teaching and learning and the
requirement to produce professionally competent practitioners.
Competence in this context encompasses both nursing knowledge and
practical skills, essential for the protection of the public.
For nurse teachers, the issue of safety in practice cannot be
left to the student nurses to determine on the basis of their
learning needs in clinical settings. The extent of the conflict
within nursing education about this issue was demonstrated by
Fish and Purr (1991:72), the fourth in a series of projects
commissioned by the ENB (see Step 1, above). In a case study of
six post registration courses, Fish and Purr found evidence of
a continuum of approaches to assessment of clinical competence.
At one extreme, students decided their own criteria for
assessment; at the other, lengthy checklists of behavioural
objectives were used.

The importance of the commitment to flexibility enshrined in the
contract (Step 2) at this point in the fourth generation
evaluation model is emphasised (Guba and Lincoln 1989:216).
Value differences are as open to negotiation as any other element
of the evaluand. This step in the model requires the evaluator
to draw on as many other sources of information as practicable,
to facilitate the development of joint constructions about the unresolved items. The techniques used are similar to those used in conventional approaches to evaluation—gathering as much information as possible to add to existing constructions, facilitate reconstruction and enable understanding of the new information. There is some evidence of this approach in Fish and Purr’s study (1991), which appeared to be a conventional evaluation, although no specific model was identified in the report.

Other sources of information are as listed in Steps 4 and 5 above, such as documents and records; the professional literature; the evaluator’s etic perspective. Further data may be gathered by conventional research techniques, such as questionnaires, or from reports of other evaluations in similar contexts. Care must be taken not to generalise the findings from such studies to the setting under study, which would contravene the principles of fourth generation evaluation. Guba and Lincoln (1989:217) suggest that these more conventional techniques are warranted, despite the conflict with the constructivist beliefs of the fourth generation evaluator, if there is no other way of addressing claims, concerns and issues raised by certain stakeholders.

If a higher level of sophistication is required, rather than simply additional information, the evaluator may need to provide additional materials and experiences to the circle members to broaden and deepen their understanding of the value position they have adopted. Guba and Lincoln describe this as introducing the notion of value relativism (1989:218) and exploring the conflict between an intransient value position and the ideals of democracy. The idealism inherent in this proposal will be explored in the section subheaded critical reviews of the model, below. The processes followed in this step of the model enable the evaluator to move to the next step, preparing for negotiation.

**Step 9: Preparing Agenda for Negotiation**

The agenda for negotiation to some extent mirrors the conventional evaluation report’s conclusions and recommendations. Guba and Lincoln (1989:219) propose a series of five activities for the evaluator to complete in order to develop the agenda, as follows:

Each claim, concern and issue must be defined in the terms used by the stakeholders from whom it emanates.

Competing constructions for every unresolved issue, and the elements of constructions for every unresolved claim and concern, must be clarified in order to account for the nonresolution in each case.

All the available information that supports or refutes each
side of the argument must be collated for every unresolved claim, concern or issue.

If some stakeholders are at a more sophisticated level of understanding of the unresolved elements, action must be taken to achieve equality of understanding for all groups. If this cannot be achieved through training or practice or some other means, the evaluator must act as the lesser group’s advocate or appoint someone else to take this responsibility. Particular care must be taken to preserve the balance of power, for example where an understanding of complex statistical information is essential to understanding the whole picture.

The agenda should be tested with representatives of the stakeholder groups who will not be involved in the actual negotiations. The agenda can be refined through discussion or within a new hermeneutic circle set up for this purpose. The refined agenda is then taken forward for negotiation in Step 10 of the model.

**Step 10: Carrying Out the Negotiation**

Ideally, the negotiation should be carried out within yet another hermeneutic circle. However, Guba and Lincoln (1989:220-1) recognise that logistics and availability of a new group of stakeholder representatives may preclude formation of a new circle. In these circumstances the circle used in Step 9 may be reformed to participate in negotiation using the agenda they helped to formulate. The limitations are clear - entrenched positions adopted during preparation of the agenda are unlikely to be relinquished readily at this stage of negotiation.

The principles of fourth generation evaluation can be said to encompass empowerment, education and participation. The stakeholder representatives who will contribute to the hermeneutic dialectic negotiation are not representative in a statistical sense. Rather, they are chosen by the stakeholders to represent their views, and are empowered to negotiate within the circle, on behalf of the group they represent. The stakeholders may be asked to confirm decisions made within the circle, but must have complete trust in their representative to defend constructions deemed critical, whilst remaining free to negotiate on others.

The evaluator has the same role in this hermeneutic dialectic as in the earlier steps, that is as mediator and facilitator, not leader or controller - decisions made by the circle must be the members’. New joint constructions are sought in respect of each unresolved claim, concern and issue. These constructions are likely to be at a higher level of sophistication than those achieved earlier.

Nevertheless, consensus on all outstanding matters may not be possible. Negotiation ceases when the smallest possible number of viable constructions has been agreed and continuing
differences have been carefully specified. Decisions may be referred back to the stakeholders for confirmation, as indicated above, but power of veto is inconsistent with the principles of the model and should be avoided, if possible. This may provoke objections from the original commissioner of the evaluation if the joint constructions are a source of disagreement. Ideally, some compromise should be sought rather than outright veto of the group’s decisions.

The action to be taken in respect of resolved claims, concerns and issues will have been agreed by the negotiating group. Action on incomplete or partially resolved elements may be deferred pending further information becoming available, or delayed for further study to take place. Further evaluative activity will be necessary for unresolved matters. No action may be possible if no practical accommodation of differing views can be reached.

**Step 11: Reporting**

The report of a fourth generation evaluation provides an account of all the joint constructions reached through the hermeneutic process. Meaning and interpretation are as important as factual reporting since the intention is to show how the participants made sense of the evaluan and its context. A case study report is often used to enable readers to construe a meaningful picture, and to compare and contrast it with their own experience. Guba and Lincoln (1989:224) identify four essential criteria for such a report, as follows:

Axiomatic criteria - the report must be congruent with the underlying assumptions of constructivist enquiry, it must endeavour to represent the various realities exposed in the evaluation.

Rhetorical criteria - the report should embody simple qualities, such as overall organisation and craftsmanship, and more ambitious qualities, such as power and elegance, creativity and openness.

Action criteria - the report should propose and inspire action by readers, by its fairness and realism in presentation of the outcomes.

Application criteria - the most useful reports enable readers to draw inferences relevant to their own situation, empowering them to take steps to improve or enhance their own practice.

In a fourth generation evaluation report, emphasis and value are placed upon creativity rather than strict adherence to a scientific format. Scenarios, excerpts from dialogues and subjective views are among devices used to illustrate the joint construction of the evaluan in its context, which must form the core of the report. Guba and Lincoln (1989:225) note that credibility can be enhanced for some audiences when the report
and/or a presentation of the joint construction is provided by the stakeholders who participated in the negotiation. The evaluator should assist the team members in preparing and delivering the report. Caution is advised in reporting to an audience which may have sound reasons for not wishing to be informed. In such a case, dissemination can safely be left to informal channels.

**Step 12: Recycling**

Finally, it must be acknowledged that this model of evaluation tends to raise more questions than can be answered within the time and resources likely to be available in a single enquiry, however large the scale of the study. Unresolved claims, concerns and issues demand further study and await the emergence of new information, the joint construction may have but limited currency. Indeed, this step cannot be described as the final stage of the model, since Guba and Lincoln (1989:226) observed that fourth generation evaluations never finish, they simply pause.

In their rationale for dispensing with earlier approaches to evaluation, Guba and Lincoln put forward scathing criticisms of those approaches. This attitude has provoked equally strong language on the part of some of the critics of naturalistic enquiry in general, and fourth generation evaluation in particular. This polarisation of opinion about the relative strengths and weaknesses of fourth generation evaluation, and Guba and Lincoln’s wish to "open a dialogue" about the criticisms (1989:269) stimulated development of the second purpose of this enquiry, to evaluate the model in practice. The next section presents the views of some of the critics of naturalistic approaches to evaluation.

**Critical Reviews of the Fourth Generation Model**

Three reviews of the text, Fourth Generation Evaluation (1989), appeared in specialist journals in 1992; no earlier reviews have been found. This gap may be explained by the delay consequent upon peer review, revision of manuscripts and subsequent acceptance of papers for publication in scholarly journals, many of which accept papers up to a year in advance of publication. The reviews cited were all written by North American academics, and were published in American journals.

House (1992), a professor of education, provided a short review of the book in Contemporary Psychology, a scholarly journal. He noted that Guba and Lincoln had been among the leading proponents of qualitative evaluation for more than a decade. House commended the book for the new methodology it contained, but criticised the philosophical position claimed as its theoretical base (1992:153-4). He noted the authors’ "extreme idealism" which had apparently led them to unwarranted conclusions. Statements such as "evaluation creates reality" were seen as
untenable. House argued that while evaluation may help participants to redefine their own reality, people do not create their language, their culture or their society.

In the second review of the text, Reed (1992:197-201) writing in Evaluation Practice, the professional journal of the American Evaluators' Association, described the work as

marvellous, zealously optimistic
.....rather maddening. (p.197)

However, his enthusiasm was tempered by seven major criticisms of the model. This review was written ten months after Reed’s initial reading of the book, at which point he had felt

combative and perturbed,
yet enlightened. (p.197)

In the interim, personal correspondence with the authors, Guba and Lincoln, had allayed some of Reed’s perturbations. He commended the authors’ idealism, although noting that the model warranted much hard-headed analysis, and concluded that the means for achieving fourth generation evaluation as described in the book were still uncertain.

An extended review by Fishman (1992:263-9) in another scholarly journal, Evaluation and Programme Planning, raised five critical issues. First, the inappropriate mixing of technology and politics - the special skills of the evaluator need not necessarily be deployed in supporting the political view of fourth generation evaluation, that stakeholders should be empowered and enfranchised by their participation in the evaluation. Second, the lack of documented case studies demonstrating the model in action - a situation which still pertains at the time of writing, in 1994. Third, the naivety of the assumption that stakeholders with strongly held opposing views can be brought to a consensus by seemingly endless discussion and negotiation. Fourth, the feasibility of combining several approaches to the political context of evaluation. Fishman cites three - amelioration, accountability and advocacy, referring to earlier attempts to resolve the ethical and practical problems inherent in each, separately and in combination (Fishman 1992:268). The potential for consensus in this context was seen as limited. Finally, Fishman condemned the notion of fourth generation evaluation as the only model within the constructivist paradigm. He advocates a pragmatic combination of action-orientated, quantitative methods within a naturalistic setting, citing several examples of successful case studies which used this pragmatic approach. Fishman concludes his review by describing fourth generation evaluation as

politically naive...and
operationally...endless. (p.269)

The reviews examined above all point to the lack of case study evidence of the feasibility and utility of the fourth generation
model in practice, which justified the decision to include evaluation of the model in the enquiry reported in this thesis.

Morris Lai investigated some aspects of the procedures advocated by Guba and Lincoln (1989), and encountered several major problems. These field-based concerns about the theory and methods of the fourth generation model were reported to the annual meeting of the American Educational Research Association in April 1991, and published with the conference papers. Lai’s extensive experience of conducting evaluations to federal contracts was exemplified in an empirical study of a bilingual educational programme, in which he attempted to use fourth generation concepts. Regulations governing federal contracts prescribe rigorous testing and measurement of children’s attainment within the programme at set intervals. The conflict between these federal regulations and the ethos of the fourth generation model is immediately apparent. Lai states that whilst he is committed to the humanistic concerns of the fourth generation model, he remains unconvinced that problems and solutions can never be generalised from one setting to another. He argues that a partial belief in positivism does not negate his claim to stakeholder negotiating rights as an evaluator within the fourth generation model. Lai noted that he had been forced to evaluate the fourth generation model using third generation procedures, and had found serious dilemmas. Emphasising the need for further studies, Lai cautioned that new generations were not necessarily better than older ones.

The continuing debate about the merits of fourth generation evaluation was enlivened by Lee Sechrest in his presidential address to the American Evaluation Association meeting, November 1991. Sechrest gave vent to a searing condemnation of fourth generation evaluation, dismissing it as a "bothersome metaphor", which contributed nothing to the debate about the developing arts and sciences of evaluation. The paper was subsequently published in Evaluation Practice (1992:1-7). Sechrest’s main contention was the irrationality of replacing proven, if limited, quantitative approaches to evaluation with subjective qualitative fourth generation approaches. He condemned the paucity of contemporary training opportunities for fledgling evaluators. Sechrest also criticised the contemporary bias towards qualitative evaluation studies in the USA, which he linked to the notion that qualitative research was perceived to be easier and less rigorous. These comments are surprising in view of his claim to be unaware of any published results of qualitative studies.

Responses to Sechrest’s attack were subsequently published in the same journal, by Lincoln and Guba (1992:168-9) and Fetterman (1992:171-2). Both response papers deplored Sechrest’s animosity and the severity of his blanket attack on the fourth generation model. Lincoln and Guba aver that Sechrest’s condemnation of the fourth generation model arose from an imperfect reading of the original work, and lack of understanding of the qualitative paradigm within which it is located.
Fetterman, in a more temperate tone, advocated building bridges between generations and methods, rather than resorting to condemnation by divisive witticisms. In the papers cited above Lincoln, Sechrest and Fetterman were all speaking in their roles as successive presidents of the American Evaluation Association (1991, 1992, 1993). Clearly, the arguments about the strengths and limitations, the feasibility and utility of the fourth generation model continue to rage within and beyond the ranks of academics and professional evaluators in the United States. The roots of this heated debate may lie in

a) the claim that the relativist position of the constructivist researcher is more compatible with the American ideal of a democratic society than absolutism (Guba and Lincoln 1989:218)

b) the arrogation of the term "moral" by new generation evaluators (Sechrest 1992:5).

It is pertinent to consider a critique of the naturalistic paradigm, within which Guba and Lincoln developed fourth generation evaluation, from a British perspective. Martyn Hammersley presented a comparative critique of two books on the subject in the British Journal of Sociology of Education (1992: 131-143). One text was a collection of conference papers edited by Egon Guba (1990), which included a paper by Yvonna Lincoln. The other was an introduction to the empiricism versus interpretation debate by Smith (1989), who had also contributed a paper to the Guba collection.

Hammersley noted that both books suffered from oversimplification of a complex field, citing as an example the observation noted above concerning relativism and absolutism. Neither term is defined by Guba, in this or in the earlier text on fourth generation evaluation (1989), yet the implication that absolutism is a bad thing is unmistakeable. Hammersley (1992:134) observed that the implied meaning represents an extreme view, and that relativism is not the only alternative position. Later in the paper Hammersley (1992:137) provides further evidence of Guba and Lincoln's incomplete understanding of the implications of the relativist position they have adopted. On one hand they regard reality as a construction of the people involved in it, on the other they recognise that such realities are multiple and therefore part of a larger reality - yet relativism denies the existence of this meta-paradigmatic level at which the truth of paradigms can be debated. Hammersley describes these as incompatible positions, unrecognised by Guba and Lincoln (nor indeed by Smith). The exposition and critique of the philosophy and ideology common to the two texts is at a much more sophisticated level than the debates about methods and instrumentation presented in the American papers cited above. Hammersley sought to identify and evaluate the driving force behind constructivism, concluding that it was a rejection of truth as a goal of enquiry, however truth may be defined.

In place of truth, Lincoln (1990) offers a commitment to equality
for all participants in an enquiry. Hammersley (1992: 140) argues that this noble concept is but one of several important values, yet relativism excludes any possibility of dialogue about such competing values. Hammersley believes that the underlying philosophy of one paradigm or another is less important than the goal(s) of educational research. He concludes that the definitions of constructivist enquiry provided in these two books are more likely to engender continuing conflict than to facilitate peaceful transference from one paradigm to another. The strengths and limitations of the fourth generation model will now be summarised, prior to the discussion of its use in the enquiry reported here, in the next chapter.

Notwithstanding Hammersley’s criticism of Guba and Lincoln’s imperfect understanding of their espoused philosophical basis for the fourth generation model, the fourth generation model does comply with the humanistic principles for qualitative enquiry defined by Patton (1990:124-5). The commitment to equality of stakeholders, and their empowerment through the evaluation process is seen as a strength of the model, congruent with the researcher’s personal values, which justifies its use in the enquiry reported here.

The limitations perceived by critics of the fourth generation model seem to be derived largely from the positivist perspective specifically rejected by Guba and Lincoln as a framework for constructivist enquiry. Such criteria as rigour, reliability, validity and generalisability are not dismissed in the fourth generation model but they are handled differently. In earlier work, Lincoln and Guba (1986:73-85) proposed two sets of criteria for ensuring rigour in naturalistic enquiry, which address some of the criticisms of fourth generation methods and process which were discussed above. These criteria encompass trustworthiness and authenticity, and will be used to evaluate the findings of the study reported here.

Norris (1990:133-4) has suggested that generalisations about a programme can be drawn from an evaluation of it if the following points are satisfied in the report:

- coherence and reasonableness
- empirical adequacy of the accounts
- the social utility of the accounts

These factors enable readers to determine the extent to which the evaluator’s judgements can be seen as fair and meaningful to those involved in the programme. Norris debates at some length the relationship between the political and sociological dimensions of evaluation. He places particular emphasis on the relationship between evaluation and policy development, contrasting the secrecy which cloaks these processes in the United Kingdom with the democratic principles which underpin naturalistic approaches to evaluation claimed by writers such as Guba and Lincoln (Norris 1990:121-135). The political and sociological dimensions of evaluation are recognised as important in continuing professional education. However, in the small
scale study reported in this thesis, these dimensions cannot be dealt with in any depth.

In addressing the question of credibility in qualitative enquiry, Patton (1990:461) identified three inter-related factors:

- rigorous techniques for data collection and analysis
- credibility and integrity of the researcher
- congruence between the researcher's values and beliefs, and those enshrined in the research methodology and methods.

These factors have informed the research design, the research process and the research methods employed in the study reported here, all of which will be examined in the next chapter.
This chapter begins with a review of literature and continues with an account of the integration of the various theoretical perspectives into the research design. Decisions made will be justified with reference to the fourth generation evaluation model, to other influential theoretical perspectives and to the research purposes and questions identified at the end of Chapter 1.

A range of strategies for reporting ethnographies has been examined (Hammersley and Atkinson 1983; Hammersley 1984; Fetterman 1989; Ellen 1984). The study drew on phenomenology in attempting to understand and describe the meaning of the participants' experience of preparing for their new roles as nurse teachers. Phenomenological methods demand an open mind on the part of the researcher, including openness to the subjective meanings ascribed to events and experiences by the participants (Omery 1983:50). In pure phenomenological studies, the researcher deliberately avoids preparatory study of the literature, seeking to prevent contamination of observations and interpretations by preconceived ideas. A technique known as bracketing has been suggested by Spiegelberg (1960, cited in Omery 1983:53) as a way of separating everyday experience from the context in which it occurs - seeing the research topic in isolation from the researcher's experience and knowledge. In the study reported here, an attempt to set aside the researcher's long experience and relative breadth of knowledge of the subject area was felt to be unrealistic. Rather, this knowledge and experience provided a firm foundation for the research questions and data collection methods incorporated in the research design. Further, as course leader of one of the nurse teacher preparation courses included in the study the researcher possessed insights not available from any other source. In positivist terms, such perspectives would be deemed to introduce unwarranted bias into an enquiry. In constructivist terms, the relationship between the researcher and the participants

is one of mutual and simultaneous influence. The interactive relationship is prized,.... because of this, researcher and respondents may fruitfully learn together. Lincoln and Guba (1986:76)

These insights into the learning experiences of student nurses and student nurse teachers and the perspectives of nurse teacher course leaders, have informed the approaches made to all groups of respondents.

**Ethnography**

Ethnography is a theoretical tradition which seeks to explore the culture of a group of people. It is particularly appropriate to
in-depth study of a small number of similar cases in order to
illuminate or exemplify the social processes enacted within each
case (Hammersley 1984:5). It is derived from anthropological
studies earlier in the century, in which researchers studying
primitive peoples lived amongst them instead of relying on the
observations and reports of outsiders. Ethnography is
conceptually linked to phenomenology, which explores the
structure and essence of an experience shared by a group of
people in order to understand its meaning for them (Husserl 1939;
Schutz 1940). It is possible to design a study within a general
phenomenological framework that goes beyond a narrow focus on the
experience of the respondents. Such an approach is congruent
with the wide ranging concepts of ethnomethodologies, which seek
to explain how people make sense of their everyday activities by
studying them from within, yet also with the individual, personal
scale of writers such as Stenhouse (1975;1980). However, a
design using an ethnomethodological framework to examine all
seven nurse teacher preparation courses included in this study
would have been impractical because the courses were spread all
over England.

Phenomenology and ethnomethodology are located within the
interpretive paradigm of sociology. This paradigm rejects any
view of the reality of the social world seen as separate from the
actors within that world. In contrast, the functionalist
paradigm seeks to achieve objectivity by attempting to apply
natural science models to the study of human activity (Burrell
and Morgan 1979). Though it is often problem-directed, seeking
practical solutions, the functionalist paradigm was deemed too
rigid and mechanistic to be useful for the study proposed here.

The notion of teachers as researchers, though inevitably at risk
of bias in interpretation of findings, if not in research
design, is congruent with the interpretive paradigm (Elliott
1991). In this context, inside knowledge can be seen as a
strength. Stenhouse (1980) proposed that teachers take some
responsibility for enquiry into, and evaluation of, their own
classroom practice, rather than leaving the responsibility to
external, supposedly independent, evaluators or researchers.
Nixon (1981) suggested that all teachers possess certain skills
which can contribute to a research task, but each individual’s
particular skills must be identified.

In contrast, Patton (1990:88) advocates qualitative evaluation
methodologies as tools suitable for use by independent
evaluators. Patton defined ten theoretical perspectives that may
inform such studies, singly or in combination. Three of these
perspectives are combined in the study reported here. He
strongly recommended getting close to the sources of data, to the
extent of actively participating in the programme under
investigation (1990:60). Rowan and Reason (1981:113) have argued
that a true human enquiry

needs to be based firmly in the
experience of those it purports
to understand.

43
If human experience is accepted as meaningful, both for those involved and for those who study it systematically, it follows that the results of such studies will have particularly powerful meaning for the participants.

In previous work, successful management of the dual role of course leader and course evaluator was achieved. A case study using an illuminative evaluation framework and involving thirty-two participant-respondents, demonstrated changes in working practice by the majority of ward sisters completing an in-service education programme (Race 1990). Some limited experience of an ethnographic approach can therefore be claimed. Rowan and Reason (1981) argue that the researcher of human experience inevitably works within the framework of his/her own knowledge and experience. Knowing to some extent the phenomenon being studied, the researcher must seek to become familiar with all its complexities, within its context. Taking the argument further, Elliott (1991:48) describes action research as a "cultural innovation" with potential for transforming the professional culture of both practising teachers and teacher educators. There has been some evidence of this in one of the courses included in this enquiry, documented by course tutors and by graduate nurse teachers. The origins, strengths and weaknesses of action research as a method of enquiry will now be examined.

Action Research

The teacher as researcher movement has its origins in the curriculum reform initiatives of the 1960s (Hopkins 1985; Elliot 1991:3) but the foundations of action research are much deeper. Although often traced back to the work of Lewin in the late 1940s, the origins of action research in general education can be found in the Science in Education movement of the late 19th/early 20th Century, in the progressive educational thought associated with Dewey and in the academic interest in group dynamics in the 1940s (see McKernan 1991). Contemporary interest in action research in education has been linked with professional responses to educational policy initiatives. The case for practitioner-based action research in general education rests on three claims, which are equally relevant to nurse education:

1. It offers an alternative approach to research.
2. It presents a professional ideal.
3. It claims a political or emancipatory ideal.

Perkins (1992) has argued that, for many nurses and nurse teachers, teaching and learning about research can present difficulties resulting in a fear of research. In part, this can be attributed to the traditional approach to research orthodoxy found in a range of professions, including nursing, which is science-orientated, quantitative and positivistic. These approaches are characterised by emphasis on external realities,
hypothesis-testing, generalising about events and phenomena and theory construction. Teachers and nurses have been dismissive of research findings emanating from such traditional approaches as having little relevance to the real world of practice. Nursing has, until recently, neglected those broader social science methodologies which focus on the qualitative. The adoption of such methods, using action research and practitioner-based enquiry, to examine problems arising in the practice setting - be that nursing or nurse education practice - would provide tools to improve the care of patients and the education of nurses. Two essential aims of all action research are to improve practice and understanding, and to involve practitioners as participants. As Carr and Kemmis (1986:165) state:

Action research is a form of self-reflective enquiry undertaken by participants in social situations in order to improve the rationality and justice of

a) their own social or educational practices
b) their understanding of those practices, and
c) the situations in which these practices are carried out.

Possibly the most powerful argument for practitioner-based research is that it is a professional ideal. Educators in a range of professions, including teaching, nursing and medicine, have asserted the value of research as an integral element of professional work. It is claimed that such research is not an addition to the professional role of practitioners but an extension of it, part of the professional ideal. It is seen as a way of avoiding separation of theoretical and practical understanding, since practitioners are best placed to examine the practices in which they are involved. A link is thus established between practitioner-based research and the reflective practice described by Schon (1983). Elliott (1991:52) asserts that action research improves practice by

developing the practitioners' capacity for dissemination and judgements....
It unifies enquiry, the improvement of performance and the development of persons in their professional role.

Cogent arguments support this assertion, in the context of government policy and the pressure for major changes in the structure and practice of education.

A final strand in the case for practitioner-based research is that it represents a democratic social and political ideal (Winter 1989a). Innovation and development in practice are not the gifts of an elite, whether of academics or senior managers, but the responsibility of all professional practitioners. Elliott (1991:55-6) further argues that practitioner-based action
research is a creative form of resistance to the spread of technocratic and hierarchical systems of surveillance and control over professional practice. Hence there is an emancipatory ideal, the result of participation and collaborative reflection about practice that serves to empower practitioners, enabling them to take a more informed responsibility for decision-making in their own practice.

Many of the arguments in the case for action-based approaches can readily be applied to nurse education and nurse teacher preparation. However, it is prudent to be aware of the limitations. Adelman (1989) has criticised the emphasis on technical procedures and the assertions of superiority made for particular variants as styles of action research proliferated during the 1980s. He advocated a refocusing of the approach in order that practitioners engage in reflective activity about their professional practice and the changing political, policy and organisational context of their work. For nurses and nursing education, this is crucial.

The prevailing political direction and a series of political initiatives in both education and health care conform to a managerialist ideology emphasising accountability, cost-effectiveness, quality measurement and performance indicators. Patterns of surveillance and control, in forms such as quality assurance mechanisms, which serve to delimit professional autonomy are being extended. In contrast, there is a continuing movement towards the professionalisation of nurses as an occupational group, evident in the growth of interest in the contribution of research to the development of nursing knowledge and nursing theory. Equally significant is the tension between aspirations for a greater degree of autonomy in professional practice and the managerialist ideology encroaching upon what was previously seen as the professional domain. The ability of nurses to counter these developments creatively lies in a process of empowerment through informed reflection on practice, using action research techniques. The nurse teacher is central to this process of empowerment, and effective preparation for this responsibility is critical to its realisation. Some of the courses in this enquiry sought to address this by equipping the graduate nurse teachers with highly developed intellectual skills of analysis and evaluation, and by providing experiential learning opportunities for the skills of enquiry.

Having examined the influential theoretical and methodological perspectives which have shaped this study, the research design will be presented in the next section. The groups of stakeholders who may contribute to fourth generation evaluation are identified in Step 3 of the model (Guba and Lincoln 1989: 186-7). In the study reported here, they were student nurses; graduate nurse teachers, products of the courses studied; and to a lesser extent, the course leaders.

One potentially influential stakeholder, the English National Board for Nursing, Midwifery and Health Visiting (ENB), was not
included in the data collection process, despite its statutory responsibility for monitoring the quality of nurse teacher preparation courses and its important role as provider of financial support for aspiring nurse teachers. The decision to exclude the ENB was taken for the following reasons:

- the aim of the study was to evaluate the courses from the point of view of the graduate nurse teachers, rather than the statutory body responsible for standards of provision

- by late 1993, when the statutory body might have been approached, the arrangements for funding, provision of and access to nurse teacher preparation courses had entered a period of major change and the ENB officer responsible for the 1992 courses had retired and the role had been expanded, with some elements devolved to others. None of the new incumbents had been employed by the ENB during the period of the courses included in this study.

However, the development of the enquiry, the research design and the interpretation of some of the findings have been informed by ENB policy statements, circulars and guidelines, and by reports of research commissioned by the ENB.

A second important group of potential stakeholders in the evaluation, the teacher course leaders, were not personally involved in contributing data for the following reasons:

- due to the changes in the provision of pre-registration nursing education, the amalgamation of schools and colleges of nursing with higher education institutions, and the reduced NHS manpower requirements for qualified nurses (discussed in Chapter 1) employment prospects for newly qualified nurse teachers had dramatically reduced by 1992. As a result some of the courses included in this study were unable to recruit in 1993.

- the implications of these developments for the employment prospects of teacher course leaders made it appear unreasonable to expect unbiased reflections from them in the summer of 1993 about the aims and outcomes of the 1992 courses.

The commitment of the teacher course leaders to this evaluation was evident in their prompt responses to requests for loan of curriculum documents. Further evidence lay in their ready agreement to enable the researcher to make contact with the graduate nurse teachers who participated in this study. Papers published by some of the teacher course leaders have provided evidence of their opinions about pertinent issues in the preparation of nurse teachers. This material has been cited elsewhere in this thesis, but specific reference is omitted at this point to preserve individual confidentiality.

A third group of potential stakeholders, the employers of the graduate nurse teachers, were excluded from the enquiry because the researcher had no means of identifying employers other than
by asking the nurse teacher respondents. This was thought likely to discourage many potential respondents from participating in the enquiry. An alternative strategy, sampling all potential employers (approximately 85 in England) was considered. This was discarded due to the difficulty of establishing meaningful connections between responses from unconnected employers and nurse teachers, and the risk of compromising ethical principles, discussed below.

**Research Design**

This section describes the overall plan for obtaining meaningful answers to the research questions set out at the end of Chapter 1. Step 1 of the fourth generation evaluation model concerns arrangements for funding the study. Funding was secured from the Faculty of Humanities Staff Development budget at the university where the researcher is employed. Step 2 of the model concerns the arrangements for entry into the various locations. These will be described below with the data collection procedures. Step 3 has been described above. The links between Steps 4 and 5 of the theoretical framework and the research design will be established at each stage (Guba and Lincoln 1989: 186-7).

Patton (1990:150) suggests that decisions about the elements of a research design derive from a clear definition of the purpose of the study. This clarity enables the researcher to prioritise research activity in order to achieve the central purpose. The study reported here incorporated four of the five potential purposes of evaluation research listed by Patton, namely, applied research; formative and summative evaluation; and action research. The fifth purpose (first on Patton’s list), to make a contribution to knowledge and theory development, can only be claimed to a very limited extent in a small scale enquiry such as this. Nevertheless, useful insights with potential to inform curriculum development may ensue.

This study can be described as applied research, in so far as it sought to examine an issue of professional concern, the preparation of nurse teachers, at a time of rapid changes in teaching contexts and roles. It was a summative evaluation, in that the graduate nurse teachers who were the main focus of the study had completed their courses and were invited to comment on the effectiveness of the preparation they had received. The study has formative value, in that nurse teacher preparation courses of some kind seem set to continue, although courses of the particular type studied were virtually defunct by the time of writing this thesis. Policy development and yet newer forms of nurse teacher preparation may be informed by rigorous evaluation of recent forms.

Action research to solve a particular problem was not a central focus of the study. However, the findings of each stage of the study have been instrumental in developing the curriculum and operation of one of the courses; informing new course development; and extending the researcher’s professional practice as course leader. It has been stated that the intention was to
evaluate new forms of nurse teacher preparation from the perspective of recently qualified nurse teachers. Thus the primary purpose of the study can be said to be summative evaluation, characterised in Patton’s typology which is represented in Table 3, on the next page. Patton (1990:70) defined two phenomenological perspectives, a focus on peoples’ experience and their interpretation of it; and an attempt by the researcher to experience the phenomenon personally. The first of these perspectives was used in this study.

The relative merits of quantitative and qualitative research designs warrant consideration in order to justify the use of elements from both paradigms. Denzin (1994:xi) has warned that

the very term qualitative research means different things to different people

The research design incorporated both qualitative and quantitative elements, but can be broadly defined as ethnographic in its attempt to understand the culture of the courses, and their outcomes as experienced by the graduate nurse teachers.

The positivist research paradigm attempts to describe and understand the world in terms of an objective reality which can be measured. Quantitative designs often take the form of experiments or quasi-experiments. They are characterised by emphasis upon objective measurement, manipulation of variables and the extent to which results can be generalised to the whole population from which the study sample is drawn. The ability to generalise from the findings is achieved by studying a random sample of the population, meaning that each member of the population studied has an equal chance of being selected. Such designs are seen by many to be ideal in scientific terms, because causal relationships can be inferred from the findings with some confidence (Polit and Hungler 1991:170-1).

In studying the lived experiences of human beings, subjective interpretation takes precedence over objective measurement. Rigorous testing of hypotheses through analysis of numerical data has been criticised for its failure to capture the essence of human behaviour and experience. This weakness derives from the artificial context of much quantitative research, and from its reliance on what people say rather than observation of what they actually do (Atkinson and Hammersley 1994:251).

The degree of variability within a group has implications for the research design in quantitative studies. For example, respondents’ ages may be seen as irrelevant, or as a dependent or an independent variable according to the postulated relationship between the respondents’ ages and other variables in a given study. In the study reported in this thesis variables included the respondents’ professional qualifications, their teaching qualifications and the extent and nature of their professional experience.
Table 3  Characteristics of Summative Evaluation

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Focus</th>
<th>Desired Results</th>
<th>Level of Generalisation</th>
<th>Assumptions</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>To determine how effective the courses were</td>
<td>Expected outcomes of the courses</td>
<td>Judgements about effects on nurse teachers' practice</td>
<td>All courses with similar aims</td>
<td>What worked for these teachers may work for others</td>
<td>Findings may inform policy development and course plans</td>
</tr>
</tbody>
</table>

(adapted from Patton 1990:161)
An infinite number of other unknown but potentially influential variables existed within even this restricted group of nurse teachers, rendering formation of control groups or matching pairs of respondents impractical in a study of this size. Indeed, such techniques would have been meaningless in attempting to answer research questions which sought personal experiences and opinions. However, despite the fact that a realistic understanding of the phenomenon in its naturalistic setting was one of the research purposes, a quantitative element was incorporated into the research design. This was done in order to obtain the opinions of all the nurse teachers who graduated in 1992 from the courses studied. Since the total population was relatively small (n=109) random sampling was rejected in favour of a survey of the whole population.

Strict adherence to standards of ethical conduct on the part of the researcher(s) is necessary, in order that the rights of human subjects are not compromised by their participation in research, the data collection techniques nor by the reporting methods. The origins of the concern for ethical conduct in research have been described by Punch (1994:88-89). Ethical norms in research are characterised as respect for persons; beneficence - the general intention to do good; and justice. Compliance with these norms ensures that the researcher is both accountable and responsible in his/her use and control of information about the participants in research (Punch 1994:69). The requirement for ethical conduct applies equally to quantitative and qualitative research designs.

The interpretive research paradigm attempts to describe and understand the world, but questions the existence of an objective reality which can be measured. Rather, the emphasis in this paradigm is upon observing and interpreting phenomena. The interpretive researcher is conscious that the very act of being present changes the nature of the observed event, but takes account of this when interpreting what has been observed. The activity of interpreting in constructivist research is seen as a normal human activity rather than as a research methodology. This stance puts researcher and participants on a more equal footing in their common endeavour to understand the phenomenon in its natural setting (Schwandt 1994:122).

The case for a broadly qualitative research design has been advanced in this chapter. It is prudent to acknowledge the limitations of such a design, before considering the data sources and data collection techniques applied in the study reported here. These characteristics can be seen to be antithetic to the strengths of quantitative designs, noted above. Qualitative research studies seek to understand, describe and explain human phenomena in their natural settings. There is no intent to disturb the phenomena or the setting by manipulation of variables, nor to measure cause and effect. In large scale qualitative studies, random sampling may be used, but greater emphasis is placed on understanding and interpretation of the findings within their natural context, than upon their generalisability to other similar settings.
The research design and the data collection methods described below include document analysis; group interviews; self-completion questionnaires; non-participant observation and open interviews. These represent a multimethod research design which has elements of both quantitative and qualitative methodologies. Such a design has been described by Denzin (1978, cited in Guba and Lincoln 1989:162) as methodological triangulation, in which data are obtained from different sources, using different methods to address the research question(s). Cohen and Manion (1994:233-4) advocate triangulation, the use of two or more methods of data collection, to answer methodological criticisms and enhance rigour in qualitative research.

Guba and Lincoln (1989:162-3) support methodological triangulation in naturalistic evaluations, particularly where qualitative data are used to expand and illuminate quantitative information. In the context of fourth generation evaluation, the theoretical framework for the study reported here, Guba and Lincoln warn that triangulation should be concerned only with cross checking items of a factual nature. Individual constructions of the phenomena being evaluated should be validated by the respondents concerned, in order to avoid positivist connotations encroaching upon humanistic interpretations (Guba and Lincoln 1989:240-1).

In qualitative enquiry triangulation facilitates the development of a realistic representation of the phenomena under study, by examining them from different perspectives, using different methods. A realistic representation is likely to be recognisable to the participants and to those in similar settings and circumstances. Polit and Hungler (1991:383) suggest that this attempt to distinguish truth from error is comparable to the search for reliability and validity in quantitative research. Lincoln (1990) offers a commitment to equality for all participants in research in place of a search for objective truth, since truth may be defined differently by different participants.

The first purpose of the study reported in this thesis was to examine the effectiveness of new forms of nurse teacher preparation from the perspective of newly qualified nurse teachers. Student nurses' views about the characteristics of an effective nurse teacher were sought, and the content and organisation of the preparation courses was considered. The next section presents the sources of information and the techniques employed to gather the data required to answer the research questions set out in Chapter 1 (p.13). The second purpose of the study, to evaluate the evaluation model, will be returned to briefly in Chapter 4, and more fully in Chapter 5.
Data Sources and Data Collection Methods

Research question 1  Comparability of the course curricula

Copies of six of the course curricula were provided by the respective course leaders, with permission for analysis and evaluation as part of the study. The curriculum for the seventh course was already in the researcher's possession. The curricula were subjected to comparative content analysis - a procedure for analysing documents systematically (Polit and Hungler 1991:642; Holsti 1969:3), in which headings and themes within the sections were compared. Having been prepared for conjoint validation by the awarding institution and the ENB, there was some evidence of consistency in structure and content of the documents. However, there was considerable variation in the amount of detail contained in the documents, which ranged from a single volume of 30 pages, to two volumes which in total exceeded 200 pages.

The purpose of the analysis was to discover the similarities and differences in the definitive course documents. Themes used in the analysis were

- Philosophy, values, curriculum model
- Course aims
- Curriculum content
- Expected outcomes
- Teaching practice aims and outcomes
- Assessment strategy - theory
- Assessment strategy - practice
- Evaluation strategy and process

The outcomes of analysis informed the interpretation of the graduate nurse teachers' responses to the questionnaire.

This aspect of data collection involved limited collaboration with one group of stakeholders (Guba and Lincoln 1989: 201) in the evaluation process, the course leaders. The logistics of their geographical distribution across the country precluded use of group discussion, one of the methods recommended to elicit data from an important group of stakeholders, by Guba and Lincoln (1989:211-2). Analysis of the course curricula contributed to Step 4 of the fourth generation evaluation model, developing joint group constructions (Guba and Lincoln 1989:186-7). An understanding of the minutiae of the curricula was essential to the interpretation of the questionnaire responses, the teaching activities observed and the opinions expressed by the graduate nurse teachers who were interviewed.

Research question 2  Characteristics of an effective nurse teacher

Three of the stages of fieldwork research identified by Polit and Hungler were used to plan preliminary fieldwork for the study. These were identifying the setting; gaining access to the people
to be studied via the relevant gatekeepers; assuming an appropriate role in the social setting (1991:195-6). A series of informal interviews was carried out in two colleges of nursing in September - December 1992, to identify characteristics of a nurse teacher valued by pre-registration student nurses. In both colleges Project 2000 courses, which conferred a Diploma in Higher Education and Registered Nurse qualification, were well established. This was important because the nurse teacher preparation courses included in this study were designed to prepare experienced nurses to become teachers in courses based on the Project 2000 proposals. All the student nurses interviewed were members of the new courses and their teachers were grappling with their changed roles in those courses.

The interviews were opportunistic in that they were carried out on occasions when the researcher was present in the colleges on official business, and had set time aside to meet with student nurses who were available and willing to be interviewed. The purpose of the interviews was to gather data from the student nurses which would contribute to an understanding of their group construction of the characteristics of a nurse teacher which helped them to learn. This was part of Step 4 of the theoretical model.

Small group interviews

Seven small group interviews took place with student nurses at all levels of training in Project 2000 courses leading to a Diploma in Higher Education with Registered Nurse qualification. The groups ranged from two students to eight students (n=38). Two groups included two men, one group included one man; four groups were all female. All the groups included mature students - for the purpose of this enquiry ‘mature’ is defined as apparently aged 25+ years.

The student nurses knew the main reason for the researcher’s presence in the clinical area or classroom was her association with student nurse teachers on teaching practice. Thus they knew her as an official visitor, unconnected with their college of nursing. A few student nurses (n=5) declined to participate for what appeared to be genuine reasons, e.g. involvement in patient care; appointments with personal tutors. All those who declined stated they would be happy to join in an interview on another occasion.

All the students invited to participate were assured that:

- the College Principal had given permission for the researcher to talk to student nurses, but no-one knew which students would be approached

- their participation in the group interview was entirely voluntary
the discussions would be confidential, nothing said would
be repeated within the College, but unattributed quotations
might be used in reports arising from the research

neither colleges nor individuals would be identified in
any way in reports of the study.

The interviews took place in college classrooms or seminar rooms
in the clinical areas, either before or after a planned teaching
session by a student nurse teacher. The rooms varied in size and
furnishings but were adequately equipped for teaching and for
group discussion. Only the student nurses and the researcher
were present. The student nurses and the researcher wore name
badges but the names of those present were not recorded. An open
interview format (Sapsford and Abbott 1992:108-114) based on one
statement and question, was used:

I am interested in hearing about the
kinds of things nurse teachers do
which are helpful to student nurses'
learning. What things do you find helpful?

The interviews were not tape recorded, since an informal
atmosphere was seen to be essential to ensure free discussion.
Key words were noted as the discussion between the student nurses
developed, but the researcher avoided intruding into the
discussion. When discussion waned, the key words were read back
to the group and they were asked to confirm the accuracy of the
notes and to add any further points. The student nurses were
thanked for their help, and notes about the interview were
written when they had left the room. If the students remained
in the room for a teaching session, the researcher went
elsewhere. The data obtained from interviews were subsequently
compared with the literature reviewed for this study. The
findings were used to generate some of the questions in the
graduate nurse teachers’ questionnaire, the rationale for which
will be examined in the next section of this chapter.

Hammersley and Atkinson (1983:54-62) describe the potential
problems for ethnographers of gaining access to settings for data
collection, and the effect of respondents’ perceptions of the
researcher in those settings. There were no access problems in
the preliminary fieldwork stage of this study. The researcher
was well known and trusted by the college staff and vaguely
familiar to the student nurses in her official role as course
tutor to the student nurse teachers. Although inevitably
perceived by the student nurses as a senior person in nursing
terms, informal dress, a friendly manner and semi-detachment
from the organisation enabled the researcher to establish rapport
and engage with the student nurses’ concerns about their teaching
and learning experiences. Evidence of both humour and complaints
about aspects of their education in the interviews confirmed this
perception.

Recording key words, verified by the student nurses, from the
interview discussions, complied with Boas's exhortation (1906) that ethnographers record what people say in their own words, thus avoiding subjective interpretation of meaning. As an anthropologist who sought to record the "mind" of the native peoples he studied, Boas's work has informed the historical development of ethnography as a research methodology which is capable of rigour, with applications beyond his own field, including the social sciences.

Student nurses, as the recipients of nurse education, were seen as stakeholders in the evaluation process. Their collaboration in the research, as a group, was limited by logistics to participation in the group interviews described above. Ideally, to comply with the fourth generation evaluation model, a process of checking and rechecking claims, concerns and issues within and between the groups of stakeholders by means of hermeneutic circles of participants should have occurred (Guba and Lincoln 1989:238-9). Such a protracted process was not feasible within the limitations of this study, but comparison of the responses with the findings of similar enquiries reported in the literature provided some verification of the data obtained from the interviews with student nurses. This will be reported in the next chapter.

Research question 3 To what extent were the nurse teachers prepared to meet role demands?

The involvement of the third group of stakeholders in the evaluation, the graduate nurse teachers, encompassed three elements of data collection: questionnaires, non-participant observation and open interviews. These methods addressed research question 3, and formed a further part of Step 4 of the theoretical model (Guba and Lincoln 1989:186-7).

As the number of nurse teacher preparation courses which combined professional studies with a recordable teacher qualification was small - seven courses in England in 1992 - all the 1992 graduates (n=109) of the courses were invited to participate in the survey. The purpose of this survey as part of the overall research design, the geographical distribution of the population to be studied, and the limited resources available to the researcher influenced the data collection methods chosen for the survey. The methods included self-administered questionnaires, distributed by post either direct or via nurse teacher course leaders to all the graduate nurse teachers, and returned by post. Subsequently, non-participant observation of a teaching session followed by an informal interview (Cohen and Manion 1994:271) took place with one graduate nurse teacher from six of the courses studied. Practical problems of distance and availability prevented observation of any of the graduate nurse teachers from one of the courses, although several of them had volunteered to participate. A telephone interview with one of these volunteers was carried out in place of the planned observation followed by interview.
This part of the study was designed

- to discover the graduate nurse teachers' opinions about the extent to which they felt equipped to meet the demands of their current teaching role, as a result of the teacher preparation course completed in 1992

- to observe the performance of a small sample of the graduate nurse teachers in a teaching and learning encounter

- to afford an opportunity for a small number of the respondents to expand their responses to the questionnaire.

Since nurse teacher preparation courses, and schools and colleges of nurse education, are distributed throughout England (ENB Circular 1988/63/MAT), it follows that the graduate nurse teachers are similarly distributed. Establishing hermeneutic circles involving personal contact with every individual or even a small sample would have been difficult, time-consuming and costly to achieve. These constraints, the researcher’s desire to include all the 1992 graduates and the fourth generation model’s emphasis on stakeholder participation combined to justify the use of a postal survey to seek the opinions of all the nurse teachers who graduated in 1992 from the seven courses studied.

The postal survey

There are several advantages in using self-administered postal questionnaires in preference to interviews with a random sample of the population under study. A large number of people who are widely distributed can be reached relatively cheaply. Complete anonymity can be offered to respondents, which can be crucial if sensitive information is sought. In the present study, respondents may have been reluctant to identify weaknesses of their courses in face to face interviews. Polit and Hungler (1991:294) suggest that telephone interviews combine the advantages of questionnaires with the potentially high response rate of face to face interviews. This method was considered as an alternative to questionnaires, but discarded in view of the logistical problems of attempting to identify mutually convenient times, ensure uninterrupted privacy for both interviewer and respondent. The resource implications of the potential cost of a number of lengthy long distance telephone calls were a further factor. Using a questionnaire avoided the potential bias inherent in an interview situation, whether face to face, or by telephone (Polit and Hungler 1991:293).

The advantages of using questionnaires must be set against the disadvantages of this method of data collection. The response rate to postal questionnaires can be poor, although Cohen and Manion (1994:96-101) suggested a number of techniques to stimulate maximum response. The measures employed in this enquiry are discussed below. Response rates of 40-60% are deemed acceptable by Cohen and Manion (1994:98), Polit and Hungler (1991:292) and Seaman, although Seaman warns that some social
scientists have found response rates of 10-20% to be not unusual (1987:284).

The self-administered questionnaire offers no opportunity to the researcher to clarify questions which are ambiguous or confusing to the respondents. Supplementary probing questions cannot be incorporated in a questionnaire, as in an interview schedule, thus only superficial information may be gathered. Questionnaire respondents have complete freedom to give false, equivocal or non-response to individual questions. The researcher has no way of knowing whether questionnaires have been completed by the designated respondents or delegated to others. Additional potential disadvantages, the possibility of illiteracy and/or poor cognitive ability of respondents, were not seen as relevant in this study (Polit and Hungler 1991:293-4).

Having weighed the potential advantages and disadvantages of a postal survey, the decision was made to use this method to address research question 3. To avoid tedious interpolation of references throughout the account of the design of the data collection instruments, the sources of reference used to guide the design were Cohen and Manion (1985;1994); Oppenheim (1966); Polit and Hungler (1991); Seaman (1987). Copies of the questionnaire, the covering letter and the consent form can be found in Appendices 1, 2 and 3.

The primary purpose of the enquiry as a whole and of the survey was set out in the letter which accompanied the questionnaire. The method by which contact with the respondents was achieved (via the course leaders) was explained. The covering letter invited the individual to participate, acknowledged the time and inconvenience involved but stressed the value of each person’s contribution to the study. Those who did not wish to participate were asked to return the blank questionnaire, in order to avoid being troubled with a reminder letter.

A code number on each questionnaire enabled reminders to be sent after the return date had passed, which was explained in the covering letter. Names, addresses and code numbers of the respondents were not required for any other purpose. These records have been stored securely, separately from other papers, and will be destroyed on completion of the enquiry. The respondents were assured that confidentiality of individuals, courses and institutions would be scrupulously maintained throughout the study.

Finally, an invitation to take part in the next stage of data gathering - the classroom observation and interview - explained the purpose of the consent form enclosed with the letter and questionnaire. The opportunity to return the consent form (which showed the respondent’s name and signature) separately from the questionnaire, was offered but no-one took this up. Thanks were extended to the respondents for their participation in the study. A stamped addressed envelope was provided to prompt return of the questionnaire by the date specified. A reminder letter was sent to non-respondents three weeks after the return date, with
another copy of the questionnaire and consent form, and another stamped addressed envelope.

The course leaders functioned as gate-keepers by facilitating access to the graduate nurse teachers. Their collaboration in the research process was an essential feature of the theoretical framework and of the research design. Access to the graduate nurse teachers was made possible by the course leaders’ commitment to the evaluation. Three course leaders supplied lists of names and addresses, with the graduate nurse teachers’ permission. Three course leaders undertook to forward letters of invitation and questionnaires to the 1992 graduates of courses for which they were responsible. The remaining group of nurse teachers were known to the researcher as their course leader.

The questionnaire (see Appendix 1) was designed and distributed in such a way as to promote maximum response. The questionnaire began with demographic and biographical questions. The status and intellectual abilities of the respondents was recognised, nevertheless care was taken to use clear unambiguous language. By virtue of the topic some technical terminology was used in some questions. The instructions for completion of the questionnaire were consistent and clearly stated. The word "please" was used frequently, but a patronising tone was avoided.

Closed questions provided a range of fixed alternatives, thus people were protected from having to give potentially sensitive precise details, for example their age. Questions 1, 2 and 3 were adapted, with permission, from a questionnaire designed for a survey of nurse teachers’ perceptions of their changing roles subsequent upon Project 2000 (Clifford 1992). Throughout the questionnaire generous space was provided for the respondents to give as much information as they wished in answering the open questions. Further space was provided at the end of the questionnaire for additional comments. Mindful of the need to avoid bias, all the questions were neutrally worded, and care was taken to give no hint of preferred or correct responses.

Questions 5, 6 and 7 contained a number of substatements which incorporated 5 point Likert scales, including a neutral position. The sub-statements concerned aspects of the nurse teacher’s role, and were derived from the literature, the researcher’s experience as a nurse teacher, and from job specifications sent to the researcher with requests for references for former students. Likert scales are commonly used to measure attitudes. They consist of statements with which the respondent is invited to indicate the extent of his/her agreement or disagreement on a scale. There is some controversy about the wisdom of including a neutral or uncertain point on a Likert scale. In this study, the respondents were intelligent and well informed about the topic. Neither inappropriate nor consistent use of the neutral position was anticipated, and did not prove to be a problem. Negative statements were inserted into each sequence to provoke thought and deter respondents from giving a series of similar ratings for the whole sequence.
The questionnaire was scrutinised by two colleagues, both experienced researchers, and by the research supervisor. Some adjustments were made to the wording of some questions. The questionnaire was pilot tested with ten of the 1991 graduates of one of the courses included in the study, an opportunistic sample chosen on the basis of contemporary knowledge of their whereabouts. These respondents were invited to complete the questionnaire and to make comments about any aspect of its design and content. They were asked to keep the material confidential, to avoid advance information inadvertently reaching any of the main study respondents (see pilot study letter, Appendix 5). Nine pilot study questionnaires were completed and returned by the date specified. The tenth person was subsequently found to have been out of the country at the time. The responses provided the kind of information sought and all the comments about design and content of the questionnaire were positive. One person suggested that additional space for comments about question 5 be provided, which was done.

The questionnaire, letter and consent form were sent to all the 1992 graduates of the courses included in the study (n=109) in February 1993. Specific measures taken to promote response included using stamped envelopes, rather than franked ones; enclosing a stamped envelope for return of the questionnaire; clear instructions and a pleasing layout for the questionnaire. A courteous covering letter stressed the importance to the study of every respondent’s views and gave an assurance of confidentiality.

Some success can be claimed for these measures in that 66 (61% of the total potential respondents) questionnaires were returned within three weeks. A reminder letter to non-respondents prompted return of a further 18 (16%) questionnaires within the next four weeks. In total, 81 completed questionnaires were returned, an overall response rate of 74%. This compares favourably with the 40-60% considered good, and the 10-20% response said by Seaman (1987:284) to be not unusual in postal surveys. Two blank questionnaires were returned, one contained a letter giving the reason for non-response. Several respondents enclosed letters expressing thanks for the opportunity to contribute. Letters from two members of one cohort gave reasons for probable non-response from their colleagues on one of the courses, which was reassuring when such proved to be the case. This part of the data collection process was considered to be complete by the beginning of April 1993, in good time for planning the observation of teaching by a small sub-group, during June - July 1993.

Observation of a teaching session

The purpose of observing some teaching sessions was to gather additional data relevant to research question 3; to contribute further to the group constructions (Step 4); and to begin Step 5 of the theoretical model. Step 5 encompasses enlarging the stakeholders’ constructions developed in Step 4, through the
interplay of observation and interview, the literature and the researcher’s etic (outside) construction (Guba and Lincoln 1989: 186-7). This part of the research design would have been strengthened by carrying out observation of many more of the nurse teachers who had volunteered to take part after completing the questionnaire. Observation of one member of each course cohort of nurse teachers was the most that could be achieved within the limited time and resources available to the researcher. Carrying out the observations involved travelling from the South of England to the North, East and centre of England, and the London area.

The weaknesses inherent in self-report methods of data collection were enumerated by Polit and Hungler (1991:278-9). Problems can arise from self-reporting due to selective recall of events, and/or from a desire to provide socially acceptable responses, and/or responses perceived to be desired by the researcher. Evidence to support or to refute the self-reports in the questionnaires was sought by observation of actual teaching activity. It was hoped to discern further evidence of the extent to which the respondents felt themselves equipped to meet the challenges of their teaching roles from their behaviour during the session and discussion afterwards in an interview. Adler and Adler (1994:382) noted that direct observation in combination with other data collection methods can add depth and/or breadth to the overall picture obtained, and can enhance the consistency and validity of research. These positivist criteria are anomalous to constructivist enquiry, but Guba and Lincoln (1986:77) recommend triangulation of sources and methods to enhance the credibility of findings.

Observation in ethnographic studies has been graded by Hammersley and Atkinson (1983:93) as potentially extending from functioning as a complete participant in the setting, to a complete observer. However, Bassey (1990a:15) noted that interpretive researchers recognise that simply by asking questions or by observing they may change the situation they are studying. This begs the question whether any observation which involves the physical presence of the observer can be represented as non-participatory. The strategies employed to minimise disturbance of the nurse teachers and students observed in this study are described below.

Weade and Evertson (1991:37) noted that direct observation of teachers can be an important source of performance evaluation data. They suggested that purposeful, systematic observation was not dissimilar to observation in everyday life, and cited a continuum of observation forms and event settings proposed by Evertson and Green (1986). The continuum extended from less formal to more formal social settings; and encompassed everyday events, situation specific events and decision-making events.

Weade and Evertson (1991:43) defined tools for recording classroom observation as category, descriptive or narrative systems and technological records. The classifications were somewhat tightly framed, but examples of each type of tool were critically evaluated in the text. They argued that tool(s)
should be chosen to serve the purpose of the observation. For example, a category system may enable simple comparison of data from a large number of classrooms and teachers, but may exclude important details about the differing teaching contexts. A creative combination of systems may serve the observation purpose best (1991:44), a strategy which was adopted in the observation of graduate nurse teachers reported here.

There was no participation by the researcher in the teaching activity observed (Cohen and Manion 1985:123). Whilst the teaching sessions varied in their degree of formality, the observation was systematic, intentional and guided by the research question. Thus it could be placed towards the more formal end of the continuum described by Evertson and Green (1986). The researcher’s extensive experience as a supervisor and assessor of student teachers of various kinds and at various levels informed both planning and carrying out the observations. One graduate nurse teacher from six of the seven courses studied was included in the sub-group sample. A graduate of the seventh course was interviewed but not observed. The population from which the sub-group sample was drawn included all the questionnaire respondents who volunteered to participate in this further aspect of data collection (n=32, 40% of the questionnaire respondents).

The sample was opportunistic, in that individuals were observed and interviewed on the basis of their availability on mutually convenient dates. However, there is no reason to suppose that they differed in any significant way from the other questionnaire respondents, who had volunteered but were not available on the days in question for a variety of reasons. For example, no teaching sessions planned on dates when the researcher was available; sessions unsuitable for the presence of an observer by virtue of sensitivity or confidentiality of topics; scheduled sessions cancelled because planned courses did not run - which forced cancellation of several appointments. Some of those who volunteered to be observed proved to be in roles other than teaching, e.g. service managers, with limited opportunities for teaching. There is no way of knowing why the other 49 questionnaire respondents decided not to participate in this part of the data collection.

A researcher’s lack of knowledge of the social context of the events and experiences reported can be an obstacle to understanding in self-report methods (Seaman 1987:296). This warning supported the decision to seek additional data by other methods. Furthermore, in naturalistic enquiry the researcher requires an understanding of the context in order to be able to interpret the responses. These factors are relevant to this enquiry in that employment prospects for newly qualified nurse teachers have dramatically reduced during the period of the study (ENB Letter to Course Leaders 1993c). This reduction has been attributed partly to the amalgamation of schools and colleges of nursing with institutions of higher education, partly to the reduction in numbers of pre-registration student nurses, which arose from regional workforce planning initiatives. Skill mix
exercises and cost cutting measures in the National Health Service have sharply reduced posts available to newly qualified nurses so fewer nurse training places are being offered. Clearly, reductions in the numbers of student nurses means that fewer nurse teachers will be required for the foreseeable future. The full effects of these developments were not foreseen when the graduate nurse teacher respondents in this study embarked on their courses. Recall of their experiences and perceptions of the value of their preparation may have been influenced negatively by the limited employment opportunities for them on graduation. Several respondents referred to this problem in their questionnaire comments. Two respondents were unemployed at the time of completing the questionnaire. Employment problems were not mentioned by any of the respondents interviewed.

In their questionnaire responses the respondents rated the importance of a range of characteristics of an effective nurse teacher. These were analysed and compared with those defined in the literature and with the characteristics valued by the student nurses interviewed in the preliminary fieldwork for this study, described above. The observation schedule (see Appendix 6) enabled content, interaction strategies and personal characteristics demonstrated in the teaching session to be noted.

The observation schedule was developed from one devised for peer evaluation of teaching in a Canadian University nursing department (Andrusyszyn 1990:414). It combines category, descriptive and narrative systems as suggested by Weade and Evertson (1991:43). The original version has been extensively tested in the nursing department where it originated. A revised version has been evaluated by supervisors of student nurse teachers in one of the courses included in this study, and by student nurse teachers themselves. Two teaching practice supervisors involved with that course found the categories of limited value when assessing opportunistic teaching in the clinical practice setting, but the comments section was adequate for that purpose. With those exceptions, the schedule has been found to be a valid and reliable tool in the assessment of teaching by both student nurse teachers and qualified nurse teachers. Andrusyszyn (1990: 412) suggested that data obtained using this format combined with data from other sources could provide a comprehensive evaluation of an individual’s performance as a nurse teacher.

Arrangements for the observations and interviews were made with each individual by telephone. The consent form included space for day and evening telephone numbers. Some respondents gave only an evening number because they worked between several sites and could not be easily reached by day. Three respondents declined to give their home telephone numbers to an unknown person, understandably. Once contact was made, mutually convenient dates for the visit to take place were confirmed. All these respondents were very helpful in providing maps and travelling directions to their locations. They set time aside for the interview, and each arranged for a suitable room to be available so that the meeting would be uninterrupted.
One respondent stipulated that the agreement of the head of department for the observation and interview must be obtained before an appointment was made. The head gave permission in response to a letter from the researcher setting out the nature and purpose of the study, as explained in the covering letter sent with the questionnaire. All the respondents were asked to explain the nature and purpose of the observation to the students in the class which was to be observed, and to secure their agreement prior to the researcher’s visit. The respondents and the researcher had taken care to avoid planning an observation of any session in which sensitive or confidential matters were to be covered. None of the individual students or groups declined to take part in an observed class.

Five observed teaching sessions took place in classrooms, one was held in a clinical setting but did not involve patients. The groups taught ranged from pre-registration student nurses in the sixth month of the Common Foundation Programme (Diploma in Higher Education/Registered General Nurse), who were the most junior nurses seen, to experienced ward sisters, the most senior nurses seen. Interestingly, the clinical teaching session involved the most senior nurses, the ward sister group. Clinical teaching is normally provided, in varying amounts, mainly for junior pre-registration student nurses (i.e. during the first 18 months of a three year course). Clifford (1992:345) suggested that a lack of clarity about the nurse teacher’s role in the clinical setting had contributed to a reduced commitment to this activity.

On arrival for each observation of teaching, a brief social discussion with the graduate nurse teacher took place, to establish friendly contact. The purpose of the study and of the visit was explained again, and the respondent’s agreement to participate was confirmed. At the beginning of the lesson, the researcher was introduced to the students, and then seated in an unobtrusive position. As far as was possible, a seat was chosen out of the students’ and the teacher’s direct line of vision. Notes were taken throughout the session, as unobtrusively as possible. Mindful of King’s suggestion that

\[\text{if you do not look, you will not be seen}\]

eye contact with teacher and students during the lesson was avoided as far as possible without seeming rude (1979, cited in Cohen and Manion 1994:109). Though noted by an adult observer in an infants’ classroom, the axiom seemed to be applicable in the very different context of professional education. However, the observer’s presence was not forgotten, since the students always included her when handouts were passed around the group! At the end of the lesson, the researcher suggested a short break, but all the respondents were keen to enter into discussion about the teaching session immediately. This was not discouraged, as it led naturally into the planned interview.
The interview

The opportunity to interview seven of the graduate nurse teachers facilitated enlarging this group of stakeholders' constructions (Step 5, Guba and Lincoln 1989:186-7) in a very valuable and meaningful way. The intention was to gain as much rich and varied data as possible so an open interview format was used (Sapsford and Abbott 1992:34). All the interviewees agreed to the discussion being tape recorded, although external noise from building works made this impossible for one interview. On that occasion written notes were made immediately after the interview. The normal conventions of politeness were observed in order not to antagonise the respondents, who had many other calls upon their time. Punctuality, courtesy and friendliness were instrumental in establishing a good rapport on each occasion. Each interviewee was asked to consider one question:

Is there anything further you would like to tell me about the preparation you have received for your current role?

The responses to this question included wide ranging comments and reflections about a variety of aspects of the preparation course, the individuals' current roles and their expectations for the future. The disclosure of private thoughts about past and current experiences and future plans which occurred indicated that a good rapport had been established between the researcher and the interviewee. Life experience and professional experience as both nurse and educationist was drawn upon in planning and conducting the interviews. Genuine interest in the respondents as people was conveyed to them - this was remarked upon by several interviewees. Polit and Hungler (1991:291) stressed the importance of putting the interviewee at ease and building a good rapport. This must be set against the inevitable bias present in an interaction between two people deeply committed to the topic under discussion. To minimise bias, care was taken to pose no direct question, other than the one stated above. Non­ directive neutral probes were used when it seemed appropriate, to encourage the interviewees to explore issues of concern to them. For example

- go on
- could you tell me more about that?
- how do you mean?
- why do you feel that?
- could you give me an example?

Similar techniques were employed in the single telephone interview, described below.

When the interview ended, signalled by the respondents saying they could not think of any further comments, they were thanked for their help with the study. All those whose interviews had been taped declined the offer of a copy of the interview transcript, so the tape was rewound and played back to them immediately. No-one expressed the wish to change anything which
had been said. All the interviewees were given the observation schedule and the notes made during the lesson to read. This material was not shown to them prior to the interview in order to avoid leading them to adopt any particular focus in the interview. Normal social courtesies marked the end of the encounter with each interviewee.

It was noted above that it proved impossible to arrange an observation with any of the volunteers from one of the courses studied. The principal factor in this difficulty was the last minute cancellation of several scheduled sessions. Geographical locations at a considerable distance from the researcher's base, and limited availability of researcher and volunteers were further obstacles. This experience confirmed the particular problems inherent in carrying out data collection for a constructivist enquiry on a part time basis with respondents who were distributed all over England. Eventually a decision was made to seek agreement from one of the volunteers from that particular cohort to take part in a telephone interview. Having had several previous conversations in an effort to arrange a date for an observation visit, rapport was already established and there was no difficulty in setting a mutually convenient time for the telephone interview. The respondent elected to be interviewed at home on the grounds that interruptions were less likely there. The same open question was used as in the face to face interviews, and the same techniques were employed to encourage and probe the responses which were noted as the interview progressed. Unfamiliarity with the respondent's work context and the absence of non-verbal cues are particular limitations of telephone interviews. These had to be accepted as no other solution was possible.

A full account of the data analysis procedures, presentation and discussion and interpretation of the findings of the study follows in Chapter 4. The analysis will focus upon Steps 5, 6, 7 and 8 of the theoretical model, which are

- enlarging the stakeholders' constructions (5)
- sorting out resolved claims, concerns and issues (6)
- prioritising unresolved items (7)
- adding sophistication to the interpretation (8)

The findings will be used in Chapter 5 to

- define and elucidate unresolved claims, concerns and issues about nurse teacher preparation (9)
- shape the joint construction of the evaluand (10)
- inform the report of the enquiry, and make recommendations (11)
- identify claims, concerns and issues which warrant further study (12)
CHAPTER 4 PRESENTATION OF THE ENQUIRY FINDINGS

This chapter presents the enquiry findings about the nurse teacher preparation courses. It follows the sequence of the research questions related to that aspect of the enquiry, identified in Chapter 1. First, the outcomes of comparative analysis of the course curricula (research question 1) will be discussed. The characteristics of an effective nurse teacher - derived from the interviews with student nurses (research question 2) will be compared with research findings from the nurse education field, and from general education. The main focus of the chapter concerns research question 3, the extent to which the graduate nurse teachers felt equipped to respond to the demands of their new roles.

In keeping with the fourth generation model constructions of the evaluand, which is defined as the seven courses included in this study, held by the various groups of stakeholders have been derived from the course documents, questionnaires, observations and interviews. The chapter concludes with a summary of the stakeholders’ constructions of the evaluand. The development of the constructions demonstrates the evaluation model in action. The second purpose of the enquiry, evaluation of the model, will be addressed fully in Chapter 5 when the claims, concerns and issues arising from the joint constructions will be considered in detail, within the framework of the fourth generation evaluation model (Guba and Lincoln 1989).

The issue of subjectivity in qualitative enquiry has been addressed in Chapter 3. At this point, Lincoln and Guba’s criteria of trustworthiness and authenticity are re-affirmed as the guiding principles of data collection and analysis in this enquiry (1986:73-85). For clarity, the terms student nurse, student nurse teacher and graduate nurse teacher have been used generically throughout the presentation of the enquiry findings, and should be taken to include all the various professional groupings within nursing.

The course curricula

The curriculum documents for the seven courses were examined to determine the extent to which they were comparable (research question 1). Knowledge of the course curricula also informed the design of the data collection instruments, and the interpretation of the questionnaire and interview responses provided by the graduate nurse teachers. Such use of documents as sources of data to inform a fourth generation evaluation is recommended by Guba and Lincoln (1989:154;209).

The structure and organisation of the curriculum documents were similar, insofar as all the courses had been submitted for conjoint validation by the professional body, the English National Board (ENB) and the host institution, either university or polytechnic. The ENB prescribes a detailed specification for
course proposal documents, consisting of two parts, A and B. Part A comprises details about the institution and department proposing the course, including resources to support the course and evidence of demand for the proposed course. Part B provides details about the course, including the curriculum, the focus of this analysis. Personal experience has shown that higher education institutions vary widely in their specifications for course proposal documents, so the structure imposed by the ENB requirements facilitated the analysis.

The course leaders were most helpful in supplying copies of the course documents, in response to a written request which set out the purpose of the enquiry. All the course leaders expressed support for the enquiry, and interest in the findings. Letters of thanks for their assistance and support were sent on receipt of the course documents. A summary of the findings will be sent to them on completion of the enquiry.

The comparative analysis of the course documents focused on the following sections:

Course philosophy
Curriculum model
Course aims and content, including supervised teaching practice
Assessment strategy and methods
Evaluation procedures

All the documents contained additional administrative details, such as selection procedures and financial arrangements, which were excluded from the analysis, as they were not relevant to the enquiry focus. Presentation of the outcomes of the document analysis will not be illustrated by quotations from the documents. Whilst this may have enhanced the credibility of the analysis, the distinctive language in which the documents were couched may have enabled identification of individual courses, thus breaching confidentiality.

The analytical process followed the content analysis procedure outlined by Holsti (1969) and expanded by Seaman (1987:334-6). Rather than counting the frequency with which certain words appeared in the documents, the process sought to determine common themes. Repeated reading of the documents identified three themes which seemed to permeate each one, although expressed in various ways. For the purposes of presentation the themes are characterised as models - of the curriculum, the student and the teacher. The three models may be seen as coterminous with the structure, the process and the outcome of the evaluand. The models can be further defined in terms of the fourth generation model, as the constructions of the evaluand held by the course planners and course leaders. Both groups are stakeholders in the evaluation process, but within the limitations of this enquiry repeated interviews with these groups of stakeholders, recommended for Step 4 of the fourth generation model, were not possible. The comparative analysis of the curriculum documents stood in place of interviews in enabling "development of within-stakeholder-group joint constructions" (Guba and Lincoln...
Model 1: the curriculum

Several of the course documents cited recognised curriculum models, in others a model was implied, though not named or defined. An example of the former includes Beattie (1987), a curriculum model for nurse education which incorporates definition of key subjects; objectives; cultural issues; and students' personal agendas. More traditional educational curriculum models espoused in the course documents included Mainwaring and Elton's (1984) model for higher education, chosen because it gives equal prominence to personal development and to the achievement of specified outcomes; and Lavton's (1983) cultural analysis model. Informal models included problem-solving approaches; an educational link model and a reflective practitioner model.

The curriculum models were elaborated in statements of varying length about the philosophy or ideology underlying the course, in five of the seven curricula. Two curricula did not specify a particular philosophy. However, one of these included an equal opportunities policy - arguably an important statement of the institution's values and beliefs. Examples of the course philosophies included: selected ethical principles underlying client care, allied to educational principles; belief in a partnership between course teachers, students and supervisors of practice; and in one document, a list of 16 philosophical concepts, with inter-relationships shown in complicated diagrams. It may be argued that a philosophy has no meaning unless it permeates the whole curriculum. The importance attached to these beliefs by the course planners is shown in the amount of space allocated to their explication in the documents, from nothing in one course, to four pages in the most extensive description. The philosophical principles claimed did appear to influence the content and organisation of the courses, to a greater or lesser extent. Differences in perception of the principles in practice between course tutors and student teachers are examined below, in Table 14 (p.100) and the subsequent discussion.

In terms of course content, all the courses included compulsory modules of nursing studies and educational studies, with a certain amount of choice in other subject areas. All the courses included compulsory research methods units, although some student nurse teachers reported an element of choice about this compulsory element in their questionnaire responses. Option units included life sciences (e.g. physiology; microbiology; immunology); psychology and sociology, applied to education and/or nursing.

Only one course was described as specifically designed to mirror the subject areas covered in the Project 2000 curriculum of the neighbouring School of Nursing. The stated intention in that course was to prepare nurse teachers to teach Project 2000 by enabling them to study similar course content, but at a more
advanced level. Life sciences, social sciences and behavioural sciences were described as the sciences underpinning nursing practice. In that curriculum, 15% of the curriculum hours were allocated to nursing theory and research; 34% of the hours were devoted to educational theory. This apparent imbalance was justified on the grounds that the student nurse teachers entered the course with a sound body of nursing knowledge, of both theory and practice. No other curriculum document provided a similar breakdown of hours per subject. All the courses offered an element of choice in units of study. In one course this was limited to an either/or choice in two course units, the same course was only offered on a full time basis at the time of the enquiry. The remaining six courses appeared to offer part time, full time and mixed routes. Cohort sizes in this enquiry ranged from 7 - 40, it may not have been practicable for institutions to offer the option of one of three routes to the smaller cohorts.

Three institutions were able to offer study choices both within the course and across other related programmes, although it is not clear from the curriculum documents or from data supplied by the nurse teacher respondents in this enquiry the extent to which the study choices described in the documents were realised in practice. Provision for student choice in assessment will be discussed in the next section.

Model 2: the student

The construction of the student in the curriculum documents, as an independent adult, with a personal learning style and individual learning needs was unanimous. Further, the student was seen as an experienced, autonomous professional, and thus as a learning resource for peers. Whilst the student nurse teachers were undoubtedly a learning resource for their peers, the ideal of the autonomous professional nurse may be questioned in the light of Carr and Kemmis’s view that teachers in general education have little professional autonomy by virtue of the hierarchical institutions within which they work (1986:9). Similar limitations could be said to apply in most nurses’ working environments.

The model of the student as an independent adult learner was acknowledged in provisions for:

- accreditation of prior learning and/or experience
- choice between, or combinations of, part time and full time study
- options or electives in addition to compulsory course units or modules
- selection of teaching practice placements to meet particular needs
- an element of choice in assessment.

These provisions all appeared in at least one document, they did
not all appear in a single document.

The assessment procedures described in the curriculum documents warranted careful scrutiny, in light of Rowntree's observation that therein lies the truth of an education system (1977:1). Five of the courses combined continuous assessment of course work with summative examinations, and in some course units examinations were more heavily weighted than course work grades. Two courses had no unseen examinations, all assessment was by course work. The inclusion of examinations in the assessment strategy may have been determined by institutional policy. Congruence between the model of the student as an independent adult learner pursuing a personal learning agenda, and the requirements of a formal examination system might be questioned. Ramsden quotes a number of studies which have shown that students in higher education memorise large quantities of material for examinations but find it difficult to demonstrate understanding or application of the material in any other context (1992:28-37).

It may be that the emphasis upon learning facts and principles on which to base safe practice in traditional nursing education programmes inculcates a preference for assessment schemes which rely more on recall of factual material and less on analysis and application of new material. Against this, Kolb (1984:77) cites Kagan and Kogan's view (1970), that individuals' preferred learning styles tend to remain constant, despite an increase in analytic and reflective ability with age. Assessment schemes which provide a balance between unseen examinations and coursework may be more effective in accommodating individual learning styles, and may promote responsibility and self directedness in learning (Ramsden 1992:192).

Three curricula included an element of self assessment in teaching practice, but not in any other unit. Only one document specified joint assessment of some elements of course work by course tutors and students. Another document referred to peer and self assessment as formative tools used in various units of the course, but the only example found in the unit descriptions for that course concerned feedback from peers on micro-teaching.

A more creative approach to assessment than was evident in any of the curricula has been advocated by Ramsden. He argued that combining a variety of assessment methods with student choice, for example between an unseen examination and writing an essay, encourages students to take more responsibility for their own learning (1992:192). Equipping adult learners to take responsibility for their own learning could be seen as a central function of continuing professional education. Brookfield (1986:58) sees this skill as an essential pre-requisite to developing skills of critical reflection. The model of the student as an experienced autonomous professional focused on a personal learning agenda espoused in the course curricula would seem to be compatible with a greater commitment to self and peer assessment than was evident in any of the curriculum documents.

The model of the student encapsulated within the course curricula
provided the foundation for development of the future teacher, the model examined in the next section.

Model 3: the teacher

As the primary purpose of the courses was to prepare experienced nurses for teaching roles, this model represents the expected course outcome or product. The overall aims for the courses were stated, usually as a list varying from three to eight in number. One list of six aims was extended to include 17 expected outcomes. In another document the course aims were embedded in lengthy discursive paragraphs, diffusing their impact somewhat. The following elements appeared in all the lists of aims:

- effective teacher
- knowledge of theory and practice, of nursing and education
- research awareness and/or understanding
- research/enquiry skills

Various adjectives were used to elaborate the model of an effective teacher, including competent, confident, innovative, creative, reflective. Four documents specified competence in teaching in both formal and clinical practice settings as the first or second overall course aim.

Four courses (not the same four) aimed to equip the graduate teachers either to function as change agents or able to respond to change in their work setting. The ability to cope with the rapid pace of change, or to be pro-active in initiating change, may be thought of even greater importance in the current context of nurse education. Enabling the student teachers to take responsibility for their own learning, during the course and afterwards, was specified in another mixture of four courses. As discussed above this aim was not reflected in the assessment strategies of those courses.

Further aims and outcomes were specified for supervised teaching practice, in every document. Of the three documents which made no reference to competence in teaching in practice settings as part of the overall course aims, two included this in the teaching practice aims. The remaining document referred to maintaining links with a clinical setting during teaching practice, but the nature of the link was not specified.

Assessment of teaching competence may be thought to be of central importance in teacher preparation courses, but again, this curriculum element was accorded very variable attention in the documents. In most cases teaching was assessed on a pass/fail basis. Some courses provided for distinction in teaching to be recognised, and/or for course tutors' evaluation of students' teaching performance to contribute to the classification of the degree awarded. The number of teaching practice assessments varied from two per year to six per year, with one course allowing the number of assessments to be decided on the basis of student teachers' individual needs. Satisfactory performance on
teaching practice was a requirement for progression through all the courses. In two courses, student teachers whose teaching performance was deemed unsatisfactory by the midpoint in the course were normally required to leave.

In some documents it was difficult to determine precisely the total amount of time spent in teaching practice, partly because of lack of clarity in the explanations of the arrangements. Further confusion arose where the different arrangements pertaining to part time and full time students were not set out separately. Student teachers on part time courses normally gained teaching practice in their place of employment. It was unclear how supervised practice was differentiated from the work role of part time students, nor whether it was quantified as part of the course.

All the courses appeared to provide well in excess of 12 weeks teaching practice, the minimum recommended by the ENB (1993b:4.40) for nurse teacher preparation courses. The time was allocated in different ways, ranging from a series of single days to a series of part weeks and blocks of time. All the courses included teaching practice blocks of varying lengths, from one week to 12 weeks. The decisions about the amount and division of teaching practice time were supported in each document by a sound rationale. Personal experience of the researcher as a teacher course leader has shown that whatever arrangement is made, and however sound the reasoning, all student nurse teachers' needs cannot be met in the same way. Some student nurse teachers benefit from single but frequent days, some like blocks of time, some prefer a mixture.

The arrangements for supervision of teaching practice ranged from a thorough system of auditing learning environments and preparing supervisors for their roles, to considerable freedom for the student nurse teachers to select placements and mentors. In all the courses students were encouraged to augment the course objectives for teaching practice to meet their personal goals. The greater flexibility afforded in some courses seemed more compatible with the model of the student as an independent adult learner. However, some of the nurse teachers stated in their questionnaire responses that they would have preferred more support and more structure than these arrangements provided, one commented:

I felt very vulnerable and unsupported (on teaching practice)....I only coped because I had previous teaching experience.

This comment confirms the points cited above, concerning individual learning styles in relation to assessment of theoretical knowledge. It would appear that compatibility between learning style, assessment and supervisory arrangements can be as important in learning practical skills as in theoretical knowledge.

Course evaluation procedures were described in all the documents.
Methods for obtaining individual and group evaluations, at intervals and upon course completion were listed. Questionnaires were a popular method of data collection, some of the examples were lengthy and required detailed responses. The fitness for purpose of the course products, the graduate nurse teachers, could only be determined by measures applied after a period in practice in the (new) teaching role. Strategies for post course evaluation were included in only three documents. Two courses relied on postal questionnaires, one held a study day/group meeting some months after the course ended. In one document the fact that graduates from earlier courses had returned to nursing in a clinical, managerial or teaching capacity was deemed to indicate that the graduates were well equipped for those roles. This assumption may be unwarranted in the absence of supporting data, and cannot be seen as positive evaluation of a course designed to prepare graduates for a teaching role.

Further details of some of the courses included in this enquiry have been gleaned from papers published by course leaders. This material has not been included in this section, because the focus of data collection was on analysis of the validated course documents. The omission has also served to preserve confidentiality of the courses and individuals concerned.

In summary, research question 1 has been addressed, in that the seven course curricula have been shown to be broadly comparable. Hall and Loucks' (1978) stricture about the differences between curriculum plans and the operational forms of new courses, cited in Chapter 1, is also relevant. By 1992 several of the courses had been running for some years, some were due for review and/or revalidation. It is reasonable to assume that changes in course content and organisation had been instigated since the curriculum documents were written, as a result of evaluation by successive groups of students. Some substantive changes to two courses are known to the researcher in another role.

The diversity found in the course curricula could be said to enrich nurses' opportunities for continuing professional education and career development. Differences in the models of the curriculum were found, in that some courses appeared to accord greater emphasis to theoretical knowledge and academic skills than to the practice of teaching, particularly the special skills required for effective teaching in clinical settings. The model of the student nurse teacher as an independent adult and an autonomous professional was common to all the courses, although the extent of individual autonomy has been questioned.

There were common elements, and some diversity, in the model of a teacher represented in the curriculum documents. In essence, the graduate nurse teachers were expected to emerge from the courses as competent to teach in a variety of roles and settings, and equipped to function in changing professional contexts.

Whether the model of a graduate nurse teacher represented in the course documents matched the expectations of student nurses will be examined in the next section. The views of nurse teachers who
graduated from these courses will then be reported.

Characteristics of an effective nurse teacher

During the planning stages of the enquiry, it became apparent that many of the recent studies of the roles and preparation of nurse teachers had not considered student nurses' expectations and perceptions of nurse teachers (Buttigieg 1990; Slevin 1992; Crotty and Butterworth 1992; Clifford 1992 and 1993; Crotty 1993). Some studies which examined the learning experiences of student nurses excluded the relationship between student nurses and nurse teachers (see for example Melia 1987). Where student nurses' expectations have been studied, discrepancies between their views and those of their nurse teachers have been found (Sheehan 1981; Burnard and Morrison 1992). The limitations noted in previous studies and the requirement of the fourth generation evaluation model that all stakeholders in an evaluand should be represented in the evaluation, influenced the decision to include the views of student nurses in this enquiry.

Student nurses were seen as stakeholders in the evaluation, and as potential sources of salient issues to be addressed in the study of nurse teachers' preparation. The student nurses were also seen as potentially vulnerable participants, insofar as they may have perceived themselves under pressure to take part in the interviews, since permission to approach them had been given by the college principals (Polit and Hungler 1991:38). Great care was taken to emphasise that participation was voluntary, and to ensure that their consent to participate was informed (Polit and Hungler 1991:40). The assurances of confidentiality given to the student nurses by the researcher were scrupulously observed.

Seven small group interviews with student nurses (n=38), including five males and 33 females, were conducted during the period October - December 1992. The student nurses' ages were not specified, but appeared to range from 17/18 years, the normal age of entry to pre-registration nurse training, to 25+ years. The older student nurses would normally be described as mature entrants to nursing. Participation in the interviews can be described as opportunistic, in that the student nurses were present and willing to participate on occasions when the researcher was visiting the college or hospital on other official business. However, there is no reason to suppose that the student nurses interviewed differed in any significant way from their peers, who were not present on those occasions and thus could not be offered the opportunity to participate.

The interviews took place in two large colleges of nursing, both of which were affiliated to universities. Both colleges offered well established programmes for pre-registration nursing education following the Project 2000 model (UKCC 1986), which led to a Diploma in Higher Education and the professional qualification Registered Nurse. The nurse education programmes in the two colleges differed in some respects, even though they were designed within the Project 2000 model to enable the student
nurses to emerge as safe, competent practitioners. These insights have been gained from the researcher's involvement with the colleges in her role as a teacher course leader, not as part of data collection for this enquiry. Details of the differences in the pre-registration programmes are omitted from this account to protect confidentiality, as the differences were not germane to the enquiry focus.

In both colleges, annual intakes of student nurses comprised groups in excess of 100. Comprehensive post-registration nurse education programmes were provided in both colleges. An important feature of the colleges, in the context of this enquiry, was that both had provided supervised teaching practice for student nurse teachers attending a variety of preparation courses for many years. Student nurse teachers from several of the teacher preparation courses included in this study had spent periods of teaching practice in one or other of the colleges.

The interviews with student nurses took place either in a room in the college of nursing or in a room set aside for teaching, in a clinical area within the hospital. The interviews either preceded or followed a planned teaching session, and all the students who attended the session were invited to come early, or to remain, if they were willing to join in the group interview. Only the student nurses and the researcher were present during the interviews. The researcher began by introducing herself and outlining the purpose of the interview, with a short explanation about the enquiry as a whole. The importance of student nurses' views in the context of the enquiry was emphasised, and questions were invited. Three students, on different occasions, asked why the enquiry was in progress at that time, which was explained in the context of the researcher's role as a teacher preparation course leader. Having explained the procedure to be followed in the interview (described in Chapter 3), and secured all the students' agreement to take part, the statement and question were posed:

I am interested in hearing about
the kinds of things nurse teachers
do which are helpful to student
nurses' learning.
What things do you find helpful?

Key words, and short quotations of direct speech were noted during the interviews, as discussion between the student nurses developed. The key words were read to the group when discussion waned, clarification and further details were sought, and whether anything had been missed by the researcher. These additional points were noted. When the student nurses felt they had nothing more to say, they were thanked for their participation. The key words were elaborated upon in notes made immediately after the student nurses left the room.

The above account of the interview process indicates that analysis of the student nurses' responses began during the interviews, insofar as key words from the group interactions were
noted, and verified with the student nurses at the time. Further analysis of the key words and the notes made was subsequently carried out, using the process recommended by Atkins (1984:251-261), for analysing semi-structured data in small scale research, namely reading and re-reading the notes to determine recurrent themes of the discourse. This process generated two categories of responses, nurse teacher characteristics or behaviours which were seen by the student nurses as "helpful" and those which were "not helpful". The items within these two categories are listed in alphabetical order in the words used by the student nurses, in Table 4 below and Table 5 (p.--). One group of responses did not fit into either category, the students' concerns about their workload arising from assessment. This will be discussed below, at the end of the "helpful" behaviours category.

All the data from the interviews are presented together, with no distinction between groups nor between the colleges. The decision to treat the student nurses as an homogeneous group of females for the purposes of data analysis and presentation was taken for two reasons. Firstly, similar points and concerns were expressed by the different groups, and secondly there was a need to preserve confidentiality of the individuals and the colleges.

As Table 4 shows, the students valued the efforts made by nurse teachers to present information at a level commensurate with their knowledge and understanding, of both the topic and the relevant nursing context. Nurse teachers who were knowledgeable about, perhaps graduates in, subjects such as sociology and psychology, were able to illuminate potentially dry topics with examples drawn from nursing practice in different settings. Without such help, the students found it difficult to apply the academic subjects to their limited experience of health care.

Table 4  Helpful characteristics/behaviours

<table>
<thead>
<tr>
<th>Characteristic/Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to teach at the right level for us</td>
</tr>
<tr>
<td>Allowing students to learn in their own way</td>
</tr>
<tr>
<td>Being approachable</td>
</tr>
<tr>
<td>Being constructively critical</td>
</tr>
<tr>
<td>Clinically knowledgeable and competent</td>
</tr>
<tr>
<td>Enthusiastic about topic</td>
</tr>
<tr>
<td>Knowledgeable about topic</td>
</tr>
<tr>
<td>Open to differing views on sensitive topics</td>
</tr>
<tr>
<td>Treating students as adults</td>
</tr>
</tbody>
</table>
It was important to the students that they be supported to learn in their own way. Nurse tutors’ willingness to acknowledge and facilitate different learning styles was perceived as more helpful than the reliance by some non-nurse lecturers on formal lecturing. These items concerning appropriate levels, methods and styles of teaching and learning, can be compared with issues raised in Burnard and Morrison’s small study of student nurses’ and nurse teachers’ preferred teaching strategies (1992:345-353). In that study the student nurses were found to desire more teacher direction, whereas the student nurses in this enquiry found nurse teachers’ propensity for treating them as adults with differing learning styles, helpful to their learning.

The teacher characteristics in Table 4 (p.77) are listed in alphabetical order for convenience. Two related points, how approachable teachers were perceived to be, and their level of skill in providing constructive criticism, were seen as particularly important characteristics in personal tutors. One student said

My personal tutor is warm and friendly

Another student who had difficulties with grammar, spelling and punctuation in essay writing felt she learned more effectively as a result of not being made to feel silly when mistakes were tactfully corrected. She said

I feel I can go to her (personal tutor) about any problem

Most students appreciated personal tutors’ informality, demonstrated by mutual use of first names. A few students, not all of whom were more mature in age, were uncomfortable with this approach, preferring to keep a slight distance between themselves and teachers. It is interesting to speculate whether this preference derives from the student nurses’ experiences during schooldays, or whether it can be linked to the nursing hierarchy which still prevails in some clinical settings.

Clinical knowledge and competence in their teachers was very highly valued by the student nurses, demonstrated by the enthusiasm evident in their discussions and the examples they exchanged to illustrate how and why these attributes meant so much to them. One student spoke of a clinical nurse specialist, who was not deemed an expert teacher, but

made nursing real...you can tell when someone knows what it’s really like in practice

Another student said of the same nurse specialist:

I felt so much respect for her skill

78
Another student spoke of a ward based session on wound care:

it wasn’t from a book, she knew how patients felt about wounds like that

The student nurses did not seem to expect that nurse teachers would participate with them in giving hands on care to patients and clients. Rather, they thought that teachers should be able to draw upon knowledge about practice in teaching about nursing, whether in classrooms or in clinical settings. This view mirrors that expressed by Reilly and Oermann (1992: x) in the preface to the second edition of their textbook on clinical teaching:

(our) basic premise is that educational programming for nursing is neither content driven nor process driven...but by the nature of nursing practice.

Taken together, these views represent a powerful argument for greater prominence to be given to the clinical knowledge base of nurse teachers and the special skills of clinical teaching in teacher preparation courses, than was evident in the curriculum documents discussed above.

The reference to clinical settings as teaching venues indicates that most clinical areas used for student nurse placements in these colleges contain rooms equipped for teaching purposes. Clinical teaching as formerly practised at the bedside, and as envisaged in the Project 2000 proposals, seemed to occur rarely in these colleges, reflecting the findings of Crotty (1993) and Clifford (1993). In a small scale study Hardiman attempted unsuccessfully to develop a grounded theory of nurse teachers’ perceptions of changes in their roles consequent upon curriculum change. The nature and purpose of clinically based teaching activities had engendered particular confusion among the six respondents interviewed in that study (Hardiman 1993:1023-1032).

Nurse teachers’ knowledge and enthusiasm about topics taught were seen as important in helping student nurses to learn. Interestingly, many student nurses thought enthusiasm was more important than breadth and depth of knowledge. This was explained in terms of the additional sources of information available, which an enthusiastic teacher was more likely to stimulate student nurses to follow up for themselves. A knowledgeable but unenthusiastic teacher was unlikely to inspire enthusiasm or a thirst for additional knowledge.

The importance of nurse teachers’ sensitivity in dealing with topics likely to provoke strong feelings was examined from both positive and negative viewpoints. The negative views will be explored below, under Table 5 (p.80). Nurse teachers who were open to differing views were felt to be more helpful in facilitating students’ development of ethically sound opinions which were compatible with professional standards of practice. It was agreed that when a group of students became aware of a teacher holding a particular view on such a topic, this knowledge
could have the effect of inhibiting free discussion, even where debate or discussion was the teaching method used. The student nurses struggled to make it clear to the researcher that they respected teachers' rights to their own opinions, but the students were not always confident enough to espouse or explore an opposing viewpoint. The student nurses appeared to be as sensitive to their teachers' feelings and beliefs in these areas as they wished teachers to be towards their students'.

A great deal of anxiety was expressed during the discussions around the issue of the student nurses' workload arising from assignments. The students were concerned that there was insufficient time to read widely when preparing assignments, and contrasted this with students' experiences on other courses in the universities. However, the assignment schedules and workload were not defined in terms of nurse teacher characteristics or behaviour, and were recognised as beyond the control of individual teachers.

Far fewer unhelpful teacher characteristics or behaviours were identified by the student nurses, as shown in Table 5. This was partly because both positive and negative aspects of the characteristics and behaviours defined as helpful were explored in the discussions reported above. The teacher characteristics are listed in alphabetical order as in Table 4 (p.77) for convenience.

Table 5 Unhelpful characteristics/behaviours

<table>
<thead>
<tr>
<th>Characteristic/Behaviour</th>
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</thead>
<tbody>
<tr>
<td>Being judgemental about sensitive issues</td>
</tr>
<tr>
<td>Making a student stand out from the group</td>
</tr>
<tr>
<td>Teaching at too advanced a level</td>
</tr>
</tbody>
</table>

The question of nurse teachers' approaches to teaching about sensitive topics, such as abortion, euthanasia and other ethical decisions which arise in health care, was discussed in some groups from a positive angle, for example a particular way of handling a discussion. Other groups explored negative aspects, such as lack of respect for students' rights to hold differing views, or insufficient time allowed for discussion of aspects which were seen as important by the student nurses, but less so by the teacher. These negative aspects can be set alongside the importance the student nurses accorded to being treated as adults. Respect for differing views and priorities could be said to be characteristic of discourse between adults.

Putting people on the spot by making them stand out from the
group was felt to be unfair and detrimental to learning. This problem was linked by the student nurses to teachers' questioning techniques. Posing critical questions and probing students' responses to questions are teaching techniques advocated as ways of promoting problem solving and critical thinking (Brookfield 1987:93). However, Brookfield noted that skill in questioning techniques is rarely innate in teachers of adults. He recommended that training be followed by experience to hone the necessary skills (Brookfield 1987:94-97). It may be that some of the student nurses had been exposed to novice teachers who were still developing their questioning techniques, and had found it an uncomfortable experience.

Teaching at a level too advanced for the student nurses was the converse of the positive characteristic, able to teach at the right level for us, discussed under Table 4 (p.77). All the students had been taught by university lecturers, from nursing and other specialist backgrounds, who varied in their ability to present their subjects at the level perceived as right by the student nurses, and in a nursing context. Quotations from three student nurses illustrate their concern:

If you asked a question, she (the lecturer) just repeated what she said the first time

Medical students' lectures repeated for us

Some teachers are used to teaching on degree and post graduate courses, they're not used to our level.

Most nurse teachers were able to teach at an appropriate level for these student nurses. This discrepancy in teaching skill can be linked to differing preparation for teaching. The educational preparation of nurse teachers has been discussed in Chapter 1. Most nurse teachers in the colleges where the interviews took place had completed graduate or post graduate teacher preparation courses. The majority of nurse teachers known to the researcher in the two colleges hold degrees and/or higher degrees in subjects related to nursing. Other subject specialists in the universities linked with the two colleges of nursing, who also teach student nurses, may not be qualified teachers, since a teaching qualification is not normally a requirement for university teachers. One of the universities linked with the colleges of nursing where the interviews took place provides an optional short in-service teaching skills course for newly appointed staff. The outcomes of the group interviews with student nurses which have been presented in this section, will be compared with studies of teacher effectiveness reported in the literature, in the next section.

Comparison of the group interview outcomes and research findings

All the teacher characteristics and behaviours cited by the student nurses in the group interviews confirm the findings of
a range of previous studies, in nurse education and in the wider field of general educational theory. Reilly and Oermann (1992) reviewed a large number of studies which had attempted to define the teacher attributes and skills preferred by American nurses, but no distinction was made between studies of pre and post registration nurses. On the basis of the literature review, Reilly and Oermann (1992:140-145) grouped the characteristics of an effective nurse teacher into four areas: knowledge and clinical competence; teaching skills; relationships with students; personal characteristics. All these areas were represented in the findings of the group interviews with student nurses presented above. They are also comparable with the work of other American nurse educators reviewed in Chapter 1 (Eason and Corbett 1991; Andrusyszyn 1990).

It should be noted that American nurse educators’ preparation for teaching normally occurs as an optional unit or module within a taught Masters degree in nursing. Such experience is not a requirement for appointment to a nurse educator post. American nurse educators are normally qualified to Masters level in nursing. The balance between educational theory and practical teaching skills varies widely among the optional units in American nursing Masters courses. Increasingly, newly appointed nurse educators are qualified to doctoral level on entry to teaching (Personal communication, Dr Geri Dickson, Assistant Professor, New York University Division of Nursing, June 1994).

The limitations of the preparation provided for American nurse teachers were identified in a study of 211 nurse teachers reported by Karuhije (1983:137-144). Karuhije deplored the separation of responsibilities for teaching nursing in classrooms and clinical settings, noting that some respondents in her study had not entered a clinical setting for 15 years or more. Whilst some progress has been made since 1983, at least one American university still employs teaching staff solely to teach in clinical settings (Personal communication, Dickson 1994).

Clinical teacher posts as such are disappearing in this country, but similar problems concerning the clinical competence of the one grade of nurse teacher envisaged in Project 2000 remain unresolved in the United Kingdom. It would seem to be unwise to consider the American standard for nurse teacher preparation an ideal model for British nurse education. However, a major study of changes in British nurse teachers’ roles consequent upon recent educational reforms has recommended that the requirement for a mandatory recognised teaching qualification as a necessary pre-requisite to becoming a nurse teacher be reconsidered (Luker et al 1995:214). That study was commissioned by the ENB and may have far reaching consequences, but the history of radical reappraisals of arrangements for nurse education dictates caution in expecting a prompt response to recommendations (for example Briggs 1972; Buttigieg 1990).

In contrast to the nurse education literature, general educational theorists have tended to eschew the quest for a typology of an effective teacher. Winter (1989b:189-90) argued
that educationists must accept that the phenomenon of teacher effectiveness encompasses an infinite number of variables. Thus, any theory which seeks to explain the phenomenon must remain conjectural. Winter's contribution to the debate was presented in the context of putative schemes for teacher appraisal, to which he was opposed, and must be evaluated in that light.

Brookfield (1986) reviewed a wide range of studies, whose authors attempted to produce lists of characteristics or criteria for teacher effectiveness, none of which were seen as definitive. He concluded that

Good adult teaching is generally seen as
the ability to set a certain emotional
climate, to use learners' experiences
as educational resources....to encourage
participation and collaboration.

(1986:135)

This conclusion is compatible with the student nurses' views, which were represented in the categories shown in Tables 4 and 5 (pp. 77 and 80) above. The expectations and experiences of a small number of student nurses (n=38) who were involved in pre-registration nursing education programmes in 1992 have been examined in this section. Research question 3 will be addressed in the next section, where the opinions and experiences of some newly qualified graduate nurse teachers, who completed preparation for their teaching roles in 1992 in the seven courses examined in the previous section, will be reported.

The graduate nurse teachers' questionnaires

All the nurse teachers who graduated in 1992 from the seven courses included in this enquiry were invited to participate in the next stage of data collection. This was a postal survey of opinions about the quality and relevance of the preparation the nurse teachers had received for their current role in nurse education. The survey was timed to occur approximately six months after the nurse teachers had graduated, to address research question 3, the extent to which the nurse teachers felt equipped for their new roles.

Questionnaires were circulated by post to all graduates (n=109) of the seven courses included in the enquiry, as described in Chapter 3. Questionnaires were completed and returned by 81 nurse teachers, a response rate of 74%. Individual course cohort size ranged from 7-40, response rates within cohorts varied from 44%-100%.

The responses to the questionnaires were analysed using a Microsoft Works spreadsheet on an IBM PS/1 personal computer. The analysis was used to generate the tables in which the data are presented in this section. A copy of the questionnaire can be found in Appendix 1.
The questionnaire began by seeking biographical details about the respondents' current posts in nurse education, their ages and genders, shown in Tables 6 and 7.

**Table 6** Biographical data: respondents' current posts subdivided by gender

<table>
<thead>
<tr>
<th>Post</th>
<th>Male n=</th>
<th>Female n=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Teacher Grade 2</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Lecturer</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Senior Lecturer</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Clinical</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Unemployed</td>
<td>-</td>
<td>2</td>
</tr>
</tbody>
</table>

The clinical posts referred to in Table 6 included staff nurse, senior staff nurse, ward sister/charge nurse and clinical manager. The single "other" was a poorly defined post encompassing personnel, management development and some teaching activity. Table 7 shows the age range of the respondents, grouped by gender, compared with the national database (ENB 1993a). Direct comparison is difficult because the age bands in the national database differ from those in the questionnaire.

**Table 7** Biographical data: respondents' ages and gender, compared with ENB data for nurse teachers in post in England March 1993

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Male n=</th>
<th>Female n=</th>
<th>Teachers in Post</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Age Range</td>
</tr>
<tr>
<td>&lt;30</td>
<td>2</td>
<td>5</td>
<td>&lt;30</td>
</tr>
<tr>
<td>30-34</td>
<td>4</td>
<td>21</td>
<td>31-40</td>
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<tr>
<td>35-39</td>
<td>6</td>
<td>19</td>
<td>41-50</td>
</tr>
<tr>
<td>40-44</td>
<td>6</td>
<td>6</td>
<td>51-60</td>
</tr>
<tr>
<td>45-49</td>
<td>-</td>
<td>5</td>
<td>&gt;60</td>
</tr>
</tbody>
</table>
Table 7 (p.84) shows that most people in this study entered teacher preparation courses between the ages of 30-39 years. A small but significant number of women (n=12, 15% of respondents) sought additional qualifications at a late stage in their careers, age 45+ years. Four of these were registered clinical teachers. Many of these women were likely to be eligible for retirement within ten years of attaining graduate status. The men's entry into the courses tended to occur slightly later in their lives, peaking between 35-44 years. There were no male respondents older than 44 years in this enquiry.

The ENB data, although presented in slightly different age bands, shows that 60% of nurse teachers in post at March 1993 were aged 41 years or older. 1% of nurse teachers were in post beyond the state retirement age for women, 60 years (ENB 1993a). The database does not distinguish between genders in each age band, so it is not possible to say whether any of the teachers aged 60+ were women. Nationally, 1662 (27%) nurse teachers in post at March 1993 were male. In the study reported here, 18 (22%) of the respondents were male. This suggests that male nurse teachers may have been slightly under-represented among the respondents to the questionnaire, if the total population of 1992 graduates mirrored the gender proportions within the nurse teacher population in England in 1993.

Table 8 (p.86) shows the combinations of qualifications possessed by the nurse teachers. In addition nine respondents possessed triple registration - all were Registered General Nurses with various combinations of midwifery, district nursing, health visitor, sick children's nursing and mental handicap qualifications. The national database does not distinguish between nurse teachers holding single and multiple registration. As may be expected, the highest proportion of nurse teachers in post nationally (63%) are shown as Registered General Nurses (ENB 1993a).

Fifty-one (62%) respondents possessed only basic professional qualifications, in the various combinations shown in Table 8. Thirteen respondents held midwifery, health visiting and district nursing as post registration qualifications. Although pre-registration direct entry programmes in midwifery have a long history in England, such courses were comparatively rare. Indeed, between 1980-89 only two courses were available, one of which comprised but a single cohort (Kent and Maggs 1994:3-5). By 1993 32 courses were running, but for the midwives in this study direct entry would not have been easily available earlier in their careers (Kent et al 1994:1).
Table 8  Professional Qualifications

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Respondents n=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Registration</td>
<td></td>
</tr>
<tr>
<td>Registered General Nurse (RGN)</td>
<td>35</td>
</tr>
<tr>
<td>Registered Mental Nurse (RMN)</td>
<td>5</td>
</tr>
<tr>
<td>Registered Nurse for the Mentally Handicapped (RNMH)</td>
<td>2</td>
</tr>
<tr>
<td>Dual Registration</td>
<td></td>
</tr>
<tr>
<td>RGN + Registered Midwife (RM)</td>
<td>8</td>
</tr>
<tr>
<td>RGN + RMN</td>
<td>8</td>
</tr>
<tr>
<td>RGN + Registered Sick Childrens' Nurse (RSCN)</td>
<td>6</td>
</tr>
<tr>
<td>RGN + District Nurse (DN)</td>
<td>4</td>
</tr>
<tr>
<td>RGN + Enrolled Nurse</td>
<td>1</td>
</tr>
<tr>
<td>RGN + Health Visitor</td>
<td>1</td>
</tr>
<tr>
<td>RGN + RNMH</td>
<td>1</td>
</tr>
<tr>
<td>RMN + RNMH</td>
<td>1</td>
</tr>
</tbody>
</table>

Having noted their basic professional qualifications, the respondents' post registration qualifications are shown in Table 9.

Table 9  Professional qualifications: Continuing Education

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Respondents n=</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENB Clinical Courses</td>
<td>16</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 9 shows that 17 (21%) of the respondents possessed advanced clinical qualifications. Ten different ENB clinical courses were listed in responses to this question, e.g. Intensive Care Nursing; Orthopaedic Nursing; Community Psychiatric Nursing. No clinical field was strongly represented in the respondents' continuing education, the greatest number (3) having attended an
Intensive Care Nursing course. Nine other ENB clinical courses had been completed by one or two respondents. One respondent had completed an in-service clinical course. The national database does not include nurse teachers' clinical qualifications, so no comparison of these factors can be made.

Aspiring nurse teachers' professional profiles prior to entry to nurse teacher preparation courses may change in the near future, with the increasing emphasis on a clinical role for nurse teachers in Project 2000 programmes (UKCC 1986; Jowett et al 1994). Additional influential factors include the advent of the ENB Higher Award, a framework for continuing practitioner education which encompasses the former clinical courses (ENB 1990) and publication of the UKCC standards for continuing professional education (UKCC 1994).

Table 10 shows that 59 (73%) respondents had completed some form of preparation for teaching prior to embarking on the courses included in this study. Twenty-two respondents had no prior teaching qualification. A small number of respondents (n=4) were already Registered Nurse Teachers before embarking on the degree courses included in this enquiry, which combined a recordable nurse teacher qualification with graduate status. In their responses to subsequent questions some of these individuals indicated that their previous qualifications had been accredited, one said:

I only completed those parts of the course which allowed me to get the degree

Twenty-four (30%) respondents had completed ENB Course 997/8, either alone or in combination with another teaching qualification. The ENB course lasts a minimum of 15 days and is entitled Teaching and Assessing in Clinical Practice. Course 997 caters for midwives, Course 998 for nurses.

Table 10  Teaching qualifications

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Respondents n=</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENB 997/8</td>
<td>14</td>
</tr>
<tr>
<td>Registered Clinical Teacher (RCNT)</td>
<td>13</td>
</tr>
<tr>
<td>ENB 997/8 + RCNT</td>
<td>7</td>
</tr>
<tr>
<td>City and Guilds Further Education Teachers Certificate (CG 730)</td>
<td>7</td>
</tr>
<tr>
<td>CG 730 + RCNT</td>
<td>4</td>
</tr>
<tr>
<td>Registered Nurse Teacher</td>
<td>4</td>
</tr>
<tr>
<td>CG 730 + ENB 997/8</td>
<td>3</td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
</tr>
</tbody>
</table>
ENB Course 997/8 was designed subsequent to studies of the clinical learning environment by Orton (1981), Fretwell (1982) and Ogier (1982) whose findings demonstrated that clinical nurses were poorly equipped for their roles as teachers and assessors of student nurses’ learning in clinical practice settings. The course was seen as essential preparation for clinical staff for the advent of Project 2000 student nurses in three health districts known to the researcher. Buttigieg (1990: 398) recommended that ENB Course 997/8 become an essential precursor for nurses wishing to enter nurse teacher preparation courses, but to date this recommendation has not been formally enacted by the ENB.

A further 25 (31%) respondents were registered clinical nurse teachers with or without additional teaching qualifications. The national database shows that 4% of teachers in post at March 1993 held only a clinical teacher qualification (RCNT) (ENB 1993a). Buttigieg (1990:415) found that most principals of colleges of nursing had plans to enable clinical teachers in post to upgrade their qualifications to nurse teacher level, in line with the move to one grade of nurse teacher recommended by the UKCC (1986). Some exceptions had been made for clinical teachers nearing retirement, those considered unsuitable and those who did not wish to pursue further study.

Clinical teacher courses ceased in 1987, although it is still possible to record a clinical teacher qualification on the Professional Register, on completion of Units 1-4 of the Diploma in Nursing, in conjunction with the City and Guilds Course 730 Further Education Teachers’ Certificate. Buttigieg’s (1990:416) recommendation that this route into nurse teaching be closed by the UKCC, who maintain the Professional Register, has yet to be enacted.

The category "Others" in Table 10 (p.87) includes qualifications such as Practical Work Teacher - the equivalent to ENB 997/8 for district nurses; Certificate in Education - the weaknesses of this course in terms of preparation for nurse teaching were discussed in Chapter 1; and Midwife Tutors Diploma, a more advanced course. Details of the respondents' professional qualifications were followed in the questionnaire by information about their previous academic qualifications, which are shown in Table 11.

Table 11

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Respondents n=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma in Nursing</td>
<td>31</td>
</tr>
<tr>
<td>Diploma (Other)</td>
<td>5</td>
</tr>
<tr>
<td>Degree</td>
<td>4</td>
</tr>
</tbody>
</table>

88
Table 11 (p.88) shows that 36 (44%) respondents possessed a Diploma in Nursing (or equivalent) prior to entry to nurse teacher preparation. In 1993 this qualification became a requirement for entry as definitive evidence of advanced professional knowledge (ENB 1993b). This requirement complied with a recommendation made twenty years earlier by the Committee on Nursing (Briggs 1972).

Of the small number of respondents who were graduates prior to entry to the nurse teacher preparation courses included in this enquiry, two had completed honours degrees in subjects unrelated to nursing (languages). Two respondents had Masters degrees in research methods and counselling, subjects which were relevant to their nurse teaching roles. The remaining respondents ultimately achieved graduate status through completing the courses included in this study.

The respondents were then asked to list any courses of study being undertaken at the time of the survey, which had been timed to occur roughly six months after their teacher preparation courses ended. It was felt that embarking on further study so soon may indicate perceived shortcomings in the preparation so recently completed.

Thirteen respondents had registered for Masters degrees of various kinds, related to their current teaching responsibilities. Two respondents had registered to read for the degree of Doctor of Philosophy by research. Three respondents were completing studies for additional honours degrees. Several respondents identified non-certificated courses, one clearly recreational in nature. Other courses were either short and in-service (e.g. counselling; middle management) or selected to meet a particular need in relation to their teaching role (e.g. aromatherapy; neuro linguistic programming). One respondent noted that a desire to undertake further study immediately had been frustrated by the employer’s policy that staff wait a year before starting another course. None of the further study reported seemed to have been prompted by perceived limitations in the teacher preparation courses. This compares with Luker et al’s finding that the majority of nurse teachers who had experienced weaknesses in their preparation courses had been able to address the deficits by learning on the job (1995:135).

Before commenting on the extent to which the courses had equipped them for a teaching role, the respondents were asked to indicate the nature of their career patterns in education prior to embarking on the teacher preparation course, specifically whether they had worked as an unqualified teacher, and for how long. This was important information, given the view prevailing at that time that the best route into nurse teaching was via a period of employment as an unqualified teacher, discussed in more detail below. These responses are shown in Table 12 on the next page.
Table 12  Career patterns: years in nurse education

<table>
<thead>
<tr>
<th>Years</th>
<th>Respondents n=</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;3</td>
<td>32</td>
</tr>
<tr>
<td>3 - 5</td>
<td>27</td>
</tr>
<tr>
<td>6 - 9</td>
<td>12</td>
</tr>
<tr>
<td>&gt;9</td>
<td>10</td>
</tr>
</tbody>
</table>

Forty-eight (59%) respondents had worked as unqualified nurse teachers prior to entry to a nurse teacher preparation course, for periods ranging from 4 months to 4 years. In her study of nurse teacher preparation, commissioned by the ENB, Buttigieg (1990:133) noted that the Board stipulated that people employed as unqualified nurse teachers should begin a nurse teacher preparation course within two years of appointment. Buttigieg went on to recommend that the Board should seek to dispel the notion prevailing within the nursing profession at that time, that the best route into nurse teaching was via a period of employment as an unqualified teacher. She further recommended that the criteria for employing unqualified nurse teachers should be re-examined (1990:439). These recommendations have yet to be enacted.

Of the 81 respondents, 71 were employed in teaching posts after the course (see Table 6, p.84 for current posts), 51 had teaching responsibilities in pre-registration nursing and midwifery programmes. Various combinations were cited, with 45 involved in teaching Common Foundation and Adult Branch programmes. Thirteen of these teachers also taught on Child and Mental Health Branch programmes.

Fifty-one respondents were in posts which spanned pre- and post-registration programmes. Nineteen respondents were involved in teaching ENB Clinical Courses, a wide range of these were listed. Nine teachers were involved in teaching ENB 997/8 courses, four of whom had no experience of teaching prior to their own teacher preparation courses. The wisdom of inexperienced newly qualified teachers becoming involved so soon in preparing other nurses for a teaching role might be questioned. Eleven respondents were exclusively employed in pre-registration teaching. Conversely, twelve respondents had only post registration teaching responsibilities. In the majority of colleges of nursing and midwifery known to the researcher, these distinctions have disappeared and all teachers teach their subjects (or themes) at pre- and post-registration levels. Nine respondents identified neither subjects nor courses taught. Four of these were in clinical posts and two were unemployed. Three respondents did not answer the question about current teaching responsibilities (question 4.3, see Appendix 1), one of these did not answer any of the questions on pp. 2-3 of the questionnaire.
Having identified personal and professional defining features and
career patterns and responsibilities before and after the
courses, the respondents were then invited to note the extent to
which their preparation courses had equipped them for various
elements of their current roles, by scoring on Likert scales
attached to each sub-statement (see question 5, Appendix 1).
The sub-statements were derived from the literature, from the
researcher’s experience and from job descriptions supplied to the
researcher with requests for references in support of job
applications. On analysis the ratings for the negative sub-
statements were reversed, converting them into positive
statements.

In Table 13 the scores for sub-statement 5.2, clinical teaching,
are used to exemplify the calculations which produced the net
agreement index (NAI) shown in Figure 3 (p.92), and Figure 4
(p.93) for the responses to question 5. The net agreement index
has been calculated by ascribing values from 0-100 to the Likert
scale scores for each sub-statement.

<table>
<thead>
<tr>
<th>Responses</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>0 = 0</td>
</tr>
<tr>
<td>Disagree</td>
<td>25 = 400</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>50 = 750</td>
</tr>
<tr>
<td>Agree</td>
<td>75 = 1425</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>100 = 1100</td>
</tr>
</tbody>
</table>

Total = 3675

The net agreement index (NAI) is achieved by dividing the total
score, 3675, by the number of responses, 76 = 48.3%. An NAI of
50% indicates neutrality, i.e. neither agreement nor disagreement
with the sub-statement by the group as a whole. An NAI greater
than 85% indicates strong agreement with the sub-statement by the
group as a whole. Figure 3 (p.92) shows that preparation for
evaluating research achieved the highest net agreement index
(NAI), 78.5%. Preparation for counselling rated the lowest NAI,
36.8%. Preparation for the personal tutor role and for teaching
in clinical settings received the next lowest NAI, 45.4% and
48.3% respectively. Warmth and skill in the personal tutor role
and nurse teachers’ ability to draw on clinical knowledge were
highly valued by the student nurses, as reported above.
Figure 4 (p.93) presents the distribution of responses to the sub-statements about preparation for specific elements of the nurse teacher’s role. Figure 4 includes all responses across the whole range, and shows with which sub-statements the group as a whole were most and least in agreement. Most highly rated were evaluating research, over 80% of respondents agreed or strongly agreed that they were well prepared for this, and assessing practice with 60% of respondents feeling well prepared. Counselling was rated lowest, with only 20% of respondents feeling well prepared.
Figure 4

The extent to which the courses prepared the respondents to carry out role responsibilities
Figure 5 (p.95) shows the extent to which the respondents agreed that their professional knowledge and research skills had developed during the courses. Theoretical and professional knowledge was most highly rated, with net agreement index 83%. Practical clinical knowledge, net agreement index 44%, rated lowest. Small scale research skills, net agreement index 77%, was the focus of much satisfaction. The slightly lower rating reflects the fact that in some courses student nurse teachers were able to choose from a range of modules, and some did not choose research courses. Some of those who took this decision did not feel well prepared, one who strongly disagreed with the sub-statement said:

There was a research module on offer but not a compulsory requirement

The distribution of responses concerning the extent to which the respondents felt their professional knowledge and research skills had developed during the courses is shown in Figure 6 (p.96). Small scale research capability, with 80% agree or strongly agree, and theoretical/practical knowledge, with 88% agree or strongly agree, were both highly rated. Practical/clinical knowledge scored 32% agree or strongly agree. Many respondents qualified their rating for practical/clinical knowledge with comments, for example:

The course focused on nursing theory, not practice

I entered the course with a fair amount of clinical expertise. I didn’t expect that to extend as I undertook the course to become a teacher.

The (course title) had very little to do with nursing, despite its title.

These comments about the professional knowledge and skills elements of the courses reflect the fact that one of the criteria for entry to a nurse teacher preparation course was that candidates could demonstrate evidence of advanced professional knowledge.
Figure 6
Professional knowledge and research skills
When the respondents applied for entry to their courses, a variety of ENB clinical courses were accepted as such evidence. Table 9 (p.86) and Table 11 (p.88) show the range of the respondents' post registration professional and academic qualifications. More recently, 120 credits at level 2, equivalent to a Diploma in Nursing, was set as the minimum evidence of advanced professional knowledge (ENB 1993b). Nevertheless, the nurse teacher preparation courses included in this enquiry all included nursing in their titles, implying a substantial professional studies component at honours degree level. Analysis of the course curricula, reported above, showed that the course aims included development of theoretical and practical knowledge of nursing. The extent to which these aims were achieved for some respondents is illustrated in the range of comments which follows:

If clinical knowledge was not gained on teaching practice there was no other place on the course where it was considered. This surprised me as it was a nursing degree.

and

...practise of nursing was lacking...we were not a generic bunch so this wouldn't work...I believe maintaining clinical skills is up to the individual.

to

The course allowed me to develop my theoretical knowledge to a very significant degree....to reflect on a variety of issues related to practice....(I was) not able to develop skills which relate to the practice setting.

and

...my clinical knowledge was advanced due to the Diploma in Nursing....the (course) helped me to build on this.

Figure 7 (p.98) shows the net agreement index (NAI) ascribed to the various teacher characteristics listed in the sub-statements to question 7 (see questionnaire, Appendix 1). The range is fairly narrow, from 81% for clinical credibility, to 95% for sensitivity to different points of view. Both these extremes represent characteristics particularly valued by the student nurses, whose views were reported above.
The literature cited in Chapter 1 (see for example Clifford 1992; Crotty 1993) showed that there is no consensus within the profession about the precise nature of the clinical credibility to which nurse teachers should aspire. These findings have been reaffirmed by Luker et al (1995). Nor is there commonality between student nurses’ expectations, government policy and the way that the clinical role of nurse teachers is currently practised (Smith 1995; Department of Health 1989; Slevin 1992; Clifford 1992). Similar confusion is evident in comments made by some of the respondents, quotations include:

What does this (clinically credible) mean?

I have redefined my own understanding of the term "clinical knowledge".

Practical knowledge increased via conducting research in the clinical area ... mainly through own commitment.
The extent to which respondents felt prepared for the different elements of the teaching role was important, in order to address research question 3. Table 14 (p.100) shows the positive responses, i.e. those in agreement or strong agreement with the sub-statements, subdivided by courses attended. As stated above, the sub-statements were derived from the literature, from the researcher’s experience as a nurse teacher and teacher course leader, and from job specifications provided to the researcher with requests for references in support of job applications by former student nurse teachers.

The distinction between responses in respect of the different courses is important, since there are wide variations which affected the overall picture represented in Figure 3 (p.92) and Figure 4 (p.93). Table 14 reveals a number of interesting points which were not apparent in the presentation of the whole group responses in Figures 3-7 on pp. 92-98. To maintain confidentiality the seven courses are identified by a letter.

Overall, Course G received the highest positive ratings for these sub-statements, but this must be treated with caution, since less than half those who graduated from that course in 1992 responded to the survey. It may be that only those who were very satisfied with the course responded. Non-response in all the cohorts may have been due to personal or other reasons unconnected with the courses, such as difficulty in obtaining a teaching post.

As shown in Table 14 on the next page, Course D received low ratings for seven of the nine sub-statements. Several supporting comments made by members of the cohort referred to feeling poorly equipped for actual teaching in any setting, ascribed to the perceived emphasis on educational theory within the course, and paucity of supervision or guidance from tutors or mentors whilst on teaching practice. The limited support during teaching practice may be seen as congruent with that course’s model of the student as an independent learner while on teaching practice. It is not congruent with the notion stated in the curriculum, that confidence and self esteem develop through partnership in learning experiences between course tutors and students. In contrast, all Course G respondents felt well prepared for teaching in classrooms, a perception contravened in one session observed, reported in the next section. Course G respondents felt very much less well prepared for clinical teaching.

The positive ratings shown in Table 14 are based on the number of respondents in each cohort who agreed or strongly agreed with each substatement. In analysing the responses to negative sub-statements on the questionnaire the ratings were reversed, thus converting them to positive statements.

Course E respondents gave the least positive ratings to five of the nine sub-statements. Four Course E respondents (n=5) had returned to clinical nursing posts at the end of the course. Three of those people felt the course had not equipped them to teach in practice settings. The single Course E respondent employed in a teaching post gave positive ratings to only two sub-statements, classroom teaching and evaluating research.
Table 14 Positive responses to question 5 subdivided by course

<table>
<thead>
<tr>
<th>Course</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents n=</td>
<td>7</td>
<td>14</td>
<td>29</td>
<td>14</td>
<td>5</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Cohort size n=</td>
<td>7</td>
<td>16</td>
<td>40</td>
<td>15</td>
<td>9</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Sub-statement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classroom teaching</td>
<td>86</td>
<td>64</td>
<td>52</td>
<td>23</td>
<td>40</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>Clinical teaching</td>
<td>57</td>
<td>57</td>
<td>32</td>
<td>23</td>
<td>20</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Personal tutor</td>
<td>29</td>
<td>36</td>
<td>35</td>
<td>23</td>
<td>0</td>
<td>75</td>
<td>50</td>
</tr>
<tr>
<td>Counselling</td>
<td>14</td>
<td>14</td>
<td>20</td>
<td>15</td>
<td>20</td>
<td>13</td>
<td>75</td>
</tr>
<tr>
<td>Facilitating</td>
<td>57</td>
<td>43</td>
<td>35</td>
<td>23</td>
<td>40</td>
<td>63</td>
<td>100</td>
</tr>
<tr>
<td>Assessing theory</td>
<td>57</td>
<td>50</td>
<td>37</td>
<td>42</td>
<td>40</td>
<td>75</td>
<td>25</td>
</tr>
<tr>
<td>Assessing practice</td>
<td>100</td>
<td>86</td>
<td>46</td>
<td>50</td>
<td>20</td>
<td>50</td>
<td>75</td>
</tr>
<tr>
<td>Curriculum planning</td>
<td>71</td>
<td>64</td>
<td>29</td>
<td>50</td>
<td>0</td>
<td>63</td>
<td>75</td>
</tr>
<tr>
<td>Evaluating research</td>
<td>100</td>
<td>79</td>
<td>75</td>
<td>75</td>
<td>60</td>
<td>88</td>
<td>100</td>
</tr>
</tbody>
</table>

Letters to the researcher from two Course E respondents enclosed with their completed questionnaires gave details of unusual circumstances which applied to that cohort, which may explain some of their dissatisfaction with the preparation course. The letters also indicated that two of the four non-respondents were employed in teaching posts. Neither their reasons for non-response nor their opinions about the quality of their preparation are known. It proved impossible to arrange observation of a teaching session with a Course E respondent, despite the willingness of the respondent in a teaching post and others in clinical posts. Such observation may have provided some insights into the experiences of this cohort but would have been of limited value to the evaluation as a whole.

Table 14 also shows that most respondents felt better prepared for personal tutor and facilitator roles than for counselling. Three respondents commented that skill in the personal tutor role came only through experience of working in that role. No course included counselling skills as a discrete subject. Several respondents mentioned effective preparation received from counselling courses completed earlier in their professional lives, prompted by a particular personal interest in or aptitude for counselling. Five respondents did not respond to question 5, which sought their views on the quality of their preparation for specific role elements. Two non-respondents were unemployed and two were in clinical posts with no teaching responsibilities. The fifth person gave no explanation for not responding.
Having expressed their views about the quality and effectiveness of their preparation for the various aspects of the nurse teacher's role, the respondents were invited to identify and comment on any important nurse teacher characteristics which had not been included in question 7 sub-statements. Eighteen respondents did not offer any suggestions, several of whom stated that all the important areas had been covered in question 7. No respondents challenged or refuted the nurse teacher characteristics encompassed in the sub-statements to question 7. It has been assumed therefore that the respondents were in agreement with those characteristics. Sixty-three respondents listed a total of 86 additional characteristics. For the purposes of analysis these were grouped as in earlier studies of effective nurse teachers (Andrusyszyn 1990; Eason and Corbett 1991) into personal qualities, shown in Table 15 and professional characteristics or skills shown in Table 16 (p.102). There was no preponderance of similar personal or professional characteristics within a single cohort, nor any obvious groupings of characteristics linked to the respondents' ages or genders.

Table 15 Additional teacher characteristics: Personal Qualities

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Times Cited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexibility</td>
<td>22</td>
</tr>
<tr>
<td>Non-patronising affinity</td>
<td>14</td>
</tr>
<tr>
<td>Humour</td>
<td>11</td>
</tr>
<tr>
<td>Self confidence</td>
<td>7</td>
</tr>
<tr>
<td>Facilitative</td>
<td>6</td>
</tr>
<tr>
<td>Honesty</td>
<td>6</td>
</tr>
<tr>
<td>Self aware</td>
<td>5</td>
</tr>
<tr>
<td>Stamina</td>
<td>3</td>
</tr>
</tbody>
</table>

Flexibility and adaptability in a climate of continuing change were seen as essential attributes by those who cited them. The comments appended to these statements showed they were based on personal experiences, but only three respondents felt stamina was required. Use of humour in teaching and a sense of humour in the face of work pressures were seen as linked and valued qualities. The ability to establish non-patronising affinity with learners of all ages and backgrounds was seen as important by at least one respondent in every cohort except Courses E (n=5) and F (n=8). The other attributes shown in Table 15 were cited by varying mixtures of respondents across the cohorts. Some of the personal
qualities cited by single respondents included discreet; observant; forward-thinking; and patient.

The group of skills comprising listening, counselling and communication, shown in Table 16 below, encompasses those activities with which many respondents were less satisfied within their preparation courses (see Figures 3 and 4 and subsequent discussion, above). Skills required to function effectively within the organisation included time and workload management; being politically aware; and being a team player. In the context of organisational skills, one comment attested to the trying personal experience of one respondent:

Being able to achieve self-actualisation in a managerial vacuum.

The five respondents who cited realistic standards (see Table 16) included both theory and clinical practice in their comments. Although they were the only respondents to refer specifically to teacher characteristics valued within the clinical learning environment, four were in teaching roles, only one was employed in a clinical post. Other respondents may have felt this aspect was adequately addressed within the sub-statements to question 7. Professional attributes cited by single respondents included the ability to motivate student nurses; being a resource for learners; and belief in the value of nursing within higher education.

Table 16 Additional teacher characteristics: Professional skills

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Times Cited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening/counselling and communication skills</td>
<td>12</td>
</tr>
<tr>
<td>Workload management</td>
<td>11</td>
</tr>
<tr>
<td>Up to date knowledge</td>
<td>8</td>
</tr>
<tr>
<td>Organisation skills</td>
<td>5</td>
</tr>
<tr>
<td>Realistic standards</td>
<td>5</td>
</tr>
</tbody>
</table>

The final open question in the questionnaire (see Appendix 1) prompted 60 respondents to add further comments about their courses and/or the preparation they had received for their current role. Twenty-one respondents offered no further comments. For the purposes of analysis, these responses were grouped into positive and negative comments about the course or the respondents' current roles, shown in Table 17 on the next page.
Table 17 Nature of further comments

<table>
<thead>
<tr>
<th>Comments</th>
<th>Respondents n=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wholly positive</td>
<td>27</td>
</tr>
<tr>
<td>Mainly positive (included a few negative points)</td>
<td>16</td>
</tr>
<tr>
<td>Wholly negative</td>
<td>16</td>
</tr>
<tr>
<td>Neutral</td>
<td>2</td>
</tr>
</tbody>
</table>

Comments from two respondents unrelated to either the course or current role were classified as neutral for the purposes of this study. Examples of positive and negative comments are shown in Table 18 (p.104). These have been selected, as far as possible, from respondents who have not been quoted in other sections of this chapter. This complies with the fourth generation model, in seeking to generate as many stakeholders’ constructions of the evaluand as possible (Guba and Lincoln 1989:204-5).

A few respondents did not provide comments in any of the sections of the questionnaire, so it has only been possible to present their views in the various tables shown in this chapter. The seven course cohorts are represented in both sets of comments shown in Table 18. Male and female respondents from all age groups are represented. Each positive comment in Table 18 is paired with a negative comment from another respondent in the same cohort, consequently the positive and negative comments do not necessarily refer to the same aspect of the course.

It can be seen in Table 18 (p.104) that while negative comments concerned perceived weaknesses in the preparation course, the positive comments mostly established connections between the preparation received and the respondents’ current role demands. The comment marked * in Table 18 is deemed positive in terms of the preparation course. It was made by a respondent employed in a clinical post, not in the teaching role sought by that person on graduation from the preparation course. In comments elsewhere in the questionnaire, that respondent expressed anger at the limitations on her development which had ensued from her difficulty in obtaining a suitable post after qualification.

One negative comment in Table 18 is surprising in that it shows that a topic important to aspiring nurse teachers, curriculum planning, was omitted from one preparation course on the grounds of lack of interest within the group. However, other respondents in that cohort felt themselves to be well prepared for teaching roles. The key to this apparent discrepancy may lie in the choices offered to, or imposed upon, the student nurse teachers in that particular course, which will be explored below in the section reporting the interviews with one member of each cohort.
Table 18 Further constructions of the evaluand

<table>
<thead>
<tr>
<th>Positive Comments</th>
<th>Negative Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>...equipped me to meet not only the obvious demands of current role.... developed my confidence and ability to argue my case.</td>
<td>(did not) acknowledge the extent of the administrative role of the (nurse) tutor.</td>
</tr>
<tr>
<td>...went beyond pure teaching education...encouraged me to be enquiring, confident and knowledgeable in the broader context of nursing and higher education.</td>
<td>I didn’t feel well prepared for classroom work, marking, personal tutoring...this is personal, not necessarily the course.</td>
</tr>
<tr>
<td>Depth and breadth of preparation has enabled me to switch from one (role) to another with confidence.</td>
<td>I would have liked more on the practical aspects of teaching, e.g. lesson planning, assessing/marking personal tutor role.</td>
</tr>
<tr>
<td>Placements in colleges of nursing and H.E. were invaluable...the change from clinician to educator has been intensely challenging.</td>
<td>Did not prepare me to assess (students’) clinical (skills) ...I still feel competent to do this in my own area.</td>
</tr>
<tr>
<td>I feel too well equipped...senior nurses at (hospital) fail to recognise my qualifications and experience (* see p.103)</td>
<td>The course was theoretical...not clinically up to date...very little opportunity for practical experience.</td>
</tr>
<tr>
<td>(I feel) fully equipped to meet the demands of my current role.</td>
<td>Some topics e.g. curriculum planning, were omitted due to lack of interest in our group.</td>
</tr>
<tr>
<td>...a wide knowledge base in both areas (nursing and education).</td>
<td>(I am) involved in different (teaching) teams...there is a general problem in assessing at different levels...standards vary (between teams)</td>
</tr>
</tbody>
</table>

Tables 17 and 18 comprise the responses to the final question in the questionnaires completed by the graduate nurse teachers. The comments shown in Table 18 present selected illustrative responses, but it is re-iterated here that positive comments (43) in response to the final question far outnumbered negative
comments (16). The constructions of the evaluand expressed in the responses presented throughout this section will be brought together with other stakeholders' constructions in the final section of this chapter. In the next section the outcomes of observation of teaching activities by some of the graduate nurse teachers will be presented.

Observation of teaching sessions

Further data in support or refutation of the respondents' claims about the effectiveness of their preparation were sought from observation of a teaching session by one member of each course cohort. It was recognised that other factors, such as life experiences and innate personal qualities, may have influenced the teachers' style and performance as much as their preparation courses. The limitations inherent in the small number of observations feasible within the study's constraints has been acknowledged earlier. Nevertheless, comparison of some of the nurse teachers' observed performances with the claims, concerns and issues expressed by those individuals in their questionnaire responses and during interviews had the potential to enlarge the constructions derived from the questionnaire data. This contributed to Step 5 of the fourth generation evaluation model in action.

In the event, only six sessions were observed during the period set aside for this element of data collection, May-July 1993. It proved impossible to arrange an observation of a Course E teacher because of limited availability of the volunteers from that cohort. Several sessions which had been deemed suitable for observation were cancelled at short notice because of insufficient enrolments for planned study days and courses.

Of the respondents observed, five were female and one male, their ages were within the range 30-49 years. Four respondents were employed as nurse teachers in colleges of nursing, one in a joint university/NHS community trust post, and one as a clinical nurse manager in an NHS Trust hospital. Five of the observed sessions occurred in formal classroom settings, one in a clinical practice setting. No patients or clients were involved in the clinically based session.

In reporting the findings of this element of the enquiry the feminine gender has been used for all respondents, to maintain confidentiality of the single male concerned. The nurse teachers are distinguished by the letter used in the preceding section to identify the course they had attended, e.g. Teacher A was a graduate of Course A. The order of presentation is neither chronological nor alphabetical. It has been selected to develop the discussion in a logical sequence in terms of research questions 2 and 3, i.e. the teacher characteristics valued by student nurses, and the graduate nurse teachers' opinions about their preparation courses.

Greatest attention has been paid to analysis and interpretation
of the least successful of the observed sessions, and the interview with the nurse teacher concerned, Teacher G. Successful sessions were defined as those in which the nurse teachers concerned demonstrated the skills and competences encompassed in the model of the nurse teacher expressed in the curriculum documents, and in which the expected learning outcomes were achieved by the students taught in the session. Care has been taken to imply no personal criticism of any of the respondents in the search for meaning in the events and statements reported. Inferences drawn from the observations and the interviews will be considered together in relation to research question 1, comparability of the course curricula, at the end of this section. These inferences and interpretations have been developed within the framework of the researcher’s knowledge and experience, as a nurse teacher and teacher course leader. In positivist terms, such subjectivity would be deemed a source of bias, weakening any conclusions drawn. In fourth generation evaluation, both emic and etic perspectives are seen as equally valuable. The salient feature is that an experienced person’s interpretations and constructions are accorded no greater weight than any other stakeholder’s views.

The account of the observed teaching sessions presents both description and interpretation of the events, based upon repeated reading of the schedules and notes recorded at the time, and the researcher’s reflections about the meaning of the behaviour observed. The processes of looking, seeing, listening, reading and reflecting have necessarily occurred within the researcher’s own frame of reference. The experiences of observation and interpretation of the behaviour of recently qualified nurse teachers cannot be separated from her past experiences of working with nurse teachers at every stage on the continuum from novice to expert (Benner 1984).

The observations were recorded on a schedule which combined a category system with observational notes (see Appendix 6). The combined approach was consistent with Polit and Hungler’s advice that the research problem and the researcher’s skills and interests should be the basis for the choice of approach when collecting data by observation of human interactions (1991:326). The source and development of the schedule and the researcher’s experience in its use have been described in Chapter 3. The three categories on the schedule were content/presentation, including ten substatements; interactions/strategies, including fourteen substatements; and personal characteristics, including six substatements (see Appendix 6 for the list of behaviours).

With one exception, all the behaviours defined in the 30 substatements on the observation schedule were evident in every session. The exception concerned substatement 16, “reminded students to listen to each other” (see Appendix 6). This behaviour was observed once, in a session which involved pre-registration student nurses, the most junior nurses seen in the observed sessions. When students began talking among themselves while another student was asking or answering a question, or when she herself was speaking, Teacher G slightly raised her voice and
when that failed she politely but firmly quelled the offending students by name. This was the only session in which teacher behaviour of this nature was necessary. The teaching strategy employed in that session may have been a factor in the students’ response to the teacher and the topic.

The observations of Teachers A, B, C, D and F were judged by the researcher as revealing levels of teaching competence, interpersonal skill and nursing knowledge which ranged from good to outstanding, commensurate with the model of the nurse teacher found in the course curricula. Teacher E was interviewed, but was not observed. Quite fortuitously, the sessions observed encompassed a range of topics, occurred in different settings and with diverse student groups. One group comprised five students; five groups contained 15-20 students. Large student intakes (100+) were established in two of the colleges visited, but were not part of the observed sessions. The session taught by Teacher A involved a quarter (20 students) of one such large group, another subgroup of 20 was taught the same topic simultaneously by another nurse teacher, the remaining two subgroups received the same session later in the same week.

Teacher G’s session concerned a specific clinical nursing skill, about which she was well informed. A variety of examples of materials used were shown to the students, but the responsibility for decision-making about their use in particular circumstances was not clearly defined. Rationales for choosing one product rather than another were not supported by reference to research findings. The actual techniques recommended for using the materials shown could only be described in the classroom setting, where 20 students sat behind rows of tightly packed desks. The session lasted 1.5 hours, during which only one brief reference to the patient, the recipient of the nursing care promulgated, was made. Whilst some illustrative examples from clinical practice were offered by Teacher G, they concerned the nurse or nursing intervention, rather than the patient. The model of care embodied in this session emphasised products and techniques. Such knowledge was described by Burnard (1992b:175) as theoretical or propositional knowledge. Effective nursing interventions combine propositional knowledge with practical and experiential knowledge, derived from and developed in, nursing practice. Burnard proposed a curriculum model which would ensure an appropriate balance between the three types of knowledge (Burnard 1992b:182-3).

Teacher G’s teaching style and the teaching method used in this session were at variance with her responses to questions 7.2 and 5.9, (see questionnaire, Appendix 1) in which she agreed that being clinically competent was very important in a nurse teacher and that Course G had prepared her to evaluate research critically. Both skills are seen as essential attributes of the reflective practitioner by Argyris and Schon (1974). Clinical competence combines a high degree of technical skill with attention to patients’ physical and psychological comfort, the latter aspects were omitted from this session. Teacher G’s approach to teaching this topic confirmed her response to
question 5.2, that she did not feel well prepared to teach in practice settings.

The teacher-led approach used by Teacher G in the observed session was compatible with Burnard and Morrison’s (1992:351) suggestion that some pre-registration student nurses prefer more teacher direction than some nurse teachers are prepared to give. It was not compatible with the movement in nursing practice from a disease oriented approach to an holistic approach to care. The researcher has previously noted a tendency for some more mature nurses to teach nursing skills in a similar way to which they themselves were taught, rather than within a framework of nursing knowledge.

Teacher G’s approach to teaching a clinical topic has not been interpreted in terms of the much vaunted theory/practice gap in nursing. Rather, Argyris and Schon’s (1974) proposal that the theories in action used by practitioners are the key to professional action, which must be made explicit if the neophyte practitioner is to understand and develop practical skill, is pivotal to understanding the student nurses’ response.

Pearson (1992:213-225) has argued persuasively for the development of new paradigms of nursing knowledge, derived from action, practical knowledge and theorising about nursing. The clinician’s goal of providing care does not conflict with the internal processes of theorising about what she/he is doing. Rather, these reflections and subsequent evaluation of patient care outcomes, are used to inform her/his future practice. The student nurses’ behaviour in Teacher G’s lesson indicated that their learning needs were not being met, although they may not have been able to identify what was missing. There was no indication to the student nurses that the deficits in application of the techniques discussed to the actual care of patients would be addressed in another session or setting.

There were no facilities designated for teaching or practising practical nursing skills within Teacher G’s college. This situation prevails in many colleges of nursing known to the researcher. The dilemmas as to where and by whom practical nursing skills should be taught have been noted by several writers since the advent of new forms of pre-registration nursing education. In extensive studies of changes in nurse teachers’ roles consequent upon Project 2000, Crotty (1993:463) and Clifford (1993:288) found that neither roles nor functions in the clinical area were clearly defined. Furthermore, there was clear evidence that few nurse teachers were teaching clinical nursing as envisaged in the Project 2000 proposals (UKCC 1986).

Teacher G judged that the intended learning outcomes for her session were achieved, but Jolley and Bryczynska (1993:163-4) advocated a more humanistic approach to the teaching of nursing skills than was evident. Clearly, a single session cannot be taken as an indication of limitations in the whole pre-registration nursing curriculum of which this session was a part. Equally, there was no suggestion that the teaching approach used
was unusual. The absence of the essential clinical dimension appears to contravene the principle that the nursing curriculum must be judged on the extent to which its outcomes produce skilled practitioners (Jolley and Bryczynska 1993:164). In Jowett et al.’s large scale evaluation of the implementation of Project 2000 some student nurses expressed concern about whether they would gain enough practical skills by the end of the course to be able to practise nursing competently (1992:102).

The session just described can be contrasted with the clinically based session led by Teacher D, which involved experienced ward sisters. The topic was a new nursing skill, the need for which arose from a policy change resulting in an extension to the sisters’ clinical role. The sisters clearly possessed a more advanced nursing knowledge base than the pre-registration students taught by Teacher G, but throughout the session Teacher D drew upon her own clinical knowledge, emphasising the balance between competence and safety in technical aspects and strategies to enhance patients’ physical and psychological comfort, an example of theorising about practice (Pearson 1992:220). Rationales for nursing interventions were supported by reference to nursing and medical research findings. The sisters were informed about the arrangements for supervised practice of the new skill and the assessment of competence. In her questionnaire, Teacher D strongly agreed with the importance of clinical credibility in a teacher (question 5.2). At interview she commented on her responsibility to treat all students as adults, and her role in helping them develop critical and analytical skills in relation to their own nursing practice.

Interestingly, despite the poor ratings for Course D in the questionnaire sub-statements concerning preparation for teaching, shown in Table 14 (p.100), Teacher D demonstrated a high level of teaching skill and embodied the model of a nurse teacher represented in the Course D curriculum. The session combined propositional, practical and experiential knowledge very effectively. Upon graduation from Course D, Teacher D had elected to return to a clinical post in which managers were supportive of her intention to combine educational activities with involvement in patient care. This decision was explained in terms of the greater opportunities for career advancement Teacher D perceived in nursing management, rather than disenchantment with teaching or shortcomings in the preparation course.

In Teacher B’s session, recently qualified nurses from varied clinical backgrounds were introduced to interpersonal skills in the context of ward teaching and assessing, and a variety of exercises and activities were used to enhance learning. Throughout the very long session (4.5 hours) Teacher B effectively modelled the skills taught, in her own behaviour, as recommended by Heath (1980), cited in Brookfield (1986:133). The students’ end of course written evaluations were subsequently sent, unsolicited, to the researcher. They were unanimous in their appreciation of Teacher B’s commitment to meeting their needs in the observed session, citing techniques and skills learnt which they intended to utilise. It may be assumed that
less favourable evaluations would not have been shared with the researcher, but Teacher B’s observed behaviour was congruent with her questionnaire responses, and with the beliefs and values she expressed during the interview which followed the observation. In all her responses, Teacher B was enthusiastic about the quality and effectiveness of Course B, and about her career in nurse teaching. Her enthusiasm for teaching and learning was conveyed to the students during the observed session and her performance reflected the model of a teacher represented in the Course B curriculum.

Teacher C taught a group of 15 nurses undertaking a post registration degree course on the health care implications of social policy change. She was well informed about this topic, by her joint post between the university and an NHS community trust. A structured teacher-led session had been planned, but Teacher C responded to the students’ request for small group discussions of some aspects. Brookfield (1986:216) recommended just such flexibility as a means to maximise adults’ learning. Teacher C skilfully drew on her own and the students’ varied nursing backgrounds and experiences to provide meaningful examples of important issues. A strongly humanistic client focus was maintained, which enlivened a potentially dry topic, and stimulated the students’ close attention and participation throughout a two hour session on a hot afternoon. In this session Teacher C embodied the model of a teacher represented in the Course C curriculum.

As part of an ENB 998 course, Teacher F facilitated a wide ranging discussion of the elements of mentoring in the clinical setting. There being no pre-registration learners at this hospital, some of the 16 potential mentors were close in age and level of experience to the post registration students for whom they were to be mentors. The facilitative strategy employed, active problem solving in small groups, was recommended by Brookfield (1987:138) as a method for developing adults’ critical thinking skills in addition to dealing with problems concerning them at the time. The technique was used effectively in the session observed.

Teacher F confided at interview that she had been responsible for planning and leading ENB 998 courses throughout the period of her own part time teacher preparation, and had found it difficult and stressful. By the time of the observation, she had become both comfortable and skilled in her role as course leader. Her confidence had increased partly through the course process, wherein her personal teaching style had been endorsed as effective. She cited the increased theoretical knowledge gained through the wide reading demanded on Course F as an additional factor. In this session Teacher F was seen to function in a way congruent with the model of a teacher represented in the Course F curriculum, but some questions about her potential effectiveness in a wider nurse teaching role arose during her interview, reported below.

Teacher A taught a group of 20 pre-registration learners about
ethical issues in research. She used her own experience of carrying out a small scale qualitative enquiry, and the students’ agreement to participate in another researcher’s enquiry, to exemplify ethical principles. The principles were then applied to the nurse’s role in medical research involving patients and clients, an important issue in a university hospital linked with a medical school. Sources of reference included local policies and the nurse member of the ethical committee. The students were helped to understand the importance of personal values through debating examples of ethical problems which arise in research, in small groups. Teacher A used Brookfield’s six principles of facilitation (1986:9-11) as an organising framework in this session. In her questionnaire, Teacher A commented that Course A had fostered a critical approach to both nursing and educational theory and practice. She had found this orientation useful in her new role, in a college where she had worked for some years as a clinical teacher. In this session Teacher A embodied the model of a nurse teacher represented in the Course A curriculum, but she expressed some concerns about her skill in other aspects of her role during interview, reported below.

Within this small sub-group of the questionnaire respondents, a range of teaching styles and approaches, coupled with varying levels of teaching skill and subject knowledge were evident in the six sessions observed. Five teachers were seen to embody the model of an effective graduate nurse teacher defined in the curricula of their preparation courses, one teacher did not. Three nurse teachers expressed concerns about their effectiveness in other aspects of their roles during interviews. Further data about their preparation for their current roles was gathered from interviews with these nurse teachers, reported in the next section of this chapter.

The interviews

The six teachers observed were interviewed immediately afterwards. All were keen to discuss the session, and to proceed to the interview without a break. The seventh teacher was interviewed by telephone in late July. Each interview developed as a conversation from a single open question posed by the researcher:

Is there anything further you would like to tell me about the preparation you have received for your current role?

Five of the six face to face interviews were tape recorded and subsequently transcribed verbatim by a typist. Notes were made during and immediately after the telephone interview and the interview which could not be taped due to external noise. In reporting the interview responses no distinction has been made between the face to face and the telephone interviews.

The transcripts and notes were analysed following the process recommended by Atkins (1984:251-261) for handling semi-structured
data in small scale qualitative enquiries. The transcripts and notes were read and re-read to determine themes. Then, the themes were combined into two main categories, "prepared for" and "not prepared for", both of which relate to research question 3. This process complied with Step 5 of the fourth generation model, enlarging stakeholders' constructions. The items in the category "prepared for" are shown in Table 19.

<table>
<thead>
<tr>
<th>Item</th>
<th>Times Cited</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undertaking research</td>
<td>7</td>
<td>A B C D E F G</td>
</tr>
<tr>
<td>Analysing/evaluating research</td>
<td>7</td>
<td>A B C D E F G</td>
</tr>
<tr>
<td>Teaching in formal settings</td>
<td>4</td>
<td>A B C F</td>
</tr>
<tr>
<td>Curriculum planning</td>
<td>3</td>
<td>B C F</td>
</tr>
</tbody>
</table>

In addition to the items listed in Table 19 two teachers cited positive learning outcomes derived from negative course experiences. Both examples referred to neglect of confidentiality and respect for students' individuality in a learning situation. Both teachers incorporated these factors in their lesson planning as a result of their discomfort when these aspects were neglected during their preparation courses.

Speaking about the preparation to undertake research, as well as to analyse and evaluate research, Teacher E said

This was a major feature, both theoretical and experiential.

Whilst Teacher C felt that the course provided good preparation for analysing, evaluating and undertaking research, it was

...down to the (course) process rather than the content.

This comment referred to the course requirement to incorporate research findings into assignments.

Teacher D said

The modular aspect of the course enabled me to choose units which related to research skills

Four teachers felt well prepared to teach in formal settings. For example, Teacher B was pleased that

It wasn’t all just theory....
micro-teaching was brilliant....
feedback about (my) teaching techniques
certainly increased my self awareness.

Having returned to the college where she had worked for some
years as an experienced clinical teacher, Teacher A said

I didn’t expect to enjoy it....I came
into tutoring a bit reluctantly....I
enjoy it more than I expected to...
I had a preparation that enabled me
to fulfil this role and enjoy it.

The three teachers who felt well prepared for curriculum planning
had quickly become involved in such activity, Teacher C had found
that she

needed to know how to design and
structure a course, how to sequence
and timetable (sessions)....I couldn’t
have done it before the course.

Whilst Teacher F was able to

....produce this lovely curriculum.
I’ve completed one course and the work
(the students) did was excellent.

Teacher B had gained a teaching post in a college where she had
been placed for teaching practice, she said

....I set objectives for my teaching
practice....I had so many opportunities
to sit in on all kinds of curriculum
planning meetings....Once qualified,
I was given opportunities related to
the capabilities I’d demonstrated as
a student (nurse teacher).

Six of the seven nurse teachers interviewed cited more "prepared
for" than "not prepared for" items, but some of the "not prepared
for" items indicate deficits in preparation for important
elements of their current roles, as shown in Table 18 (p.104).

In relation to all the items shown in Table 19 (p.112),
Teacher E said:

The course was very academic. There
was far too little emphasis on, or
time for, practical experience.

Table 20 on the next page shows the specific role items for which
some of the teachers interviewed had felt unprepared.
Table 20  Category: "not prepared for"

<table>
<thead>
<tr>
<th>Item</th>
<th>Times Cited</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Teaching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- in formal settings</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>- in practice settings</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>- large groups</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>- class control</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Personal tutoring</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Essay marking</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Curriculum planning</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

Commenting on the preparation for teaching offered in Course D, Teacher D commented on the:

...very poor theoretical and practice background for any of the practical aspects of teaching.

Speaking of preparation for teaching in practice settings, Teacher F said:

I went in at level 2....it was assumed I knew all that....I had done 998, so it wasn’t a problem.

Teacher F clearly believed that the ENB 998 course provided adequate preparation for her to teach in practice settings, although it is only seen as such for nurses working in a clinical role. Teacher F’s perception of the level of preparation necessary for this important element of the nurse teacher’s role is not reflected in the Course F curriculum, which states

(at level 2) they (the student teachers) would normally be spending much of their time on ward based teaching...this would form a main part of their teaching experience.

The word "normally" can be taken to encompass Teacher F’s circumstances, in that student nurse teachers on part time courses normally spend the supervised teaching practice element
of their preparation course in the institution where they are employed in a teaching post - a pre-requisite for part time study set by the ENB. The Course F curriculum refers to opportunities to gain supervised teaching experience in other institutions, for a minimum of three days per year. Teacher F made no reference to having gained or being offered any such experience, either in her questionnaire responses or at interview.

Some of Teacher F's comments raise questions about the rigour with which the course entry criteria, which complied with those set by the statutory nursing bodies (UKCC and ENB), were applied in individual cases in the institution. Teacher F entered Course F at level 2 on the basis of accreditation of two ENB clinical courses, neither of which met the criteria stated in the curriculum:

.... must either have the Diploma in Nursing or an advanced course lasting at least six months.

On graduation, Teacher F achieved an Honours degree after two years part time study, during which, she said:

.... all the assignments were related to where you worked.

Teacher F saw this as a strength of the course:

.... if you can't apply it in practice, why bother doing it?

Nevertheless, it could be argued that degree level study should both broaden and deepen the student's knowledge base, as well as develop teaching skills. Indeed, one of Course F curriculum aims was to give equal prominence to the development of knowledge about the nursing curriculum as to knowledge about teaching and learning.

Teacher F's main role during her part time preparation course, and afterwards, was as course leader for an ENB 998 Course in a hospital where there were no pre-registration student nurses. This may explain her view of the knowledge and skills required for ward teaching. ENB Course 998 encompasses teaching and assessing skills not clinical nursing skills. Speaking of her current role she said:

I only go to the wards if there is a problem (with a 998 student)... if staffing is bad I will go and assess them (998 students teaching, not practising nursing).

Teacher F felt well prepared for the demands of her current role, but a nurse teacher qualification is, in a sense, generic. The Course F curriculum aims reflected this view, but it must be questioned whether Teacher F was equipped for a more broadly
based nurse teaching role than her current post encompassed. It was acknowledged above that students’ innate qualities may be as important in their learning process as the course content. In Teacher F’s case, her perceptions of the relevance and applicability of some elements of the course may have led her to restrict opportunities to broaden and deepen her knowledge of topics seen at the time as less relevant. There was some evidence of this in another of Teacher F’s comments:

I would have liked to do the experiential learning strand, but I chose curriculum.... because I had to produce this curriculum.... we had to choose between the two.

Table 20 (p.114) shows that four of the teachers felt unprepared for their roles as personal tutors. All four had assumed this role immediately on returning to work, for varying numbers of pre and post registration students. Teacher A said:

I wasn’t able to access this (the personal tutor role) on teaching practice where I felt I should learn about it....the teachers were very much into confidentiality.

Teacher F said:

You wonder sometimes if it was worth having them on the course (ENB 998 students) (when) you don’t see any application in practice.

Teacher G said:

I started off with 12 brand new ones.(personal students), now I’ve got 30....I was supposed to have a support person....I knew who she was, but she hadn’t been told.

Three teachers felt they needed more preparation and practise in assessing students’ theoretical work, exemplified as essay marking. Teacher A said:

We did some sessions, but I would have liked longer on some things.... devising and using answer guidelines...dealing with over length papers.... I did some marking on teaching practice, but it’s so different when you know the students and their problems.

Teacher G said:

We had one session on marking where we used criterion referencing. Norm referencing and the different levels really get me....They (student nurses) are supposed to go to personal tutors
These comments indicate Teacher G's confusion about her personal tutor role; about criterion and norm referencing in assessment; and about the expected levels of achievement for students at different stages of the pre-registration nursing course. Further comments from Teacher G indicated limited understanding about the function of assessment in the learning process, through providing feedback to students about the strengths and weaknesses of their work. Talking about advising students doing access level assignments, she said:

I am not giving them answers or references....I say, is this all nurses do? What would you like to see happen on the ward....put it all in.

It is difficult to judge how helpful such unfocused guidance would be to student nurses with very limited ward experience to draw upon. Teacher G again:

I wrote the answer guide, but then we were given another answer guide and had to go back and mark (the papers) again for depth, breadth and content.

Perhaps surprisingly, given this apparent confusion over marking student nurses' work in Teacher G's college, she said:

The pass rate has not been too bad.

Analysis of the interview transcripts revealed that Teacher G was the only respondent among the interviewees to identify more "not prepared for" items than "prepared for". In addition to those listed in Table 20 (p.114), illustrated by the quotations above, Teacher G had been suprised on taking up her teaching post, by the hostility shown to her by some senior colleagues. She perceived these colleagues as threatened by the arrival of a newly qualified graduate nurse teacher. The reaction of these colleagues had been hurtful, but was interpreted in the context of major changes and job insecurity within the college.

Teacher G stated at interview that her knowledge of underpinning educational theory had developed during her preparation course, but parts of the observed teaching session demonstrated an imperfect understanding of some aspects of learning theory. For example, Brookfield (1986:27-31) argued that whilst there are no universally applicable principles of adult learning, more effective learning is likely to ensue when learning is problem centred and relevant to the adult learners' current context, and when learning outcomes have some immediate application. These criteria were not present in the observed lesson. Brookfield's observation (1986:31), that most adults show a tendency towards
self-directedness in learning, was not evident in the students taught by Teacher G on that particular occasion. The students did appear to have a self concept of themselves as learners, but not as fully adult learners ready to accept some responsibility for their own learning.

Having worked as an unqualified teacher for some time before undertaking the course, Teacher G was comfortable with her personal teaching style, which she said had not changed:

The actual way I teach things hasn’t changed
...I think more about why I do it this way....
I understand the theory....now I understand why what I was doing was right.

Issues arising from the imminent change to student groups of 120+ in her college were prominent in Teacher G’s comments at interview. During Course G, the whole cohort had sought opportunities to learn and practise techniques for managing and teaching large groups of student nurses, but these needs had not been met. Teacher G said:

With 50+ students you are really into public speaking. We asked for a session on public speaking and X discussed it with us and gave us a booklet....but we wanted to practise (teaching) in a lecture theatre....standing on a dais, using a microphone....

Teacher G did not indicate whether she had sought opportunities to practise teaching large groups during supervised teaching practice, where such experience may have been more readily available. It would seem she did not, or that it was insufficient, since she remained anxious about, and unprepared for, large group teaching.

On another issue related to the management of large groups of students, Teacher G did not feel equipped to deal effectively with inattentive and disruptive students. She identified this as a recurrent problem in her college. Examples of such behaviour were noted during the observed session. The researcher made no comment about this, but at interview Teacher G said:

They (the students) were reasonably well behaved today because I had threatened them.

The touch of humour inherent in this statement does not negate the implication that the student nurses’ inappropriate behaviour (giggling and chattering among themselves) during the session may have occurred because they were not accustomed to being treated as responsible adults. In the absence of a college policy, Teacher G had tried to involve colleagues in developing a consistent response to problematic student behaviour, with some limited success. However, the teachers had been unable to agree on ultimate sanctions, she said:
We lay down the law to start with....
I tell them, if you don’t behave
you will be split up....

Teacher G expressed reservations about the emphases within Course G on the notion of andragogy, on student centred learning methods and on innovations in teaching. As a teacher faced with large student groups and potential problems of class control, she had found some educational theories unhelpful, either as guiding principles or explanatory theories.

The outcomes of the observation and interview with Teacher G are interesting when compared with the data from the Course G cohort as a whole. Table 14 (p.100) showed that overall, Course G was rated most highly by its graduates, but that less than half the cohort had responded to the questionnaire. It was mooted that only those who had been satisfied with the course responded to the questionnaire. If Teacher G was seen as representative of the cohort, it would be necessary to evaluate the performance of all Course G respondents on several occasions in practice, before accepting the 100% ratings they gave to their preparation for classroom teaching, facilitating learning and evaluating research. Since Teacher G was not randomly selected and had volunteered to be observed on a single opportunistic occasion, she cannot be seen as representative of her cohort. It would be unwise and unfair to draw firm conclusions about the normative standard of performance of this nurse teacher or other members of the Course G cohort included in this enquiry on the basis of this single session.

Nevertheless, some concerns arise about the content, quality and relevance of the curriculum of Course G, particularly in the context of the rapid and major changes occurring in the educational settings in which the graduate nurse teachers went on to work. Some of these changes seem to have been foreseen by the student nurse teachers themselves during the course. No appropriate strategies were incorporated into Course G, even when actively sought by the student nurse teachers during the preparation course. It is pertinent to note that in their responses to the final question on the questionnaire, three of the four Course G respondents made wholly negative comments, only one made wholly positive comments (see Table 17 p.103 and Table 18 p.104). Furthermore, one Course G respondent returned the completed questionnaire with a covering letter saying:

Thank you very much for giving me this opportunity to comment. Why aren’t the course leaders doing this?

In the curriculum document for Course G, methods for individual and group evaluation during the course were listed. There was no reference to post course evaluation.

The outcomes of the interviews with members of each cohort have been reported in this section, completing the presentation of the data gathered to address the research questions. The final section of this chapter summarises the constructions of the
evaluand derived from the data supplied by each group of stakeholders. Constructions are defined as "created realities" by Guba and Lincoln (1989:143). The fourth generation evaluator attempts to bring together different stakeholders' constructions into a joint construction. The hermeneutic dialectic process recommended as the means by which stakeholder consensus about joint constructions can be developed involves a lengthy series of repeated interviews with individual stakeholders and with groups (Guba and Lincoln 1989:149-50). Such a process was deemed beyond the scope of a single researcher in the enquiry reported here. The data collection processes which replaced the repeated interviews have been reported in Chapter 3. The outcomes of those processes, reported in this chapter, form the basis of the constructions presented in the next section.

Construction 1: Course Planners and Course Leaders

This construction has been developed from comparative analysis of the seven course curricula, from which composite models of the curriculum, the student nurse teacher and the graduate nurse teacher were derived. The outcome or product of the course process, the graduate nurse teacher, is the focus of this construction. The fact that all the course curricula were conjointly validated by the ENB and the host institution lends weight to the assumption that this construction of the graduate nurse teacher is shared by the statutory body for nursing. It could be termed the "official" construction (Guba and Lincoln 1989:189).

All the course curricula envisaged the graduate nurse teacher in the following terms:

- an effective teacher in a variety of settings
- knowledgeable about the theory and practice of nursing and of education
- able to evaluate research
- capable of small scale research/enquiry

In addition, the graduate nurse teachers were described as competent, confident, innovative, creative, reflective.

Construction 2: Student Nurses

This construction has been formulated on an altogether different scale, from interviews with a small number of student nurses (n=38). Their expectations and perceptions of an effective nurse teacher were expressed in the following terms:

One who respects student nurses as adults with individual learning styles and is:

- knowledgeable and enthusiastic about nursing

120
- clinically knowledgeable and competent
- able to teach at the right level
- constructively critical
- open minded and non-judgemental

The student nurses' construction of an effective nurse teacher has been verified, insofar as it is comparable to descriptions in American and British nursing literature (Andrusyszyn 1990; Eason and Corbett 1991; Reilly and Germann 1992; Burnard 1992b; Pearson 1992).

Construction 3: Graduate Nurse Teachers

This construction derives from data supplied by nurse teachers who graduated in 1992 (n=81), and were thus recently qualified at the time of data collection. Although a small majority of the nurse teachers (n=48) had some limited experience of teaching prior to entry to the preparation course, they were relatively newly in post as qualified teachers. All were conscious of the continuing major changes in the organisation of health care, and in patterns and provision of nurse education, which impinged on their roles.

The graduate nurse teachers' construction of an effective nurse teacher encompassed elements of constructions 1 and 2, above, and a number of additional personal and professional attributes. In this construction, a competent nurse teacher is one who is able to:

- plan and evaluate learning experiences to meet a variety of learning needs
- facilitate learning in classroom and clinical settings
- assess nurses' theoretical knowledge and practical skills
- evaluate research
- plan and carry out small scale research/enquiry

Personal qualities of flexibility, honesty, humour, self confidence, self awareness and stamina were required attributes of the competent nurse teacher.

Construction 4: the researcher/evaluator's construction

Guba and Lincoln (1989:148) term the evaluator's construction as etic, that is external to the emic or inside constructions held by the stakeholders. Such a view may be problematic in this enquiry because of the researcher's current roles as course leader to one and external examiner to another of the seven courses; and her experience of various earlier forms of nurse teacher preparation. Thus any construction proffered by the researcher may be considered emic rather than etic. Notwithstanding this fine point of definition, the researcher's construction has been included to provide a further dimension to the emerging joint construction of an effective nurse teacher.
This dimension confirms the personal qualities, professional characteristics, theoretical knowledge and practical skills of nursing and education valued in constructions 1, 2 and 3. It extends beyond them to focus upon the higher order intellectual skills essential to the effective nurse teacher in the 1990s and beyond. These skills include:

- information retrieval
- critical thinking
- problem solving
- analysis, evaluation, application and synthesis of concepts, theories and research findings

The effective nurse teacher must be informed about the wider socio-political context of health and illness, thus his/her knowledge and practise cannot be confined within hospital nursing and higher education institutions.

In this chapter the research questions concerning the student nurses' views and the nurse teachers' opinions about the efficacy of their preparation courses have been addressed through presentation of the enquiry findings. The findings have been summarised in the stakeholders' constructions of an effective nurse teacher presented in the concluding section. In the next chapter, the findings will be discussed and interpreted and the claims, concerns and issues arising from the joint constructions will be considered, complying with Steps 6-8 of the fourth generation evaluation model, and further demonstrating the model in action.
In this chapter the enquiry findings will be discussed and interpreted in relation to the proposition which initiated the enquiry. It had been proposed that in nursing, quality in education may lead to quality in practice (Jarvis 1992:10). This assertion was expanded for the purposes of this enquiry, to argue that quality in the educational preparation of nurse teachers may be reflected in the quality of their practice as qualified nurse teachers.

First, current debates about the nature of quality in teaching and higher education will be reviewed, noting implications for individual teachers, the higher education system and university departments. Second, the regulations for teacher education published by nursing’s statutory bodies (UKCC 1988; ENB 1993b) will be compared with those laid down by government for initial teacher training for secondary school teachers (Department for Education Circular 9/92). The enquiry findings will be discussed and interpreted in the light of the standards, criteria and processes contained in the literature and documents cited. Finally, the next three steps of the fourth generation evaluation model in action will be addressed. These are: sorting out resolved claims, concerns and issues (Step 6); prioritising unresolved items (Step 7); adding sophistication to the joint constructions (Step 8).

In Chapter 6 the conclusions, recommendations for future practice, and areas for further research which have arisen from the enquiry will be presented. Then, the second purpose of the enquiry will be addressed in the form of a critical review of the fourth generation model as it has been used in this enquiry.

Teaching quality

A government white paper was published under this title in 1983. It failed to define the term, yet proposed the introduction of procedures for measuring the quality of teaching (Department of Education and Science 1983). Jarvis (1992:10) similarly failed to specify the nature of the quality in education that was to lead to quality in nursing practice. There is an important distinction to be made between quality as a characteristic trait, a mental or moral attribute (Concise Oxford Dictionary 1982), and the normative sense in which quality implies a degree of excellence indicating which traits or attributes are valuable or important in a particular context.

Carr (1989:2-11) argued that teaching quality encompasses both the acquisition of professional knowledge and the improvement of professional practice, and thus cannot be judged solely in terms of criteria or competences. He pointed to the ethical foundations of the educational purpose of teaching which must be balanced with practicalities, if professional values are to be upheld. Schon (1983:68) viewed technical rationality as a poor
basis for professional knowledge and practice in so far as it can promote division between knowing and doing, and may devalue the artistry inherent in professional practice. This confirms Carr’s argument that teaching quality involves more than easily measurable competences.

There was considerable support for this argument in the nurse teachers’ responses to the questionnaires and interviews in the enquiry reported here. Whilst all the nurse teacher respondents had graduated, and thereby were deemed to be competent nurse teachers, some reported feeling less than competent in some important aspects of their new roles. In a study of newly qualified nurse teachers’ experiences during their first year in post, Jolly (1991) found that many reported similar lack of confidence.

The Post Registration Education and Practice Project recommended that a period of support be provided for all practitioners entering a new field of practice (UKCC 1991:18). Most attention, since the proposals were published, has been focused on the problems inherent in preparing and providing preceptors for newly registered nurses in their first posts as staff nurses in clinical practice. It is clear from the respondents in this enquiry, as it was in Jolly’s study, that newly qualified nurse teachers also feel the need for a period of support from a more experienced colleague.

Harvey and Green (1993) examined the nature of the concept of quality in the higher education system as a whole, rather than at the level of individual teachers’ competence. They defined five discrete but inter-related categories (of quality) as exception, as perfection, as fitness for purpose, as value for money, and as transformative. (Harvey and Green 1993:9)

The categories were identified in a paper based on a three year research project which ran from 1991-93. The project sought to develop a methodology for assessing quality in higher education. The report of the project’s first stage focused primarily on the quality of teaching and learning at course level, similar to the focus of the enquiry reported in this thesis (Harvey, Green and Burrows 1993). Ten criteria were identified as indicators of quality, each of which had been confirmed by at least four of the eight stakeholder groups, which included staff, students and employers (Harvey, Green and Burrows:147). The ten criteria are listed here, to facilitate comparison with the standards for teacher preparation courses prescribed by the professional nursing bodies and the Department for Education, discussed below.

1. There are adequate physical resources (library, workshops, IT) to support teaching and learning.

2. There are adequate human resources to support teaching and
learning (and staff are properly qualified).

3. The programme has clear aims and objectives which are understood by staff and students.

4. The subject content relates to the programme’s aims and objectives.

5. Students are encouraged to be actively involved in, and given responsibility for, learning.

6. The standard of the programme is appropriate to the award.

7. Assessment is valid, objective and fair.

8. Assessment covers the full range of course aims and objectives.

9. Students receive useful feedback from assessment and are kept informed of progress.

10. Students leave with transferable knowledge and skills.

Harvey, Green and Burrows (1993:147)

Exploration of a number of concerns to government and to funding bodies had formed the basis for the ten criteria. Major concerns included comparability and maintenance of standards, and flexible systems able to meet the needs of the economy and address skill shortages, while inculcating lifelong habits of learning. Institutional concerns included the relevance and meaning of mission statements, and the existence of good links with employers and provision of adequate resources within budget. Programme related issues included clearly stated aims and objectives, and the effectiveness of the teaching staff. It can be seen that the criteria and the concerns included issues arising from structural elements, as well as the process and outcomes of courses.

Harvey and Green (1993:28-29) concluded that it was neither possible nor practical to pursue a definition of quality as a unitary concept. Rather, they advocated a pragmatic approach, recognising that different stakeholders are likely to have different priorities, as did Guba and Lincoln (1989:214). However, Harvey and Green warned against placing undue emphasis upon measuring common-sense quality criteria, to the detriment of more difficult elements.

Tovey (1994) studied quality assurance mechanisms in continuing education departments of all the "old" universities in the United Kingdom. Tovey identified the same five categories of quality as Harvey and Green (1993), noted above, although he perceived some dissonance between the categories and the educational purposes of continuing professional education. Tovey was
sceptical about the notion of universally applicable systems and processes, arguing that more efficient measures are likely to emanate from the subject and the setting. He proposed a three strand framework for quality assurance, comprising quality as a socially and politically related process; a form or structure for quality assurance; and the procedures by which quality can be established and measured (Tovey 1994:187). The framework is justified on the grounds that it enables a more economical and effective use of time than the variety of piecemeal quality assurance activities found to be operating in the university departments studied (Tovey 1994). Nurse teacher preparation courses can be seen as continuing professional education, although few of the courses are located in the "old" universities. Tovey’s arguments and proposed framework for quality assurance are thus relevant to the courses studied in the enquiry reported here.

**Standards for teacher education**

The guidelines for nurse teacher preparation courses defined by nursing’s statutory bodies, the UKCC and ENB, appear in an appendix to the general regulations and guidelines for course approval (ENB 1993b). The general regulations include very specific guidelines for the production of course documents. The appendix focuses on the attributes of the aspiring entrant to nurse teaching to a greater extent than the course characteristics. Issues such as entry qualifications, professional knowledge and experience are tightly defined by both the UKCC (1988) and the ENB (1993b). In the appendix to the ENB regulations, the criteria for entry to a teacher preparation course extend over two and a half pages, while the academic level of such courses is dealt with in one sentence. Eight statements about the teaching practice component of courses for nurse teacher preparation do not extend to outcome measures, competence statements or minimum standards to be achieved, other than

all...nurse...teachers must be
clinically credible and be graduates

(ENB 1993b:4.39)

The problematic term "clinically credible" is not defined in the regulations, despite ample evidence in the professional literature of the confusion surrounding its interpretation (see for example Clifford 1992; Crotty 1992; Slevin 1992). In contrast to the contemporary emphasis in general education, on schools playing a much larger part in teacher education as full partners with higher education institutions (DfE 1992:1), the ENB specify

the course must be located within the
higher education sector preferably in an
institution involved in teacher preparation
for the higher education sector. (ENB April 1993b:4.39)
This stricture is open to varying interpretation. Most teacher preparation courses are at degree or post graduate level and some courses are designed to prepare people for teaching adult students. Few if any courses, other than in-service, are specific to teachers in the higher education sector. It may be that the ENB see some unspecified advantage in intending nurse teachers being prepared with teachers from other professional backgrounds. Institutional involvement in such preparation does not necessarily imply that all student teachers attending a particular course are destined for posts in higher education.

In the researcher's experience as an internal and external validator, as course leader and as curriculum planning team member, the ten criteria defined by Harvey, Green and Burrows (1993:147), listed above, have been reflected in hidden agendas for conjoint course validation procedures. While the ENB regulations and guidelines prescribe a detailed framework for submission of course documents, which covers some of the criteria, far less attention has been given by the statutory nursing bodies to arrangements for course evaluation. Quality monitoring procedures are defined by institutional policy and/or the discretion of the course team. The ENB requires student nurse teachers funded by the Board to supply information about post course employment on ENB Form T7 (undated), as part of the procedure for recording the new qualification on the single professional register maintained by the UKCC. This could be deemed to be one aspect of post course evaluation, and indirectly, of quality monitoring since the data is collated in statistical returns produced for the various committees of the ENB (for example ENB 1993a).

The statutory role and function of the Council for the Accreditation of Teacher Education (CATE), specified in a DfE Circular (1992) are similar to those of the ENB, namely setting, monitoring and maintaining standards for the education of teachers (nurses). Management of the role and function differs between the two bodies, in that the DfE (1992) criteria and procedures for the approval of teacher preparation courses (primary and secondary) are more detailed than the ENB (1993b) regulations for nurse teacher preparation. The regulations for pre-registration nurse education are broadly similar in approach to the CATE specifications, although again, less detailed.

The differences in the documents may reflect the relative numbers of qualified secondary school teachers and nurse teachers employed in England. In 1993, there were 184,000 secondary school teachers (DfE 1994) and 6,161 nurse teachers (ENB 1993a) in post. A further factor may be a reflection of government policy and public concern about standards and quality in education, evident in the amount of comment in the media (see for example Education Guardian and the Education Supplement in The Times, both weekly features in those newspapers). The establishment of the Office for Standards in Education (Ofsted) with its attendant procedures for monitoring quality in schools through independent teams of Registered Inspectors provides additional evidence. It is unusual to see media comment about
nurse education in general, and nurse teacher education is a subject for occasional comment in the professional journals. There is no nursing body comparable to Ofsted, although the ENB has some similar functions. Following the integration of nurse education into the higher education system, nursing courses will become subject to the quality monitoring procedures operating therein.

The category, fitness to practice, encompasses the competences expected of newly qualified teachers, which are comparable to those for newly qualified nurses. Both sets of competences are statutory (DfE 1992:2; UKCC 1983). No competences are specified by the ENB for newly qualified nurse teachers, although such may be thought to be implied in that preparation courses must be at degree or post graduate level. Since 1989 most Schools/Colleges of Nursing have become affiliated if not integrated with higher education institutions. As a result the arrangements for partnership between Schools/Colleges of Nursing and hospitals and other health care settings are comparable with those pertaining between the higher education teacher training institutions and schools (DfE 1992).

With the advent of NHS Trusts, the arrangements for student nurses’ clinical experience and supervision are likely to be renegotiated between the colleges of nursing and the trusts. The ENB’s influence on standards pertaining in clinical practice settings relates to another statutory responsibility, the protection of the public from unsafe practitioners. This scope for influence may well diminish, or operate in a different form, as the funding arrangements for pre-registration nurse education have been transferred from the ENB to the new enlarged Regional Health Authorities (RHA). Similarly, secondment and funding of suitably qualified and experienced nurses to undertake nurse teacher preparation courses have been transferred from the ENB to the RHAs, who are required by the Secretary of State for Health to ensure that such secondment is granted to meet skill shortages, on the basis of workforce planning (ENB Letter to Teacher Course Leaders, September 1992).

Additional responsibilities are specified by the DfE (1992) for higher education institutions and their partner schools, in terms of staffing, student selection and entry requirements, including arrangements for prospective students who do not meet the standard entry requirements. These criteria are broadly comparable to those specified by the ENB, for colleges of nursing with regard to student nurses, and for higher education institutions with regard to student nurse teachers (ENB 1993b). The accreditation procedure specified by the DfE (1992:Annex B) is concise. It focuses on the institution and its full range of courses, in contrast to the ENB’s detailed requirements for submission of separate course documents and an individual validation event for every course for which conjoint approval is sought (ENB 1993b). The ENB procedures are similar, in their attention to detail, to those recommended by Ofsted for the inspection of initial teacher training courses for secondary school teachers (October 1993).
Having explored some definitions of teaching quality, the mechanisms for quality assurance in related fields of initial teacher education and nurse teacher preparation, and the standards implied in the documents pertaining to course approval procedures, the next section examines and interprets the enquiry findings in the light of the perspectives of quality cited above. The criteria proposed by Harvey, Green and Burrows (1993:147) for assessing quality in higher education will be used to structure the interpretation of the enquiry findings which follows.

Interpretation of the enquiry findings

It was noted in Chapter 4 that the seven course documents varied considerably in length and amount of detail. All the courses had been conjointly validated, demonstrating that the ENB guidelines (1993b) are open to interpretation. It must be assumed that questions arising from matters not addressed in the shorter course documents were able to be resolved in discussion with course teams at validation. The course documents examined for the enquiry were all definitive documents, confirming that brevity in explication of the course plan did not constitute a barrier to conjoint validation. Course approval can be conditional upon compliance with recommendations made by the validation panel. It would seem that in some courses, approval was not conditional upon provision of more detailed documents. In the researcher's experience, ENB personnel and university staff members of validation panels can vary widely in their expectations of course documents and course teams, leading to validation events complicated by the differing personal agendas of panel members.

Resources: criteria 1 and 2

The seven course documents provided evidence of adequate physical and human resources to support the courses (Harvey, Green and Burrows 1993:147). The ENB guidelines (1993b) for course documents specify sections describing physical resources and presenting curricula vitae for all teaching staff, including nurses and non-nurses, contributing to the course. At validation, the qualifications and experience of the putative course leader are normally scrutinised. All assessment of teaching by student nurse teachers must be carried out and documented by a qualified and experienced nurse teacher. To date, scrutiny of the "experience" of course leaders and teaching practice supervisors has not taken account of the recency and relevance of their clinical expertise. The DfE (1992:Annex A) stress this aspect in secondary school teacher preparation courses, stating that staff concerned with teaching particular subjects (e.g. Mathematics; Science) must have relevant and recent school experience, and maintain and develop that experience. It may not be feasible to impose such conditions on teaching practice supervisors of student nurse teachers, given the variety of clinical specialisms which may be represented among the student nurse teachers in any one course. This point
was made by one of the questionnaire respondents in this enquiry, who said

Clinical knowledge cannot be covered when there is such a wide variety of specialities represented among the students (nurse teachers).

Another respondent, from a different course, perceived a weakness in this area, in that

The course was theoretical, taught by staff who were not clinically up to date.

Both comments endorse the lack of consensus within nursing as a whole about the meaning and importance of clinical competence for nurse teachers, referred to earlier in this thesis. Clinical competence of nurse teachers and teacher course leaders is deemed to be an unresolved issue within nursing, and in this enquiry.

Programme aims and objectives: criteria 3 and 4

These criteria relate to clarity and relevance of programme aims and objectives, and the relevance of subject content to their achievement. All the course documents included statements of aims, as required by the ENB (1993b) guidelines. Six documents listed aims and objectives (or expected outcomes), providing greater clarity than the seventh document, which replaced the customary list with a lengthy discussion about the course aims.

A distinction was made in Chapter 4 between the relevance of equipping nurse teachers to respond to or cope with change, and preparing them to be pro-active, able to initiate change. It was argued that the latter skills were more appropriate to the nurse teachers' subsequent work roles. Although this view was not explicitly stated, it could be inferred from some respondents' comments. Teacher G, for example, felt poorly equipped for impending changes (e.g. large student groups) and had been unable to orchestrate a concerted response among colleagues to the recurrent problem of disruptive students. In contrast, Teacher B felt well prepared to cope with new challenges, and felt she had been empowered to take risks in her own work.

It would be unwise to interpret individuals' responses to change solely as an outcome of a preparation course recently completed. Different personalities and previous experiences of change, in personal and/or professional life, are but two of many factors which may underpin responses to changes in the work setting. When coming to terms with a new role in a new context, the prospect of coping with further change may be very unwelcome.

Achievement of the seven courses' common aim, that all graduates of the courses would emerge as competent nurse teachers, equipped to function effectively in a variety of roles and settings was claimed by many, but not all, the nurse teacher respondents.
Students' responsibility for learning: criterion 5

There was considerable evidence in the course documents and in the nurse teachers' responses, of Harvey, Green and Burrows (1993:147) fifth criterion, concerning students' active involvement in and responsibility for their learning. Examples included choice of units/modules for study, and choice of placements and responsibility for learning during teaching practice. Choice in units of study had led to some anomalies, which, it was suggested in Chapter 4, had the effect of limiting rather than potentiating the respondents' depth and breadth of learning. In one course, a cohort who evinced no interest in curriculum planning apparently received some limited theoretical input, but were able to opt out of planned practice. In another course the student nurse teachers were required to choose between units on experiential learning and curriculum development. Both topics are relevant, if not essential, to the nurse teacher in the 1990s and beyond. Presentation of them as alternatives could be seen as a restriction rather than an enhancement of learning opportunities. There was some evidence of potential restriction of learning opportunity consequent upon assessment choices offered in some courses, this aspect will be discussed under the next group of quality criteria, below.

Whilst choice and responsibility were welcomed by the majority of respondents, a minority felt that support from course tutors and supervisors during teaching practice was inadequate for their needs. This perception was not confined to respondents without previous teaching experience. It was shared by most Course D respondents and by some respondents from other cohorts. The Course D curriculum document described teaching practice as a self-directed and independent study unit, which was in keeping with one element of the course philosophy, provision of

a social climate appropriate to adult learners who are experienced professionals

The respondents' perceptions of their experiences on teaching practice did not reflect another element of the course philosophy

a partnership between teachers and students in the pursuit of learning

This dissonance between course philosophy, the individual experiences and learning outcomes reported by the respondents demonstrates that one person's freedom to learn in their own way, to another person feels like being "unsupported and vulnerable", in another respondent's words. Despite the reservations expressed by Course D respondents about the quality of their preparation in practical teaching skills, the teaching session by one member of the cohort observed for this enquiry was skilfully planned and, in the researcher's judgement, provided ample evidence of competence in its delivery.
Assessment: criteria 6, 7, 8 and 9

Choices and standards in assessment fall within these criteria (Harvey, Green and Burrows 1993:147), which cover the standard of the award and the validity, objectivity, fairness and range of the scheme of assessment. In the seven courses studied, the standard of the awards appeared to be rigorously monitored through the universities' systems for internal appraisal of students' work, and the external examiners' terms of reference. In the researcher's experience, the assessment philosophy, strategy and process of a new course are subjected to close scrutiny and questioning at validation, especially when validation is conjoint. This rigour originates from the universities' determination to ensure that academic standards are maintained and the professional bodies' statutory responsibility to uphold professional standards in education and in practice. However, interpretation and management of the course assessment scheme is the responsibility of the course leader and course team, wherein unforeseen problems and weaknesses can arise.

Brookfield (1986:263-264) warned against using the terms assessment and evaluation synonymously, defining assessment as

Value-free ascertainment of the extent to which objectives determined at the start of a programme have been attained by participants

Elsewhere in the text, Brookfield (1986:214-215) distinguished between statements of purpose in course planning and specification of exact cognitive outcomes. The former are compatible with an adult model of learning, the latter approach is antithetic to Brookfield's philosophy of adult learning. The seven courses studied embraced similar philosophies of adult learning. However, there were several examples of dissonance between the espoused curriculum philosophy and actual practice in the approaches to assessment described in the seven course documents. In the writer's experience, some of these problems arise from the conflicting demands of university regulations and modular or unit based curriculum designs. There is evidence of these conflicts in some of the course documents, although some aspects of the apparent conflicts have been resolved in papers published by some of the course leaders.

All the course documents acknowledged the importance of the educational process and the educational outcomes. The assessment strategies for five of the courses included both continuous coursework assessment and unseen examinations. In some cases the examinations were weighted more heavily than the coursework assignments in determining degree classifications. This approach emphasises outcomes rather than the learning process. As Ramsden noted, assessment "always defines the actual curriculum" for students in higher education (1992:187). In these five courses, weighting of the assessment schemes in favour of theoretical knowledge reproducible in essay format implied that such knowledge was more important than demonstration of understanding and application of educational theory in teaching. Two of the
documents provided a rationale for the exclusion of unseen examinations. In those two documents coursework assignments were shown to have diagnostic, formative, integrative and/or summative functions in the learning process, reflecting the course philosophies.

Using a range of assessment methods enables students to demonstrate understanding and depth of knowledge, and provides teachers with a broader picture of students’ achievement and potential (Ramsden 1992:190-2). The emphasis on essays of various kinds in the course documents appears limited in both aspects. Experienced educators, members of the course teams, may be expected to be conversant with the subjectivity inherent in assessment by essay, which could be seen as a weakness of the assessment schemes. Course tutors’ distance from nursing practice leads to questions about the validity of assessments completed by teachers unfamiliar with current realities of nursing practice. These constraints may impinge not only on the student nurse teachers’ learning experience during teaching practice, but also on their performance subsequent to the course. The DfE requirement for recency and relevance of specialist subject knowledge for teacher trainers, can be seen to be equally important for course tutors involved in preparing future nurse teachers (1992: Annex 4).

The individual module and unit descriptions in the documents do not indicate whether any other assessment methods were used in addition to the essays and examinations specified in the sections on assessment. Some diversity might have been welcomed by students, but any additions to the assessment scheme would have had implications for staff and student workload. One questionnaire respondent commented

Like most nursing courses, it was over assessed.

The arrangements for assessment of teaching skill have been described in Chapter 4. There was considerable variation in the amount of supervised teaching practice, the number of assessments and the importance ascribed to teaching in clinical practice settings. In five courses, responsibility for this aspect of assessment was shared by university tutors and teaching practice supervisors. It was wholly devolved to the teaching practice supervisors in two courses. In all the courses, assessment of teaching was supplemented by an essay, which was assessed. Marking this essay was, in some cases, the course tutors’ only contribution to the assessment of teaching competence. A recent study of the assessment of competence in pre-registration nursing and midwifery programmes, commissioned by the ENB, found that assessment was most effective where a variety of evidence was used as the basis for tri-partite discussion between student, practice supervisor and tutor (Phillips et al 1993a). A similar approach would strengthen the assessment of student nurse teachers’ competence in teaching, since the evidence would be interpreted within the contexts of individual learning, the demands of practice and educational theory.
Transferable knowledge and skills: criterion 10

The course documents all addressed this criterion in statements of learning outcomes, that graduates would be equipped to teach nursing and nurses at different levels in a variety of settings. Statements in the course documents referred to students developing skills in understanding, analysis and evaluation of educational theory, and the application of principles to practice. No intention to explore the epistemology of nursing and/or educational knowledge was stated. Such an important theoretical perspective might be thought important for teachers of an emerging discipline such as nursing.

The creation and use of knowledge in professional contexts was explored by Eraut (1985). Drawing on an earlier typology of knowledge use proposed by Broudy et al (1964), Eraut suggested that the prevailing emphasis upon application of theoretical knowledge to professional practice was unwarranted. Whilst the focus in initial professional education on replication and application of knowledge may be deemed appropriate, more advanced professional education should encompass the understanding and judgement inherent in interpretation and association of principles and ideas in the "busyness of practice" (Eraut 1985: 124-5). Eraut’s analysis is relevant to nurse teacher preparation courses in relation to the nurse teachers’ continuing professional development, as nurses and as teachers, and to their ability to foster practical reasoning skills in their students.

Notwithstanding this apparent limitation in the course curricula, many of the nurse teachers who took part in this enquiry felt adequately prepared for their subsequent roles. Two questionnaire respondents encapsulated the spirit of many of the respondents’ comments about the quality and relevance of their preparation:

I have been able to apply much of the theoretical knowledge acquired on the course to my practice....to increase in self-confidence in my new role....the course has equipped me not only to meet the obvious demands of my new role but ....helped me to be creative, an effect I had not anticipated.

The course was an excellent preparation for teaching nursing....a model for good practice....I have not been confronted with any situation for which I did not feel prepared.

Both these respondents entered the courses from clinical backgrounds, with no prior experience in nurse teaching roles.

Another respondent had found that some elements of the course content had only become meaningful after the course finished, noting
At the time I couldn't always make the connections between theory and practice but now I can see just how good the preparation was.

These comments contrast with Teacher G's experiences and comments, which were reported in some detail in Chapter 4. In summary, the Course G cohort rated their preparation for classroom teaching highly (see Table 14 p.100 Chapter 4) but at interview Teacher G said that she had felt poorly prepared for several important demands of her new role (see Table 20 p.114).

Some of the limitations of part time preparation courses were demonstrated in the questionnaire responses and interview statements. Of particular concern to the researcher although not to the nurse teachers, were those part time courses where all coursework was contextualised within the specialised work role and/or setting in which supervised teaching experience was also gained. The limitations to both breadth and depth of this type of learning experience were explored in Chapter 4. Some of these limitations could have been overcome by providing opportunities within the course for period(s) of teaching practice in other educational settings. This conclusion has been supported by the findings of Luker et al (1995:214) who noted the limited teaching experience gained in part time nurse teacher preparation courses and recommended provision of alternative practice placements.

In a synthesis study of experiential learning within the curriculum carried out for the CNAA, Davies (1990:31) suggested that workbased placements not only maximise learning during the placements but also enhance the relevance of academic studies. The study focused on sandwich degree courses, which were similar in pattern and balance between academic study and teaching practice in the seven nurse teacher preparation courses studied for this enquiry.

The findings of this enquiry seem to support the criterion of transferability of knowledge and skills, for most respondents. For some who had studied part time, there was evidence that opportunities to broaden experience had been limited. Ultimately, it would be necessary to follow the respondents' career development over a longer period of time than has been possible in this enquiry to claim transferability with confidence.

**Step 6: Resolved claims, concerns and issues**

In all the joint constructions presented in the concluding section of Chapter 4, an effective nurse teacher was portrayed as one who is competent to teach in a variety of settings. Thus, that view of the nurse teacher could be termed a resolved claim. However, the elements of competence and its manifestation in practice in different settings were defined differently in the joint constructions, giving rise to unresolved concerns and issues, which will be addressed in the next section.
Step 7: Prioritising unresolved items

The six role elements for which more than half the nurse teacher respondents did not feel prepared have been defined as unresolved issues within the fourth generation model. They have been prioritised in this section in ascending order of magnitude, as represented in the questionnaire responses. Table 21 (p.138) draws on data shown in Table 14 (p.100) to enable comparison of the positive ratings for the six role elements, subdivided by courses, with the percentage of all the nurse teacher respondents who felt poorly prepared for those elements.

The first issue concerns the adequacy of preparation for curriculum planning, for which 53% of respondents felt poorly prepared. Curriculum planning is an increasingly large component of the nurse teacher's role. This is due partly to the requirements for continuing professional education arising from the Post Registration Education and Practice Project and the standards for continuing education which have developed from it (UKCC 1991; 1994). Further pressure has ensued from the ENB Higher Award and Framework (ENB 1990) which prompted a reappraisal of all the ENB clinical nursing course curricula, and in turn led to the academic level of those courses being raised. The ENB regulations and guidelines for course approval (ENB 1993b) require the production of fairly detailed course documents. Given the emphasis on educational theory found on analysis of the nurse teacher preparation course curricula, the respondents' perceptions of weakness in this area of preparation was somewhat surprising.

The second issue concerns preparation for assessing student nurses' competence in both theoretical and practice based assessments. Just under half (45%) the questionnaire respondents felt well prepared for assessing students' theoretical work. However, 55% of the questionnaire respondents and 3 of those interviewed (n=7) did not feel prepared for all the responsibilities associated with assessment. One nurse teacher interviewed expressed the concern shared by many when she said:

"The essay marking exercises were brilliant, but I could have done with much more practice."

The responsibilities of this aspect of their new roles seemed to weigh heavily on many of the graduate nurse teachers during their early months in post. They were conscious of the implications for student nurses' self-esteem and their progress through the course when poor marks were awarded to assignments. The nurse teachers' concern echoed the student nurses' comments about the workload inherent in crowded assessment schedules which allowed little time for adequate reading and preparation, nor for retrieval of unsatisfactory papers.

Slightly more of the questionnaire respondents (60%) felt well prepared to assess student nurses' competence in clinical practice settings. Indeed, as Figure 4 (p.93) showed, the level...
of satisfaction with preparation for this element of the new role was exceeded only by that for preparation to evaluate research, with which over 80% of respondents were satisfied. However, rather than the effectiveness of the preparation course, some respondents ascribed their competence in assessing student nurses' clinical work to retention of skills possessed before the preparation course.

Those respondents who chose to comment specifically about their experiences before the course revealed a weakness in the questionnaire. Factual information about qualifications, teaching posts and length of service prior to the teacher preparation course was obtained, but later questions did not prompt respondents to distinguish explicitly between preparation which they deemed to have ensued from prior experience, and that gained from the course itself. However, it was acknowledged in designing the study that an infinite number of personal and professional variables were likely to exist within the study group. The potential and perceived effects of prior experience were but two important variables which the study was not designed to elucidate.

The third issue concerns skills in facilitating learning, for which 55% of the nurse teachers felt poorly prepared. However, Table 21 (p.138) shows a wide variation in positive ratings for this element between courses, ranging from 23% of Course D respondents (n=14) to 100% of Course G respondents (n=4). The wide variation makes it difficult to draw firm conclusions, but indicates the need to re-examine both the preparation for this element in some courses and the way it is evaluated.

The fourth issue concerns the clinical teaching role, which is an issue of concern to many nurse teachers, as reported in the literature (see for example Clifford 1992, 1993; Crotty 1992, 1993; Slevin 1992). In five of the courses, analysis of the curriculum documents and comparison with the questionnaire responses from the five cohorts showed that greater prominence was accorded to the skills required for classroom teaching than to clinical teaching skills. The sixth course was felt by its graduates to emphasise educational theory at the expense of equipping them to teach. The seventh course was said to provide insufficient opportunities for practising teaching skills. 60% of the questionnaire respondents and 4 interview respondents (n=7) did not feel prepared for teaching in clinical practice settings. Variations between courses for positive ratings for this element ranged from 20% (Course E) to 57% (Courses A and B), as shown in Table 21 (p.138).

Questionnaire respondents' comments quoted throughout this thesis have reflected the confusion prevailing in the professional literature about the nature and purpose of the nurse teacher's role in clinical practice settings. The distinction between clinical competence and clinical credibility remains unclear, although the terms are in common usage. The questions of how, when and by whom nurse teachers' clinical competence is to be judged have not been addressed in the literature.
Table 21
Six Unresolved Issues

% positive ratings subdivided by courses compared with % of all nurse teachers who felt poorly prepared for roles

<table>
<thead>
<tr>
<th>Course</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>% all Nurse Teachers poorly prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents n =</td>
<td>7</td>
<td>14</td>
<td>29</td>
<td>14</td>
<td>5</td>
<td>8</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Cohort size n =</td>
<td>7</td>
<td>16</td>
<td>40</td>
<td>15</td>
<td>9</td>
<td>11</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Roles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Curriculum planning</td>
<td>71</td>
<td>64</td>
<td>29</td>
<td>50</td>
<td>0</td>
<td>63</td>
<td>75</td>
<td>53</td>
</tr>
<tr>
<td>Assessing theory</td>
<td>57</td>
<td>50</td>
<td>37</td>
<td>42</td>
<td>40</td>
<td>75</td>
<td>25</td>
<td>55</td>
</tr>
<tr>
<td>Facilitating</td>
<td>57</td>
<td>43</td>
<td>35</td>
<td>23</td>
<td>40</td>
<td>63</td>
<td>100</td>
<td>55</td>
</tr>
<tr>
<td>Clinical teaching</td>
<td>57</td>
<td>57</td>
<td>32</td>
<td>23</td>
<td>20</td>
<td>50</td>
<td>50</td>
<td>60</td>
</tr>
<tr>
<td>Personal tutor</td>
<td>29</td>
<td>36</td>
<td>35</td>
<td>23</td>
<td>0</td>
<td>75</td>
<td>60</td>
<td>65</td>
</tr>
<tr>
<td>Counselling</td>
<td>14</td>
<td>14</td>
<td>20</td>
<td>15</td>
<td>20</td>
<td>13</td>
<td>75</td>
<td>80</td>
</tr>
</tbody>
</table>

The positive ratings were calculated as shown in Table 13 (p.91) and displayed in Table 14 (p.100).
Credibility is a somewhat nebulous notion defined as "worthy of belief" (Concise Oxford Dictionary 1982:223) which may thus, like beauty, lie in the eye of the beholder.

The criteria for entry to nurse teacher preparation set by the ENB appear to equate length of time spent in a clinical post with clinical competence, which may seem reasonable. However, at least two years of that clinical experience are required to be spent in a position of authority, in an area where pre- and/or post-registration student nurses regularly receive clinical experience. Thus the aspiring nurse teacher may have had limited opportunities for maintaining his/her clinical skills during that period, due to the managerial responsibilities inherent in such a post. It has also been suggested by Benner (1984:178), among others, that length of time and experience does not necessarily lead to increased knowledge and expertise. In future this uncertainty about continuing learning may be overcome by the requirement for all practitioners to record professional development in a personal professional profile (UKCC 1991:21).

The teacher preparation courses evaluated in this study varied in length from one to three years, although in most cases students who completed their studies in one year did so on the basis of accreditation of prior learning. Only one curriculum document clearly identified the importance of maintaining student nurse teachers' clinical skills during the preparation course. Measures to ensure this specified in the document were verified by one graduate of that course, who stated

The opportunities to teach and assess in the practice setting offered by the course enabled me to retain my clinical competence/credibility.

Interestingly, having entered nurse teacher preparation from a clinical post with no prior experience in a teaching role, the same respondent encountered opposition to her determination to maintain her clinical skills, on taking up a teaching post in a college of nursing where nurse teachers did not normally teach in practice settings. She commented

The course equipped me not only to meet the obvious demands of my new role, but also gave me the confidence to argue my case assertively and be creative.

The fifth unresolved issue concerns the personal tutor role, which has acquired greater prominence in nurse education with the integration of colleges of nursing into higher education institutions. Again, wide variations between courses in positive ratings for this element were shown in Table 21 (p.138) from 0 (Course E n=5) to 75% (Course F n=8). Large student cohorts and the perceived heavy workload associated with assessment made the student nurses interviewed for this study reliant on the individual support and guidance provided by their personal tutors. Warmth and approachability were particularly valued qualities in personal tutors.
One student nurse acknowledged the pressures associated with the personal tutor’s role when she said

She (personal tutor) is helpful and supportive even when others are clamouring for her attention

One nurse teacher who felt poorly prepared for this role said

I suddenly had students (nurses) wanting to see me and I had no idea how to conduct (personal tutoring) sessions at all.

The personal tutor role is an important element of most nurse teachers’ work, but competence in it is difficult to measure in the real situation, because of the confidentiality inherent in these encounters. One respondent had been frustrated in her efforts to “access the role” during teaching practice by the commitment to confidentiality between personal tutors and their tutees. Another respondent acknowledged the difficulties involved in preparing for the role, saying

No amount of preparation could be adequate for the personal tutor role — it comes with experience.

This comment seems to imply that some preparation had been received, which would have provided a foundation on which to build, with guidance and support, once in a teaching post. Teacher G hoped that immediate responsibility in her new post for a number of personal students would be an opportunity to develop the necessary skills, but the senior colleague identified to provide guidance and support during the initial period in practice had not been informed about the arrangements.

35% of the questionnaire respondents and 4 of the interview respondents (n=7) felt adequately prepared for their responsibilities as personal tutor to varying numbers of student nurses. For some, the necessity to undertake this role immediately on taking up a teaching post, without support or guidance from a more experienced colleague, had provoked anxiety — reflecting the anxieties expressed by the student nurses, noted above. It is not surprising that some of the nurse teachers found it difficult to meet student nurses’ expectations when they felt unsupported in their new roles themselves. Comments by respondents from three different cohorts attest to their anxiety:

The personal tutor role was never discussed

Preparation for the personal tutor role should be a priority

I still feel anxious about the personal tutor role
The multi-faceted, demanding and time consuming nature of the nurse teacher's personal tutor role have been noted by both Hardiman (1993) and Baillie (1994). Both argued that student nurses should be encouraged to be more self sufficient, in keeping with the adult model of learning espoused in nurse education. It has been noted above that quality monitoring should not focus solely on those course elements which are simple to measure. The fact that preparation for this role and assessment of competence in it, are recognised as difficult to provide and measure does not preclude noting them as an important unresolved issue in nurse teacher preparation.

The final (sixth) unresolved issue arising from the enquiry concerns preparation for counselling. Only 20% of the questionnaire respondents felt equipped to undertake counselling. No course curriculum included this as a discrete topic, but it may have been encompassed within other topics. Some of those who did feel equipped ascribed this to courses undertaken and experience prior to the nurse teacher preparation course. Others did not perceive counselling as a role requirement, preferring to refer students to colleagues with a defined responsibility and/or aptitude for counselling. The issue was not a major concern for the respondents in this study, but has been deemed so in terms of evaluating the quality of the nurse teacher preparation. A recent study funded by the ENB, concerning the extent to which nurse teachers were able to meet the individual learning needs of student nurses, concluded that

Counselling skills training needs to be available (to nurse teachers) in view of the "emotional labour" element of nursing.

Jones et al (1994:1)

Jones et al's study explored reflection as a method of linking theory to practice, but it is unclear to what extent the findings are generalisable beyond the groups studied. Nurse teachers (n=40) and student nurses (n=68) were interviewed, and 16 classroom observations were made in two colleges of nursing. An interesting finding was that even experienced nurse teachers wished for further help to develop their skills in promoting reflection (Jones et al 1994:4).

In summary the six unresolved issues identified in the interpretation of the enquiry findings and shown in Table 21 (p.138) are:

Curriculum planning
53% felt poorly prepared for curriculum planning.

The skills and competences required for effective performance in assessing student nurses' theoretical knowledge and clinical skills.
39% felt poorly prepared to assess clinical skills.
55% felt poorly prepared to assess theoretical work.
The skills required to facilitate learning.  
55% felt poorly prepared to facilitate learning.

The nature and purpose of the nurse teacher's role in clinical practice settings, of whatever kind.  
60% felt poorly prepared for clinical teaching.

The skills and competences required for effective performance in the personal tutor role.  
65% felt poorly prepared for personal tutoring.

The nature, purpose and boundaries of the nurse teacher's counselling role in relation to student nurses who may be experiencing personal and/or professional problems.  
80% felt poorly prepared for counselling.

The references to student nurses in the statements of unresolved issues should be taken to include all pre- and post-registration nursing students with whom the nurse teacher comes into contact in a professional capacity. Variations in positive ratings for the unresolved issues between courses have been noted above in Table 21 (p.138), the percentages shown in the summary refer to the respondents as a unitary group (n=81).

Step 8: Adding Sophistication to the Joint Constructions

This step of the model has been subsumed within Chapter 4 and the foregoing sections of this chapter. The stakeholders' constructions and the enquiry findings have been interpreted and evaluated in comparison with the literature. The discussion has been extended to take account of developments subsequent to data collection for this enquiry.

Continuing developments in nurse education, teacher education both general and professional, and in quality monitoring procedures will impinge on the conclusions and recommendations concerning nurse teacher preparation based on the enquiry findings, which will be presented in the next chapter.
CHAPTER 6 CONCLUSIONS AND RECOMMENDATIONS, A QUALITY AUDIT OF THE ENQUIRY AND A CRITICAL REVIEW OF THE FOURTH GENERATION EVALUATION MODEL

This chapter begins by summarising the findings of the enquiry in relation to the research questions about nurse teacher preparation and the proposition which initiated the enquiry. Some examples of ways in which the enquiry outcomes have been used to inform the researcher’s practice will be put forward to support the recommendations to address areas of weakness in current nurse teacher preparation courses. During the enquiry process the format for such preparation has undergone further major change; nevertheless, the findings could form the basis for continuing development.

Areas for further research arising from the findings of this enquiry, and from the subsequent developments in nurse teacher preparation will be identified. The sections of the chapter are located within steps 9-12 of the fourth generation model, which require an agenda and process for negotiation, and reporting and recycling of the stakeholder constructions (Guba and Lincoln 1989:187). An audit of the adequacy of the enquiry as a whole will be presented. This will focus in particular on the question of rigour, which Guba and Lincoln have equated with trustworthiness and authenticity (1986:73-85). Finally, a critical review of the fourth generation evaluation model will address the second purpose of the study, to evaluate the evaluation model. The critical review will seek to justify a creative approach to adapting some of the model’s more problematic elements in order to strengthen the case for its use in further enquiry in nursing and nurse education.

At the inception of the enquiry in 1989 the first pre-registration nursing courses designed to achieve the aims of Project 2000 were beginning. It had been recognised that those new courses would impose very different demands on nurse teachers responsible for delivering them than the earlier forms of nurse education. A particularly significant recommendation of the Project 2000 report was that nurse teaching become an all graduate profession by 1995 (UKCC 1986;1987). This recommendation had stimulated many of the institutions involved in nurse teacher preparation to develop new courses which combined professional studies with educational theory and practice, at the academic standard of an honours degree and leading to a teaching qualification recordable on the professional register. In earlier forms of nurse teacher preparation the evaluation of the course outcomes and the effects of preparation on subsequent practice had been limited. The seven new courses in England which produced graduates in 1992 were the subject of this enquiry. The secondary purpose of the enquiry was to appraise the fourth generation evaluation model in action.
The research questions

1 Comparability of the course curricula

This question was posed to facilitate enquiry into the range of preparation courses available to aspiring nurse teachers. All aspects of the seven course curricula were compared, analysed and evaluated. The courses were found to be broadly similar in terms of aims and expected outcomes, but with numerous variations and distinguishing features in organisation and delivery. Discrepancies between course philosophies and assessment strategies were found in five courses. Only two course documents described arrangements for post course evaluation. There was no reference to post course evaluation in the other five documents.

The outcomes of the document analysis were represented as three composite models - of the curriculum, the student nurse teacher and the graduate nurse teacher. These models were seen as joint constructions in terms of the fourth generation evaluation. All the curricula espoused an adult learning model as an organising framework, whether implied or specifically identified. The student nurse teacher was unanimously construed as an independent adult, with a personal learning style and individual learning needs. The student nurse teacher was perceived as an experienced autonomous professional nurse. The graduate nurse teacher was expected to be competent to teach in a variety of roles and settings, equipped to function in changing professional contexts.

2 Characteristics of an effective nurse teacher

The helpful characteristics cited by student nurses during small group interviews are shown in Table 22, with the percentage of nurse teachers who also saw those characteristics as important.

<table>
<thead>
<tr>
<th>Characteristics important to student nurses</th>
<th>% Nurse Teachers consider very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitive to different points of view</td>
<td>99</td>
</tr>
<tr>
<td>Approachable</td>
<td>95</td>
</tr>
<tr>
<td>Enthusiastic</td>
<td>95</td>
</tr>
<tr>
<td>Constructively critical</td>
<td>95</td>
</tr>
<tr>
<td>Depth of knowledge</td>
<td>95</td>
</tr>
<tr>
<td>Breadth of knowledge</td>
<td>88</td>
</tr>
<tr>
<td>Clinically credible</td>
<td>78</td>
</tr>
</tbody>
</table>
These findings confirm the views represented in the literature reviewed when planning the enquiry, in that the characteristics acknowledged as important by both groups of respondents encompassed similar personal attributes and professional knowledge and skills.

The student nurses were not asked to rate or prioritise the characteristics, but subjective interpretation by the researcher of their language, intonation and body language during the group interviews indicated that clinical knowledge and skill were particularly highly valued characteristics in nurse teachers. This is interesting when compared with the nurse teachers' opinion that clinical credibility was relatively less important than other characteristics. The student nurses' views were confirmed by Smith, a student nurse in the third year of a Project 2000 course, who argued that nurse teachers should be much more involved in supporting student nurses during clinical placements. Smith cited the dilemmas for student nurses inherent in the discrepancies between nursing as taught in classrooms by nurse teachers, and nursing practice in clinical settings, a situation which survives from earlier forms of pre-registration nurse education (Smith 1995:51-2). These personal views echo pleas made by earlier generations of student nurses.

Without prompting, the student nurses in this enquiry distinguished between the skills and attributes demonstrated by qualified nurse teachers and other nurses who taught them, and by teachers/lecturers from specialist backgrounds other than nursing. In general nurse teachers and other nurses were described as able to teach at a level and pace appropriate to the student nurses' needs and expectations. Teaching at too advanced a level occurred mainly with non-nurse lecturers who lacked experience of student nurses' needs and expectations, and were not in a position to promulgate links between theoretical material and nursing practice.

3 The extent to which nurse teachers were prepared for role demands

At the time of the survey, approximately six months after the end of the teacher preparation courses 71 of the 81 questionnaire respondents were employed in teaching posts. Fifty-nine respondents had received some form of preparation for teaching prior to attending one of the courses included in this study. The extent to which the nurse teachers felt prepared for the various aspects of their teaching roles is summarised in Table 23 on the next page.

Table 23 shows that of the nine role elements included in the preparation courses, in only three elements did more than half the respondents feel prepared. It is emphasised that all the nurse teachers had graduated, having passed all the theoretical and teaching practice assessments during their courses. Nevertheless, once established in their new roles more than half the respondents did not feel prepared for six role elements.
These findings were confirmed in the observations of teaching, and the interviews with one member of each cohort. The role elements for which less than 50% of respondents felt prepared correspond to the unresolved issues arising from the enquiry findings summarised at the end of Chapter 5 (p.136-142). These concerns will be the focus of recommendations to improve practice in current courses and will indicate areas for further research.

Table 23 Nurse teachers preparation for role elements

<table>
<thead>
<tr>
<th>Roles</th>
<th>% Nurse Teachers well prepared</th>
<th>% Nurse Teachers poorly prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluating research</td>
<td>79</td>
<td>21</td>
</tr>
<tr>
<td>Assessing practice</td>
<td>61</td>
<td>39</td>
</tr>
<tr>
<td>Classroom teaching</td>
<td>55</td>
<td>45</td>
</tr>
<tr>
<td>Curriculum planning</td>
<td>47</td>
<td>53</td>
</tr>
<tr>
<td>Assessing theory</td>
<td>45</td>
<td>55</td>
</tr>
<tr>
<td>Facilitating learning</td>
<td>45</td>
<td>55</td>
</tr>
<tr>
<td>Clinical teaching</td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td>Personal tutor</td>
<td>35</td>
<td>65</td>
</tr>
<tr>
<td>Counselling</td>
<td>20</td>
<td>80</td>
</tr>
</tbody>
</table>

Having summarised the enquiry findings derived from the student nurses and the graduate nurse teacher respondents, the findings will now be considered in relation to the original proposition, that quality in preparation may be reflected to some extent in quality in practice.

Quality of preparation and quality in practice

It had been postulated for this enquiry that quality in preparation would be reflected in the quality of the nurse teachers' performance in practice in their new posts. There are some discrepancies in the enquiry findings in relation to this proposition. The positive ratings for individual course elements shown in Table 14 (p.100, Chapter 4) indicated that most questionnaire respondents were satisfied with most aspects of the preparation courses. However, in terms of feeling prepared for practice in specific role elements, Table 23 above shows that more than half the respondents felt less than well prepared for two thirds of role elements.

The nurse teachers observed in practice were not randomly
selected, but there is no reason to suppose they differed in any significant way from their peers. Five of the teachers observed (n=6) were judged by the researcher as performing very competently on that one occasion, in terms of subject knowledge and teaching skill. The five teachers embodied the model of a graduate nurse teacher represented in the curricula of their preparation courses. Furthermore, they demonstrated the personal attributes and professional knowledge and skills defined in the literature, and identified as helpful by the student nurses interviewed in this enquiry. In the researcher's judgement, the five teachers demonstrated quality in their practice very effectively.

How can this discrepancy between the nurse teachers’ perceptions of their knowledge and skill, and the actual performance of a small subgroup of nurse teachers be explained? The phenomenon of reality shock has been proposed to explain the feelings of inadequacy experienced by newly qualified nurses upon qualification and entry into practice (Kramer 1974). This may seem an unlikely explanation in the context of experienced nurses entering new phases of their professional careers. However, Farnish (1983) reported that many experienced ward sisters had not received any preparation or support on entry to their demanding posts, and were forced to learn on the job, as they went along. The notion of a period of support was recommended as good practice in the UKCC Post Registration and Practice Project Report (UKCC 1991:18). The principle of a period of support for practitioners entering a new field of practice had been strongly endorsed by respondents to an earlier discussion paper in that project (UKCC 1991:18). Benner (1984) also noted that practitioners entering unfamiliar areas of practice are likely to operate at the novice level initially. Buttigieg (1990:444) recommended that the ENB advocate up to a year of support for newly qualified nurse teachers. One of the teachers interviewed for this enquiry had been assured of support and guidance from a more experienced colleague, which had not materialised. Jolly (1991) reported that the widespread lack of support for newly qualified nurse teachers was described as a source of much anxiety by respondents in her study.

The nurse teachers in this enquiry embarked on their new roles at a time of continuing major change in nurse education, and in the organisation and management of colleges of nursing. Patterns of care delivery in the NHS as a whole continue to change. The integration of nursing education into higher education institutions has been a further source of anxiety for nurse teachers. Thus, the move to a new role coincided with major upheavals both in the health care settings in which many nurse teachers locate their professional expertise and the justification for their undertaking teaching responsibilities, and in their new work settings, the colleges of nursing.

In terms of feeling equipped to face the challenges inherent in this situation, the analysis shown in Table 17 (p.103) and Table 18 (p.104) is pertinent. Those tables include selections from the 43 positive comments which established connections between
the preparation courses and current role demands and 16 negative comments which focused mainly on specific weaknesses in the preparation courses. Interestingly, several of the respondents who were most positive about the quality and effectiveness of their preparation had no prior teaching experience in a formal sense, having entered the preparation courses direct from clinical posts.

Numerous writers have argued that quality in teaching and learning derives not from the continuing emphasis on bridging the theory-practice gap, but from a critical reflective and reflexive approach to the practice of education (see for example Stenhouse 1975; Brookfield 1986; Schon 1987; Mezirow and Associates 1990). The role element of the preparation courses, for which 79% of respondents felt well prepared - evaluating research - is relevant here in that cognitive skills of analysis, evaluation and synthesis are essential to a critical reflexive approach to practice.

It is apposite to seek further enlightenment about alternative approaches to teacher preparation in the arrangements for the preparation of school teachers. Forms of school teacher training which incorporated extensive college based lectures, tutorials and "endless theorising" have been criticised as remote from the practical realities of teaching (Elkin 1994:23). Some of the evidence presented in this thesis has shown that some of the nurse teacher preparation courses in this enquiry have tended to perpetuate this old fashioned model. New forms of school teacher preparation which are largely school based have been described as systematic and practical, yet rigorous in their approach to theoretical issues, which are studied in context (see for example the Smallpeice Programme for Science graduates, City Technology Colleges Trust 1994).

The conclusions presented in this section fall within the fourth generation model requirement to develop an agenda and process for negotiation (Guba and Lincoln 1989:187) based on the constructions of the evaluand. The agenda in this enquiry will focus on the unresolved issues. The negotiation process is encompassed within the two sets of recommendations presented in the next section. First, recommendations which exemplify ways in which the enquiry findings have been used to inform current practice in one nurse teacher preparation course will be presented. It is suggested that these and similar measures could be applicable to other settings and courses. A radical review of the system for nurse teacher preparation will then be proposed.

Recommendations

The recommendations in this section are directed towards improving practice in current courses for the preparation of nurse teachers. The six unresolved issues shown in Table 21 (p.138), summarised in Chapter 5 (p.136-142) and in Table 22 (p.144) have formed the basis for the following strategies in the
researcher’s practice as a teacher course leader.

1. To address deficits in preparation for personal tutoring; clinical teaching and assessing theoretical knowledge.

The guidance given to student nurse teachers in preparing personal learning plans for supervised teaching practice has become more structured. A self assessment competence rating scale (Knowles 1974) is used to assist student nurse teachers to formulate personal learning needs and expected outcomes for each period of supervised teaching practice. Student nurse teachers may choose whether to disclose their self assessment, but their personal learning plans are used to structure tutorial input from course tutors and teaching practice supervisors and/or mentors.

Student nurse teachers are strongly advised to maintain a reflective journal during periods of teaching practice and to complete self assessments before and after each period of teaching practice. These records provide positive reinforcement of individual development in knowledge and skill in the practice of teaching in a variety of settings. They are also useful sources of illustrative data for course work assignments and for profile development. The profiles have been found useful by student nurse teachers when preparing applications for post course employment.

2. To address deficits in preparation for the personal tutor role.

Opportunities to learn about this important role during teaching practice had been limited by the confidentiality inherent in tutor/student relationships in many colleges. An alternative approach was sought to enable student nurse teachers to explore and conceptualise the role in the classroom prior to teaching practice. Various approaches to the problem of learning about this aspect of the nurse teacher’s role were tried in attempts to open up this essentially hidden role to analysis by student nurse teachers. Discussions about personal experiences as a student and as a teacher were illuminative to some extent, but necessarily limited by the range of experience available within the group.

The method used, concept mapping, has been recommended by Deshler (1990:336) as a way of encouraging critical reflection on assumptions and values about matters under consideration.

Concept maps devised by student nurse teachers have been compared with concept maps supplied anonymously by experienced nurse teachers seen as particularly skilled in the personal tutor role by their peers. This exercise has provided student nurse teachers with a foundation for further exploration in discussions with supervisors/mentors during teaching practice.
Concept mapping has allowed student nurse teachers to evaluate critically a range of approaches to the role in relation to their own individual teaching styles and personal attributes. The technique has enabled experienced nurse teachers to share their knowledge with student nurse teachers whilst preserving the confidentiality of individuals and colleges. Classroom discussion of the concept maps draws on the literature reviewed for this enquiry to raise student nurse teachers’ awareness of nurse teacher characteristics found helpful by student nurses.

In the future, more use is likely to be made of information technology to explore and develop the interpersonal skills required for effective tutor/student relationships. As the equipment and technical skills for devising and using interactive video and virtual reality computer programmes become available to teachers in higher education institutions, course teams are likely to use these new approaches to teaching and learning more widely.

A research study commissioned by the ENB revealed that the personal tutor system provided very positive support for some student nurses. It was less effective where personal tutors were seen as authority figures, or as too busy to give the time required (Jones et al 1994). French (1992) suggested that in the 1980s nurse teachers were not generally viewed by student nurses as the influential figures which nurse teachers at that time believed themselves to be. More recently, Luker et al (1995:195) reported that opportunities to develop the nurse teacher’s personal tutor role had diminished as a consequence of the larger student groups enrolled on the new courses which developed from Project 2000. These conclusions and the findings in this enquiry indicate that a reappraisal of the nurse teacher’s personal tutor role may be timely.

3. To address deficits in preparation for curriculum planning.

From the inception of the course led by the researcher, student nurse teachers’ knowledge of curriculum theory has been assessed by means of an extended essay. Latterly, an experiential learning technique – a formal simulation extending over several weeks – has been used to enable the student nurse teachers to try out some of the theoretical approaches in a safe environment, to prepare them for the realities of practice in higher education institutions.

Group participation in designing a short course and taking it through a formal validation procedure has provided challenging and powerful experiential learning in preparation for an important element of the nurse teacher’s role. Student nurse teachers have reported that they gained insights into group processes not obtained through other learning activities within the course, an unplanned but valued outcome.
4. To address deficits in preparation for assessment of student nurses' theoretical knowledge.

Experiential exercises which include marking copies of essays and examination questions written by pre and post registration student nurses in local schools of nursing have provided a greater range and depth of practice in essay marking within the course led by the researcher. All identifying features and the marks awarded are removed from the papers by the schools before dispatch. The student nurse teachers have been encouraged to be proactive in seeking opportunities to build on these activities during teaching practice. Acting as first or second markers and receiving feedback on their performance from experienced nurse teachers has consolidated the classroom experience.

All these developments have been positively evaluated formatively and summatively by successive cohorts of student nurse teachers. Had the course been set to continue beyond 1994, these innovations would have been incorporated into the revised assessment strategy. As reported in Chapters 4 and 5 all the courses in this enquiry relied on academic essays as the main assessable artefacts. The limitations of this method of assessment have been documented in the literature, and confirmed in this enquiry.

The researcher consulted student nurse teachers about measures to address the deficits in preparation for counselling, shown in Table 21 (p.138) and Table 22 (p.144). The unanimous response was that this was probably best undertaken as a separate course, chosen to reflect individual orientation to differing counselling styles. Certain kinds of experiential and confrontational techniques used in counselling courses were felt to be incongruent with other parts of the nurse teacher preparation programme, and risked compromising the harmonious working relationships established early in the course. A research study commissioned by the ENB recently recommended that counselling training be available to nurse teachers (Jones et al 1994), but not necessarily as part of initial preparation. No new approaches to teaching facilitative skills have been instigated in the nurse teacher preparation course led by the researcher, because this element of the course has been positively evaluated by the majority of nurse teachers who have graduated from that course.

5. To address deficits in preparation for a clinical role

Throughout the life of the course led by the researcher (1989 to date) the importance of student nurse teachers maintaining and developing clinical teaching and assessment skills during teaching practice has been strongly emphasised, and incorporated into rubrics for selection of assignment topics and preparation of essays. The major assignment in the final year, a small scale practitioner based enquiry, must demonstrate an appropriate balance between nursing practice and nursing education. The outcomes of many of these small studies have formed the basis for
practice development in the colleges where student nurse teachers have carried out their enquiries. The nurse teachers have used their findings to inform their own practice in their new roles after graduation. Examples include enquiries into the following issues, all of which have implications for nursing practice and nursing education:

- Preparation of mentors for student nurses in hospital (Greig 1991) and community (Ashton 1991)
- Partnership between mothers and nurses in the care of hospitalised children (Gow 1992)
- Nurses’ knowledge of research findings related to their own handwashing practice (Dean 1993)
- Nurses’ practice in the assessment and documentation of patients’ pain during wound dressing changes (Hollinworth 1994)
- Nurses’ knowledge about children’s concepts of health and illness (Rushforth 1994)

Papers based on some studies have been presented at national and international conferences and accepted for publication in academic and professional journals (e.g. Harding and Greig 1994; Hollinworth, in press). The orientation towards equity between issues based in nursing practice and nurse education in choice of topics for study has been endorsed by the enquiry findings.

Buttigieg’s large scale evaluation of the process of nurse teacher preparation, commissioned by the ENB, included 37 recommendations to improve provision and practice (1990:436-445). To date few have been enacted, partly because most of the ENB’s responsibilities for the arrangements for nurse teacher preparation, particularly for financially supporting individual student nurse teachers, have been devolved to the new enlarged regional health authorities. The ENB has retained responsibility for validating new courses for nurse teacher preparation. In practice such validations are carried out conjointly with the higher education institution mounting the course.

Six of Buttigieg’s recommendations have been supported by the findings of this enquiry. They are summarised as follows, numbered as in the original work:

5. Prospective nurse teacher students should be enabled to obtain the additional professional knowledge requirements for entry to nurse teacher preparation whilst remaining in the practice setting.

7. The ENB should work to change the prevalent attitude that entry to nurse teacher training can best be achieved via an unqualified teacher post in a college of nursing.
In this enquiry, some student nurse teachers who had entered preparation courses straight from clinical posts seemed to find it easier, or may have been more motivated, to retain clinical competence during teaching practice, and to be assertive in seeking ways to incorporate clinical activity in their new teaching posts after the course. These inferences are drawn from comments in the questionnaires. It is not possible to identify the precise number of respondents who entered courses direct from clinical posts, because the questionnaire did not ask for details of posts held prior to starting the course, only the period of time spent working in nurse education. Thirty-two respondents had less than 3 years experience in nurse education, see Table 12 (p.90, Chapter 4).

9. The ENB should consider including within the requirements for entry to nurse teacher training evidence that candidates have undertaken some form of teaching course, e.g. ENB 997/998 or equivalent, which has enabled them to carry out their teaching role with student nurses effectively whilst working as a practitioner in the field in which they wish to teach.

Fifty-nine respondents in this enquiry possessed a prior teaching qualification, 14 of whom had completed the City and Guilds Further Education Teachers Certificate (CG 730), either alone or in combination with another course (see Table 10 p.87, Chapter 4). The CG 730 course is not approved by the ENB for nurse teacher preparation. In the researcher’s experience the CG 730 course provides basic classroom teaching skills but has little relevance to the skills required for teaching and assessing in clinical practice settings.

14. A reappraisal of the process of selection of student nurse teachers should be undertaken by the ENB, with a detailed examination of the process by which senior educational managers ensure eligibility and suitability of prospective student nurse teachers.

In one of the course cohorts in this enquiry the majority of graduate nurse teachers were unable to record their nurse teacher qualification on the Professional Register on course completion, because it was found that they did not meet the ENB criteria for entry to nurse teaching (Personal letter, enclosed with questionnaire 96). Consequently, those graduates were unable to secure teaching posts pending measures to overcome the deficits in their experience.

One of the teachers interviewed in this enquiry had been granted entry with advanced standing to the second year of the degree. This was on the basis of a short teaching course and an ENB clinical course, which neither singly nor in combination met the ENB criteria for entry, much less for exemption from a third of the course. That respondent did not appear to recognise the importance of a nurse teacher retaining clinical competence, in her teaching nor her interview responses. This lack of insight may have arisen because she had missed that element of the
course, but may also have been linked to her specialist teaching role. There may have been other respondents in similar positions, either not meeting all the ENB entry criteria, or missing essential elements of the preparation course on an unsound basis, but these problems were not revealed by the questionnaire.

16. An examination should be undertaken of the position of student nurse teachers on part time courses, with an appraisal of their teaching practice experience, the size of their teaching load and availability to them of the stipulated study time.

Some of the enquiry respondents had found part time courses met their needs in terms of being able to apply learning immediately to their work role. In the course documents it was impossible to distinguish the amount of supervised teaching practice expected from student nurse teachers who were gaining this practice in their normal work setting, from their normal workload. Many respondents had found the courses "hard work", "demanding", and in some cases "over assessed", but these comments were not restricted to those who had studied part time. Nevertheless, the demise of virtually all full time nurse teacher preparation courses makes the review of part time student nurse teachers’ experiences even more imperative.

34. The ENB should consider whether nurse teachers in their first year of practice require a supervisory year, and draw the attention of education managers to their needs for support and supervision.

(Buttigieg 1990:436-445)

The enquiry findings support this recommendation, although the support provided for newly qualified nurse teacher respondents who took part in this enquiry varied widely between colleges. This point has been inferred from respondents’ comments, because the questionnaire did not address this aspect specifically. It cannot be assumed that respondents who did not comment about their experiences of support had, or had not, received support adequate to their needs. The UKCC recommendation of a period of support for practitioners entering a new field of practice reinforces Buttigieg’s point (1991:18).

Luker et al (1995) found that only 37% of the nurse teachers studied felt prepared for the changes in their roles that had ensued from the educational reforms following Project 2000. The nurse teachers in that study had qualified up to four years prior to the changes, mainly through the Certificate in Education. The great majority had been able to overcome the deficits in their preparation through learning on the job, or for a smaller number, through self directed study. The pressure to learn quickly to meet the new challenges had been a source of stress for most of the nurse teachers studied, although many reported enjoying the challenge.
The first group of recommendations presented in this section have been implemented in one course and through positive formative and summative evaluation by student nurse teachers have been found to improve the learning experience and the effectiveness of preparation. The second group of recommendations addresses areas of concern at national level. Both sets of recommendations are directed towards improving the effectiveness of nurse teacher preparation as it is presently organised. The next section proposes firstly, a thorough review of an important but recently neglected element of the nurse teacher’s role and secondly, a radical reappraisal of the system and process of nurse teacher preparation, in the light of developments in general education which have clear implications for professional education and the preparation of nurse teachers.

Areas for further research

1 The clinical role of the nurse teacher

One of the six unresolved issues arising from the enquiry findings concerns the nature of the clinical role of the nurse teacher and the preparation required to enable nurse teachers to function effectively in practice settings, see Table 21 (p.138). The importance of this finding is reaffirmed in the light of Target 35 of the Strategy for Nursing, that steps must be taken to assist nurse teachers to retain, or regain, their clinical knowledge and skills (Department of Health 1989:35).

It must be acknowledged that changing patterns of health care provision mean that practice settings are of much greater diversity than the hospital wards which were the domain of the old style clinical teacher. The growing emphasis on health care and health promotion in nurse education programmes at all levels has led to pre-registration student nurses experiencing a much greater variety of practice placements.

Whilst nurse teachers have been prominent in the design of nurse education programmes, there has been an increasing trend for responsibility for teaching, learning and assessment in practice placements to be devolved to practitioners working therein. This trend has been justified on the grounds of the currency and relevance of practitioners’ clinical knowledge and skills. The weaknesses of this approach are threefold, first, the weight of responsibility placed on practitioners who may have had limited preparation to undertake it, or none. Second, the separation of formal theoretical knowledge from theoretical knowledge derived from practice, which is arguably more important and real to the neophyte practitioners. Burnard has warned of the dangers of uncritical acceptance of theoretical models of nursing, many of which are based in the north American cultural context (1992:175). Third, the implied devaluation of the nurse teachers’ knowledge and skills, of research which should underpin the development of professional practice, and of educational theory which should underpin teaching, learning and assessment wherever they occur in nursing.
Various kinds of lecturer/practitioner posts have been created in an attempt to provide effective teaching and support for student nurses in clinical settings. Early anecdotal evidence suggests that the new role may be as problematic for some of the incumbents, in different ways, as the old style clinical teacher posts. A major national study of the changes in the role of nurse teachers consequent upon Project 2000 commissioned by the ENB, has recommended that regular periods of clinical updating should be mandatory for nurse teachers. During those periods the nurse teacher should *practise* nursing not teach it (Luker et al 1995:213). Furthermore, the nature of clinical credibility and the level of clinical practice expected of the nurse teacher should be made explicit (Luker et al 1995:214). The findings of this enquiry lend support to Luker et al’s recommendations concerning the nurse teacher’s future clinical role.

A national survey of institutional models of the nurse teacher’s clinical role would provide a sound foundation for a series of case studies of good practice in a variety of settings. Further evidence could be gained from phenomenological and/or ethnographic studies of individual exemplary practitioners, carried out by individuals or simultaneously by a group of researchers. Polit and Hungler (1991:25-6) suggested that the outcomes of small in-depth studies can complement large scale studies. A combination of methods and techniques is more likely to yield information which could both inform policy development and be particularly meaningful to nurse teachers grappling with the clinical role in different settings.

2 The content and organisation of nurse teacher preparation courses

As reported above, the enquiry has revealed discrepancies between the graduate nurse teachers’ levels of satisfaction with their preparation courses and the extent to which they felt prepared for aspects of practice in their new roles. Similar problems of relevance and effectiveness in school teacher preparation have led to new forms of preparation which are school based, ensuring that theoretical studies are both context specific and grounded in good practice. Consideration should be given to translating this approach to the preparation of nurse teachers.

One example is the Smallpeice (sic) programme for science graduates, designed to improve the quality of science education in schools through better prepared teachers. It is an initiative funded by the City Technology Colleges Trust comprising

- A school centred initial teacher training programme which combines the normal requirements for a PGCE qualification with substantially enhanced opportunities for personal and professional development.

(DfE February 1994)
The programme is offered by six regional consortia of schools and colleges, made up of a lead school and at least four partner schools. The student teachers spend 40 weeks fully involved in all aspects of school life, in two of the participating schools. Educational theory is taught by senior teachers from within the schools, or expertise in specific units of the curriculum is bought in. The programme incorporates a two week placement in manufacturing industry, this experience is then drawn on in teaching and in assessed work. A feature of the Smallpeice (sic) programme which is said to be unique is the opportunity it provides for continuing professional development for its graduate teachers, leading to a Diploma and thence to a Fellowship. It is not clear how these qualifications equate to existing In-Service Education programmes for qualified teachers, or to standard academic qualifications at Masters and Doctoral level.

The Smallpeice (sic) programme is the subject of rigorous evaluation during the course and afterwards. Unfortunately, due to the political implications of the initiative, the evaluation results are regarded as "highly confidential" and are unlikely to be published (Personal communication from Susan Kaiser, Smallpeice Programme Director, January 1995). Interviews with recent graduates now in employment, published in The Times newspaper indicated a high level of satisfaction, one said

It's been very hard work and quite stressful, but I'm glad I did it this way

School principals quoted were similarly enthusiastic but such anecdotal reports must be treated with caution, they cannot be seen as empirical evidence of enduring quality (The Times 2 January 1995).

The numbers of aspiring nurse teachers are much smaller than hitherto, and seem likely to continue to be so for the foreseeable future. Thus a regionally based consortium of schools/colleges of nursing and midwifery could be established to pilot a similar school based preparation programme for aspiring nurse teachers, to be evaluated through action research. The ENB may be able to include such an initiative in its research strategy (LeVar 1994), which would enable tenders for the contract and funding to be submitted. Curriculum development and associated research proposals could be put out to tender or invited from teams in higher education institutions currently involved in nurse teacher preparation.

A course planning team composed of equal numbers of experienced nurse teachers, including those with clinical expertise, and non-nurse educationists would ensure a balance between academic rigour and the realities of practice. Whilst equality in numbers does not guarantee equal status it can help to ensure that differing priorities are represented. Development of an evaluation strategy concurrently with course planning and delivery, with a commitment to ongoing evaluation up to a year after course completion would be essential to ensure
demonstration of the outcomes in practice for at least the first cohort. This approach to ongoing evaluation is a feature of the Smallpeice (sic) programme, described above.

More radically, Luker et al (1995:214) recommend reconsideration of the mandatory recognised teacher qualification for nurse teachers, on the grounds that no such requirement pertains to other teachers in the higher education institutions where nurse education is now located. This recommendation appears not to take account of the quality assurance initiatives in higher education which have prompted research into the student experience and to a range of approaches to improving teaching quality. Luker et al's study was commissioned by the ENB and it is notable that the ENB, as recently as February 1995, responded to the UKCC standards for post registration education and reaffirmed that:

To become a teacher of nursing the practitioner must be a graduate....
The practitioner must also possess an appropriate teaching qualification ....which incorporates supervised teaching practice.

(ENB 1995:3)

This recent statement indicates that some form of nurse teacher preparation and qualification is likely to be required by nursing's statutory body for some time to come. In summary, the recommendations based on the findings of this enquiry into the effectiveness of new forms of nurse teacher preparation are directed towards

i) improving the efficacy of current courses
ii) re-examining a crucial role element - the clinical role
iii) re-examining the focus, location and organisation of nurse teacher preparation

Measures to address these three areas of concern have been proposed, completing the penultimate step of the fourth generation model. This requires full and accurate reporting of all the joint constructions, resolved and unresolved claims, concerns and issues, which have been presented in this thesis.

Finally, Guba and Lincoln (1989:226) recommend that the whole evaluation process be recycled, on the basis of their belief that the constructions will undergo further change,

fourth generation evaluations never stop, they merely pause

This statement may seem naive and idealistic, but it has been supported by the changes in the context and nature of nurse teachers' work and the process of preparation for nurse teaching which have occurred during the period of the enquiry. The time will soon be ripe to recycle the process. To strengthen the case for change in the arrangements for nurse teacher preparation in
advance of further evaluation, the next section of this chapter presents an audit of the enquiry process which will enhance the credibility of the findings on which the recommendations have been based. The quality audit contributes to the second purpose of the enquiry, to evaluate the fourth generation evaluation model.

A quality audit of the enquiry process

This section begins with a comparison of approaches to evaluating the quality of research. Patton (1990) advocated qualitative methods of evaluation throughout his text. He proposed a series of measures to enhance the quality and credibility of qualitative evaluation which seem to emphasise positivist criteria (1990:461). The measures include

i) rigorous techniques for data collection and analysis

ii) credibility and integrity of the researcher

iii) congruence between the researcher’s values and beliefs and those enshrined in the research methodology and methods.

These factors were identified as influential in the research design (see Chapter 2, p.40). However, Guba and Lincoln (1994:114) have noted that the issue of quality in constructivist enquiry remains unresolved, and requires further work. Patton’s criteria (1990:461) were influential in the early stages of the enquiry but Guba and Lincoln’s later work seems more appropriate to evaluation of a study with a qualitative focus and purpose. Two sets of criteria which are no less rigorous, but are more appropriate to the values and purpose of constructivist enquiry have been proposed (Guba and Lincoln 1994:112-114) drawing on their earlier work (Guba 1981; Lincoln and Guba 1986). These sets of criteria, trustworthiness and authenticity, are presented in Table 24 (p.160) in parallel with positivist criteria.

The trustworthiness criteria of constructivist enquiry can be equated to the rigour criteria of positivism, which has led Guba and Lincoln to question their true relevance to new paradigm studies (Guba and Lincoln 1994:114). The authenticity criteria are highly specific to constructivist enquiry.

The trustworthiness criteria relate to issues of truth value, applicability, consistency and neutrality. These will be described and then applied to the enquiry reported here. The subheadings relate to the items which appear in Table 24 (p.160).

Credibility

Three techniques have been proposed which either enhance the credibility of a particular enquiry in themselves or make it possible to test whether findings are credible. The techniques are prolonged engagement; peer debriefing and member checks.
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(derived from text Guba and Lincoln 1994:114)
Prolonged engagement with the subject and process of the enquiry, has extended over six years from inception of the enquiry to submission of this thesis. Registration of the research occurred in the third year of planning the enquiry. Data collection occupied a nine month period of intensive activity. Data analysis and writing the thesis occurred over 18 months.

Following up the questionnaire survey with direct contact with individual respondents, albeit only a small subsample, helped to verify inferences drawn from the analysis of the survey data and reduce distortion in interpretation of the questionnaire responses. Triangulation of data collection methods and of data sources provided opportunities for cross-checking of data. This was particularly valuable in allowing comparison to be made between the intentions expressed in the curriculum documents and the experiences reported by the graduate nurse teachers.

Peer debriefing consisted of discussions with disinterested colleagues and with research supervisors, which were helpful in developing the research design, testing emerging inferences and conclusions and rejuvenating flagging motivation. Member checks were only possible with the interview respondents, who were invited to comment further on their questionnaire responses, on their reflections about the observed teaching session, and about the preparation for their current role. A further check ensued when five of the seven interviewees listened to a rerun of the tape of their interview. Preliminary findings have been discussed with later cohorts of student nurse teachers attending one of the courses. The findings provided the rationale for seeking and testing more effective strategies for preparation in the specific role elements which were found to be deficient in some courses. This commitment to enquiring into and developing the researcher’s own practice as a teacher and course leader has provided a role model for future nurse teachers of the teacher as researcher, advocated by Stenhouse (1975) and Winter (1989a).

Patton (1990:491-2) has suggested that further evidence of the credibility of an enquiry can be seen in the credibility of the researcher, in terms of perceived competence and trustworthiness. These criteria include commitment to relevant, rigorous and understandable designs which produce believable results. The evidence presented throughout the thesis and in the sections of this chapter has attempted to exemplify these criteria, but ultimately readers must confirm or refute their value.

Transferability

Thick and thin descriptions of the context of the observations and interviews, together with apposite quotations from as many respondents as possible have been interwoven with tabular presentation, and with discussion and interpretation of the findings in this thesis, as recommended by Denzin (1994:505). This approach was used to enliven the presentation and enable as many respondents’ voices to be heard as possible. It is hoped that readers familiar with the context and process of nurse
teacher preparation will be able to recognise similarities with their own experiences, and if deemed appropriate, to apply some of the insights gained to their own concerns elsewhere.

**Dependability and Confirmability**

These criteria are comparable to the positivist criteria of reliability and objectivity. Dependability indicates that the data are likely to be stable for a period of time. Comparability ensures that interpretation of the data and the outcomes of the enquiry are not simply dependent on the evaluator’s perceptions, others can reach similar conclusions if/when exposed to the data and processes described. Demonstration of these criteria in a particular enquiry requires the establishment of an audit trail (Lincoln and Guba 1985:319-320). This means that the conceptual development of the enquiry, the data, the interpretations and the conclusions can all be tracked to their origins in the enquiry, independently of the evaluator. All the processes involved in data collection and analysis, development of the constructions and conclusions drawn from the analytical processes must be made explicit in the enquiry report. The dependability audit ensures that every aspect of the enquiry process was congruent with the enquiry purpose and with the theoretical framework. The confirmability audit ensures that findings, constructions and outcomes reported are grounded in the data, and that the interpretive process leading from the data to the conclusions has been represented adequately in the report.

In this thesis links between the original proposition and empirical evidence and authoritative sources in the literature were established. A researchable problem was identified, which led to the development of three research questions. A theoretical framework which fitted the research problem and the research questions and was congruent with the researcher’s personal value system and professional orientation was used. These developmental stages led to the emergence of a second research purpose, the evaluation of the fourth generation evaluation model. The techniques used to address the first research purpose, concerning the preparation of nurse teachers, included both quantitative and qualitative methods, which encompassed both methodological and data triangulation. Data analysis procedures were thorough and systematic, and were clearly focused on the research questions.

Presentation, discussion and interpretation of the findings were conducted in accordance with hermeneutic principles, and due attention was paid to representing all shades of opinion among the respondents. The conclusions drawn from the findings and the recommendations made in the enquiry report were shown to be grounded in the data. One set of recommendations has been enacted within the researcher’s own field of practice.

The trustworthiness criteria deal with matters deemed important from a positivist perspective, thus their main focus is upon methods and methodological issues. One of the distinguishing
features of new paradigm or naturalistic enquiry, including fourth generation evaluation, is the emphasis placed on issues arising from the context of an enquiry. These issues concern authenticity rather than trustworthiness. A further set of criteria has been developed by Guba and Lincoln (1994) to address those aspects (see Table 24, p.160). These criteria will be examined in the next section.

The authenticity criteria

In this section the authenticity criteria will first be explained, and then the complete set will be applied to the enquiry reported in this thesis. Lincoln and Guba (1986:78) describe these criteria as suggestions worthy of further examination, on the grounds that no techniques for testing for their presence in a given enquiry are extant. To date, most attention has been paid to the first criterion, fairness, arguably because it may be easier to demonstrate.

Fairness

The guiding principles of naturalistic enquiry embody democracy, respect and empowerment of individuals and of groups of stakeholders. Fourth generation evaluation can be described as value-bound in its attempts to reify those principles. It is self evident that groups of stakeholders in any evaluation are likely to have differing priorities. Perceived or actual differences in status, and thus power, between groups may further compromise the evaluator’s efforts to ensure fairness at every stage between gathering data, preparing an agenda for negotiation and reporting results. Lincoln and Guba (1986:79) describe this problem as

trying to avoid empowering at the expense of impoverishing

Fairness may be achieved in two ways, ensuring that all values and beliefs are accounted for in data gathering; and negotiating recommendations and actions with representatives of all stakeholders as the enquiry process draws to a close. Fairness was achieved in this enquiry by gathering evidence from the main groups of stakeholders, by direct or indirect means. All the course curricula were examined and all the nurse teachers who graduated from the courses studied in 1992 were invited to participate. The views of groups of student nurses - a potentially disenfranchised group in an evaluation of nurse teacher preparation - contributed to the formation of joint constructions. The statutory body’s views were only accessible from policy statements and documents, and indirectly from their role in conjoint validation of the courses, which was felt to be a reasonable compromise but far from ideal.

The actual and potential employers of graduate nurse teachers, an important stakeholder group were excluded from the enquiry,
for practical, logistical and ethical reasons. A postal survey was thought unlikely to produce a high response rate, while individual interviews were impractical. Logistical reasons included geographical distribution and associated resource implications. Ethical reasons concerned the risk of causing unwarranted anxiety to the newly qualified nurse teachers, who would have been informed had their employers been invited to participate in the enquiry. Fairness would have required that the Principal of every College of Nursing in England (n=85 approximately) be invited to participate because the actual employers of the 1992 graduates were unknown to the researcher. A random sample might have seemed a more practical solution, but links between the perceptions of the graduate nurse teachers and a random sample of potential employers would have been tentative at best, as actual connections between them could not have been established within the framework of this enquiry.

Ontological authenticity

This refers to the extent to which individual and group participants (stakeholders) experience raising of consciousness about the issues addressed in the evaluation. Readers may have a similar response on reading the enquiry report, or alternatively may recognise reflections of their own experiences in a similar context. Ontology has to do with the nature of being (Concise Oxford Dictionary 1982:712), it is individually and situationally determined. Thus the extent to which this criterion is present in a given enquiry may be determined differently by the participants and by readers of the enquiry report.

Ontological authenticity can only be partially addressed in advance of publication of the findings of an evaluation study. Publication exposes research findings to the critical gaze of an academic audience. To the extent possible, the progress of this enquiry and the emerging findings have been discussed with research supervisors, with peers, and with later cohorts of student nurse teachers. This process has contributed to the maintenance of realism in understanding and interpreting the findings. Exposure to such critical review has helped to guard against development of unwarranted conclusions derived from the researcher's personal perspective of the evaluand, and has contributed to the search for ontological authenticity.

Educative authenticity

Participation in the enquiry process should facilitate understanding of the differing perceptions of other participants or groups. That increased understanding should be a consequence of participation rather than a peripheral benefit. Nevertheless, understanding does not imply agreement with the differing views, merely that an educational process has occurred and that knowledge and insight have increased. The educational process should extend to the evaluator. If the enquiry report possesses
educative power, readers may be expected to experience similar, or different, levels of enlightenment to those of the participants. Strategies to disseminate the enquiry findings and recommendations as widely as possible among stakeholder groups will further enhance educative authenticity.

Discussion of the emerging findings with peers and with student nurse teachers has had some educative power in that it has facilitated the process of course development in the researcher's employing institution. This effect has spread beyond the nurse teacher preparation courses to those for teachers from other professional backgrounds. Sharing the insights gained from the enquiry has enabled the researcher to contribute to the process of staff development within the department where the nurse teacher preparation courses are based. However, publication of the enquiry findings will greatly enhance the educative authenticity of the enquiry. As part of this process a summary of the conclusions and recommendations will be sent to all the participants.

Catalytic authenticity

Having increased knowledge and understanding of the issues involved, the enquiry process and the report should serve as a stimulus to or catalyst for informed and purposeful action. The prevailing concern about a theory-practice gap has been as much an issue for evaluators as for other professional groups, demonstrating that positivist models for evaluation are no more efficient in ensuring action in response to findings than the naturalistic models abhorred by their adherents (see for example Sechrest 1992:1-7).

Lincoln and Guba (1986:82) claim that the naturalistic evaluator's commitment to empowering and enfranchising potentially disadvantaged stakeholders in an evaluation is more likely to lead to meaningful action. Action initiated by stakeholders which is derived from jointly held constructions about unresolved issues is more likely to be directed towards enduring problems of concern to the whole community of stakeholders. The positivists' debates about the nature of theory and its relationship with practice can be sterile and rarely lead to constructive action and/or problem resolution.

Catalytic authenticity has been demonstrated in this thesis in two ways. First, several questionnaire respondents enclosed letters or added comments to the effect that the invitation to participate had prompted deeper reflection about the personal and professional outcomes of the course experience. For some respondents these reflections seem to have brought to mind the extent to which the course process had changed their approach to practice. For others, their previous practice had been validated by a deeper understanding of underpinning theory. Second, changes in content and delivery of some elements of the course led by the researcher were based on the enquiry findings, and have been positively evaluated by subsequent cohorts of student
nurse teachers.

Tactical authenticity

This concerns the extent to which catalytic action prompted by the enquiry process and findings is seen to be effective. The extent to which such action addresses the concerns of those whom the enquiry has empowered to initiate action on their own behalf for the first time is a significant feature of tactical authenticity. The negotiating power inherent in the hermeneutic enquiry process equips participants for action in a way that the experience of being a research subject in a positivist evaluation cannot.

There was some tangential evidence of these effects in some of the questionnaire and interview responses. Several respondents referred to being empowered by the course process, to becoming more assertive and to increased confidence in their knowledge and skills. In some cases these insights were said to have been recognised as a result of being asked to account for their experiences in participating in this enquiry. This anecdotal evidence has illustrative power, but would require further investigation to substantiate the claims. More tangible evidence of tactical authenticity lies in the examples cited above under recommendations, of effective course development and staff development in one university, which has ensued from the enquiry findings.

This section of the chapter has examined the method and process of the enquiry in comparison with audit criteria proposed by the authors of the fourth generation evaluation model. The next section addresses the second purpose of the enquiry in considering the practical application of the fourth generation model, and is thus specific to the enquiry reported in this thesis.

A critical review of fourth generation evaluation in action

The fourth generation model of evaluation propounded by Guba and Lincoln (1989) was chosen as the organising framework for this qualitative enquiry because its values and approach were seen as congruent with the humanistic principles for qualitative evaluation advocated by Patton (1990:124-5) and with the researcher’s personal values. However, Norris (1990:52) has suggested that Guba and Lincoln’s notion that an evaluation should give equal prominence to the views of everyone with an interest in the programme is both impractical and naive. Some critical appraisals of the theoretical base for fourth generation evaluation were presented in the final section of Chapter 2, pp 36-40.

The purpose of an evaluation model is to provide a sequence of steps and principles to guide the design and conduct of a study, to enhance problem solving and to facilitate action. A model is
merely a device for planning and organising, its value derives solely from its efficacy in a particular context. Further dimensions of a model lie in the indications it gives of matters of significance in a particular innovation, and the importance attached to the ways in which elements of the evaluand are represented in the agenda for enquiry (Norris 1990:112). The evaluator needs to be able to discriminate between generalisations about, and generalisations from, a programme. An effective model should facilitate development of both sets of conclusions. Judgements about the nature, process and effects of the evaluand may enable judgements to be made about the transferability of experiences and ideas derived from it (Norris 1990:133-134).

The fourth generation model includes both steps and principles (see Figure 1 p.23 Chapter 2 and subsequent discussion), which were helpful in the design and conduct of this enquiry. Throughout their text Guba and Lincoln (1989) refer to "the evaluator". Whilst this usage may be for convenience it implies that the model is deemed to be of equal value to individuals and to teams of evaluators. One crucial element of the model - the formation and re-formation of hermeneutic circles of all stakeholder groups - was seen to be impractical for a single evaluator at the outset of this enquiry. It is questionable whether a single evaluator working within one school would be able to orchestrate the range of activities required to facilitate repeated interviews with hermeneutic circles of stakeholders in a programme innovation, such as those exemplified in Guba and Lincoln's text. In a whole school evaluation stakeholders would include governors, teachers, parents and pupils, and potentially employers and other members of the community.

A fourth generation evaluation might be feasible in a small scale case study, perhaps involving one class or year group in a school, or one ward or unit in a hospital. Even then, the time and resource implications would have to be very carefully examined during contracting and planning, as indeed Guba and Lincoln advise (1989:194). They acknowledge that only a gross estimate may be possible, and recognise that those unfamiliar with the model may be ill at ease with this lack of detail about the extent of the commitment. The acceptance of such boundaries implies a realistic attitude to practicalities, "most evaluation efforts must report by some date" (Guba and Lincoln 1989:267), but also implies a conflict with the model's commitment to continuing dialogue until consensus is achieved. Guba and Lincoln's comment that fourth generation evaluations never end, "they merely pause" (1989:226) confirms that while an evaluator's idealism and commitment may seem to be unlimited, other resources are finite.

While planning the enquiry reported here, serious thought was given to the feasibility of establishing a single hermeneutic circle of one cohort of graduate nurse teachers whose whereabouts were known to the researcher. Their wide geographical distribution combined with professional and personal commitments
of the researcher and the potential respondents made even this limited attempt impossible to organise. Treating one cohort differently would also have risked according their views greater prominence in the overall evaluation, which would have contravened the fourth generation principle of equality for all stakeholder groups.

A strategy to comply with fourth generation principles while departing from the method advocated by Guba and Lincoln (1989:186-7) was devised and incorporated into the enquiry design. In essence the strategy replaced the hermeneutic circles with researcher activity, as a conduit between the various data sources and a catalyst for the development of joint constructions of the evauluand derived from the data sources. The process involved constant comparison between the sets of data and the constructions represented within them. The procedure has been fully reported in Chapters 3 and 4 of this thesis. Questions about researcher bias and subjectivity were addressed earlier in this chapter.

Given the emphasis in the text on hermeneutic circles as the means of achieving consensus among and between stakeholder groups (Guba and Lincoln 1989:186-7; 204-209; 211-215), it seems pertinent to ask - is fourth generation evaluation achievable by means other than hermeneutic circles? Rowan and Reason (1981:134-5) cite Kockelmans' (1975:85) definition of an hermeneutic circle

essentially a very general mode of the
development of all human knowledge....
through dialectic procedures

In these terms, the researcher’s understanding of the meaning of the phenomena under study develops through increasing knowledge of the whole and of the separate parts. The notion of the circle is a central feature of the process of increasing understanding, a contrasting metaphor to the linear approach evident in more conventional approaches to logical reasoning. Rowan and Reason argue that the researcher’s pre-existing knowledge of the whole context of the research problem can facilitate entry to the circle of understanding. Examining different aspects of the problem enhances clarity of understanding of the whole, which in turn can lead to "a re-evaluation of the whole" (1981:135).

In a later paper Lincoln (1992:51:7) describes fourth generation evaluation using methodology that is hermeneutic,

a continuing dialectic of iteration,
analysis, critique, reiteration,
reanalysis and so on.

Dialectic has been variously defined as "investigating the truth of opinions" and "testing truth by discussion, logical disputation" (Concise Oxford Dictionary 1982:264). A dialectical process has been demonstrated in the analysis of data gathered for this enquiry, and in interpreting and reporting the
findings in this thesis. It is argued, therefore, that adaptation of the model for this enquiry was congruent with the principles and the methodology advocated by Guba and Lincoln (1989) and Lincoln (1992). It is further argued that fourth generation evaluation is achievable in ways other than a protracted process of forming, reforming and reconstitution of successive hermeneutic circles of stakeholders, provided the methods used are seen to be democratic in both spirit and execution. Researcher integrity in conducting and reporting such an enquiry must be made explicit. If the model fits both the purpose of the evaluation and the evaluator's personal values, then creativity in its use is not precluded by anything in the model's authors' published works.

Koch (1994a and 1994b) reported a fourth generation evaluation of elderly peoples' experience of hospital care. In that study repeated interviews with patients (n=14) over a seven month period of full time data collection formed one part of the hermeneutic dialectic. The health status of the patients and the researcher's commitment to confidentiality justified the use of interviews as the most sensitive means of data collection. It is clear that other stakeholder groups contributed to the study, but their role in the hermeneutic dialectic was not reported in the papers published. A decision trail was established which enabled the quality of the interpretations and the researcher's integrity to be judged, but only the trustworthiness criteria were addressed (Koch 1994a:976-986).

Koch's accounts of using the fourth generation model attest to its power in uncovering real experiences not revealed by standard quality assurance methods. Her reports, together with the account presented in this thesis lend weight to the researcher's conclusion that the model has much to offer to nurse practitioners and nurse educators interested in evaluating qualitative aspects of practice. However, the personal commitment and the time required to plan and carry out a fourth generation evaluation single handed must not be underestimated. With the exception of Step 1 (Contracting) all the other elements of the model were helpful in guiding the design and execution of this enquiry into the preparation of nurse teachers. In the fourth generation model Contracting concerns the agreements between a commissioner of an evaluation study and a professional evaluator retained for that purpose. Contracting elements in this enquiry concerned the researcher's compliance with the University and Faculty Staff Development policies covering staff in receipt of financial support for higher degree studies, and informal arrangements between the researcher and her supervisors.

The second purpose of the enquiry has been addressed in this section in that the use of the theoretical model in this enquiry has been reviewed critically. The model's potential in future enquiries into issues arising from nursing practice and professional education has been examined. The conclusions drawn from the enquiry findings and the recommendations based on these will be summarised in the penultimate section of this chapter, which follows.
Summary of the main conclusions and recommendations

Conclusions

The enquiry set out to discover whether quality in the preparation of nurse teachers had some relationship to the quality of their practice as qualified nurse teachers. Research questions were developed to address three specific issues related to nurse teacher preparation: characteristics of an effective nurse teacher; comparability of seven course curricula; and the effectiveness of one specific form of nurse teacher preparation. A secondary purpose developed from the planning process, to evaluate the evaluation model.

The characteristics of an effective nurse teacher identified by the student nurses interviewed were categorised as personal qualities, professional knowledge and professional skills. The specific attributes identified reflected those described in the literature, although in contrast to one recent study (Burnard and Morrison 1992:345-353) the student nurses welcomed being treated as adults with individual learning styles. Most notably, the student nurses valued clinical knowledge and skills particularly highly in nurse teachers. The student nurses did not seem to expect nurse teachers to engage in hands on nursing alongside them. Rather they described particularly meaningful learning experiences which had demonstrated nurse teachers’ clinical knowledge, skill and insight into the real experiences of patients. When such real life experience was translated into a teaching and learning context it made a lasting impression on the student nurses, enabling development of their insight into the real world of nursing.

The seven course curricula were found to be broadly comparable. Three composite models were developed from the analysis, of the curriculum, the student nurse teacher and the graduate nurse teacher. Diversity in the courses was seen to provide potential enrichment of opportunities for continuing professional education. Some of the courses placed much greater emphasis on acquiring theoretical knowledge and academic skills than on preparation for actual teaching. The special skills required for teaching nursing in the varied clinical settings in which student nurses gain practical experience were not specifically addressed in some of the course curricula.

Most of the graduate nurse teachers expressed satisfaction with most aspects of their preparation courses in their questionnaire and interview responses. This was further demonstrated in the nature of the additional comments made by 60 of the 81 respondents - 43 comments were defined as wholly or mainly positive, 16 comments were defined as negative. However, this general level of enthusiasm about the quality of the preparation as a whole was tempered by the extent to which the nurse teachers felt themselves to be equipped for specific role demands.

Nine role elements were identified from the literature, from job
 specifications and from the researcher's personal experience. In only three of the nine elements did more than half the nurse teachers feel well prepared - evaluating research; assessing practice; classroom teaching. There was some evidence that respondents' skills in assessing nursing practice had been acquired prior to the preparation courses. In the remaining six role elements less than half the nurse teachers felt well prepared. These elements were curriculum planning; assessing theoretical knowledge; facilitating learning; clinical teaching; personal tutoring; counselling. Despite these perceived weaknesses in the preparation courses, in the researcher's judgement five of the nurse teachers who were observed teaching (n=6) effectively embodied the skills and characteristics defined in the model of an effective nurse teacher derived from the curriculum documents.

The joint construction of an effective graduate nurse teacher developed from analysis of the data from the stakeholders in this evaluation is one who is

- effective in a variety of settings, encompassing formal and informal educational and clinical settings
- knowledgeable and enthusiastic about both theory and practice, of nursing and of education
- able to facilitate learning and assess theoretical knowledge and practical skills
- open minded and non-judgemental
- able to evaluate research
- capable of small scale research/enquiry
- respects student nurses as adults with individual learning styles
- possessed of a range of intellectual and cognitive skills
- aware of the socio-political context of health care and professional education

Recommendations

The recommendations based on the enquiry findings are directed towards improving practice and identifying aspects which warrant further research. The recommendations focus on three areas, practice in current courses; a crucial role element; the organisation of nurse teacher preparation.

1. To improve practice in current courses

Strategies to improve the quality of preparation in the six role elements found to be deficient in this enquiry include

i) more creative approaches to teaching and assessing learning in the nurse teacher preparation courses, including experiential learning; conceptual learning; more effective use of the knowledge of experienced nurse teachers; devising alternative assessment strategies, to include peer assessment and to reduce reliance on examinations and/or
ii) more structured guidance on devising individual learning plans and objectives for teaching practice.

iii) attention should be paid to developing more effective strategies for post course evaluation, to determine the impact of the preparation on nurse teachers' practice.

The enquiry findings supported those of a national study of earlier forms of nurse teacher preparation (Buttigieg 1990) and six of the recommendations made in that report were supported.

2. Further research into a crucial role element

The enquiry findings have confirmed the confusion evident in the literature about the nature and purpose of the nurse teacher's clinical role, and the definition of clinical competence. Nursing is a practice based activity and those who choose to teach it do so on the basis of advanced, and sometimes highly specialised, clinical knowledge and skills. This expertise is highly valued by student nurses and its retention has been shown in this enquiry to be important to newly qualified nurse teachers themselves. This finding endorses the strategy for nursing target quoted in the introduction to this thesis, that teachers must be "clinically credible in the area of practice they teach" (DoH 1989:35).

The enquiry findings in respect of the nurse teacher's clinical role were supported by a more recent national study (Luker et al 1995). A national survey of institutional models and norms amplified by case studies of exemplary practice and practitioners in this crucial area of nurse education could provide valuable evidence to inform policy and practice development.

The UKCC standards for continuing professional education (1994) could provide an effective framework for nurse teachers to engage in regular periods of clinical practice as nurses, not teachers. This would facilitate both retention and development of nurse teachers' clinical skills and credibility and may promote collaborative research initiatives into practice based problems.

3. Further research into the provision and organisation of nurse teacher preparation

The enquiry findings that more than half the nurse teachers felt poorly prepared for six role elements indicate that a reappraisal of the provision, organisation and content of nurse teacher preparation courses is warranted. Similar concerns about the quality of school teacher preparation have led to a searching examination of provision. Substantial relocation of preparation courses for school teachers has occurred. Such courses have become school based and practice focused. To date only anecdotal evidence attests to the success of the new arrangements for
school teacher preparation but it would seem unwise to delay a radical review of current arrangements for nurse teachers' initial and continuing education.

Even newer forms of nurse teacher preparation have already replaced most of the courses included in this enquiry, but there is no evidence that the new courses differ significantly in approach or content from their predecessors. Developments have centred mainly on the change from full time to part time, and from graduate to post graduate level. More recently, Luker et al (1995:214) recommended that the requirement for a recognised teacher qualification for nurse teachers be reconsidered. This recommendation has been questioned in the light of current quality assurance initiatives in higher education.

Concluding comments

The enquiry has shown that to some extent quality in the preparation of nurse teachers was reflected in the quality of their subsequent practice. Numerous other factors, beyond the remit of the preparation courses and of this enquiry, are likely to have influenced the respondents' actual performance as nurse teachers. Some of these extrinsic factors have been acknowledged in this thesis, but it seems apposite to conclude with a comment made by one respondent:

No one course can ever equip you with all that is needed to function as a tutor.... the course recently completed helped individuals gain insight into and appreciate the many aspects of the nurse teacher's role.

This statement may seem to encapsulate the best that can be achieved in a climate of continuing change. This comment, together with all the findings presented in this thesis, underlines the importance of an evaluation strategy and process which facilitates judgements about longer term achievement of course outcomes and the effects of preparation on practice. The enquiry has effectively addressed two purposes. In demonstrating the fourth generation evaluation model in action it has shown that the model provided an effective framework for evaluating the quality of nurse teacher preparation and practice.

It has been both a joy and a privilege for the researcher to work with many of the skilled and experienced clinical nurses who have chosen to extend their professional roles into the field of nurse education. Their successors deserve a form of preparation which values and enhances their clinical expertise, arguably the most important attribute for aspiring nurse teachers.

Davies (1980:103) has characterised the history of nurse education as a story of compromise within a framework of limited resources. A similar situation prevails at the time of completing this thesis. This makes it imperative that nursing's
great strength - its unique combination of propositional, practical and experiential knowledge and skills is passed on to the nurses of the future by the teachers of today and tomorrow. Only in this way will the values and practices of the skilled clinical nurse be recognised as both the bedrock and the future of nursing, and the highest standards of education for nurses and care for clients be achieved.
APPENDICES
Appendix 1

GRADUATE TEACHERS’ QUESTIONNAIRE

Thank you for taking the time to complete this questionnaire.

All the information will be treated in confidence.
No individuals, courses nor institutions will be identified in any reports which arise from this survey.

Please circle the appropriate response to each question, and add comments if you wish, using a separate sheet if necessary.

1. Please indicate biographical data

   Current post: Nurse/Midwife Teacher grade 1 2 3 4 5
   Lecturer Senior lecturer
   Other, please specify____________________

   Age <30 yrs 30-34 yrs 35-39 yrs
   40-44 yrs 45-49 yrs >49 yrs

   Gender Male Female

2. Please indicate your professional qualifications

   RGN RMN RSCN RMNH RM HV DN

   ENB Courses completed ________________________

   ________________________
3. Please indicate your academic qualifications

3.1 Teaching

CG 730  ENB 997/8  RCNT

Other(s), please specify

3.2 Diplomas

DipN (Lond)  DPSN  DPSM  ADM

Other(s), please specify

3.3 First degree

BSc  BA  BEd

Subject area(s)

3.4 Higher degree

MSc  MA  MEd

MPhil  PhD

Other(s), please specify

Subject area(s)

3.5 Please list any courses you are undertaking at present

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

__________________________
4. Please indicate your career pattern

4.1 How many years have you worked in nursing/midwifery education?
- less than 3
- 3 to 5
- 6 to 9
- more than 9

4.2 Did you work as an unqualified teacher before undertaking a teacher preparation course?
- No
- Yes
- If yes, for how long? ____________

4.3 Which area(s) of professional education do you work in now?

Pre-registration: .
- Adult
- Children
- Midwifery
- Mental Health
- Mental Handicap

Post-registration:
- Please specify area(s) ____________________________
- ____________________________
- ____________________________
- ____________________________
- Other(s), please specify ____________________________
- ____________________________
- ____________________________
- ____________________________
5. This question refers to the teacher preparation course you completed in 1992.

Please indicate the extent to which you agree/disagree with the following statements:

5.1 The course prepared me well for teaching in classroom settings

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

5.2 The course did not prepare me well for teaching in practice settings

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

5.3 The course prepared me well for my personal tutor role

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

5.4 The course prepared me well for my counselling role

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

5.5 The course did not prepare me well for my facilitator role

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td></td>
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</table>

5.6 I feel well prepared to assess students' theoretical work

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
5.7 I do not feel well prepared to assess students' competence in the practice setting

Strongly disagree     Strongly agree
1 2 3 4 5

5.8 I feel well prepared for curriculum planning work

Strongly disagree     Strongly agree
1 2 3 4 5

5.9 I feel well prepared to evaluate research critically

Strongly disagree     Strongly agree
1 2 3 4 5

Please comment on your responses to question 5

6. This question refers to the course you completed in 1992. Course content: professional nursing/midwifery knowledge. Please indicate the extent to which you agree/disagree with the following statements

6.1 The course extended my theoretical professional knowledge

Strongly disagree     Strongly agree
1 2 3 4 5

6.2 The course extended my practical/clinical knowledge

Strongly disagree     Strongly agree
1 2 3 4 5
6.3 I feel well prepared to carry out small scale research into practice based problems

Strongly disagree 1 2 3 4 5 Strongly agree

Please comment on your responses to question 6

Please indicate the extent to which you agree/disagree with these statements:

I consider the following characteristics very important in a nurse/midwife teacher:

7.1 Being approachable

Strongly disagree 1 2 3 4 5 Strongly agree

7.2 Clinically credible

Strongly disagree 1 2 3 4 5 Strongly agree

7.3 Constructively critical of students' performance

Strongly disagree 1 2 3 4 5 Strongly agree

7.4 Enthusiastic about subject(s) taught

Strongly disagree 1 2 3 4 5 Strongly agree
7.5 Having breadth of knowledge of subject(s) taught

Strongly disagree 1 2 3 4 5 Strongly agree

7.6 Having depth of knowledge of subject(s) taught

Strongly disagree 1 2 3 4 5 Strongly agree

7.7 Sensitive to different points of view

Strongly disagree 1 2 3 4 5 Strongly agree

Please list any other characteristic(s) you feel are important in a nurse/midwife teacher

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

8. Please add any further comments about your teacher preparation course and the extent to which you feel equipped to meet the demands your current role makes upon you. Continue on a separate sheet, if necessary.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Thank you for helping me to carry out this survey, which could not be completed without your assistance.
Dear Graduate Teacher

Please forgive this impersonal form of address, which is used to preserve your anonymity.

As a post graduate student at the University of Surrey, I am engaged in a research study investigating the outcomes of nurse/midwife teacher preparation at graduate level. The study arises from personal experiences of such a course, and will include all the courses in England which combine professional studies at graduate level with a recordable teaching qualification.

Your course leader has agreed to me contacting you, to invite you to participate in my research by completing the enclosed questionnaire. Any other general comments about your preparation for your current role will be very welcome. I know you will appreciate the importance of evaluating the new forms of teacher preparation.

There will be no further questionnaires or requests of any kind, but in May - July 1993 I hope to gather further data by carrying out non-participant observation of a teaching session by some of the questionnaire respondents. If you are willing to take part in this next stage, please complete the slip attached to the questionnaire - it can be returned in a separate envelope, if you prefer. I hope you will agree, as I look forward to meeting as many teachers as possible this summer.

A stamped envelope is enclosed. Please return the questionnaire by

Thank you very much for your help.

Yours sincerely

Mrs A J Race

P.S. Please return the blank questionnaire if you do not wish to contribute to the research study, then you will not be troubled with a reminder letter.
Appendix 3

Consent form sent with the questionnaire

I am willing to participate in the next stage of Angela Race's research study, observation of a teaching session.

Signature____________________________________________________

Name (Block Capitals, please)____________________________________

Telephone Numbers (please include dialling code and extension)

Daytime______________________ Evening________________________
Dear [Teacher Course Leader],

I am a research student in the Department of Educational Studies at the University of Surrey investigating the outcomes of nurse teacher preparation courses at graduate level.

Earlier this year you were kind enough to send/lend me a copy of your course curriculum for analysis as part of my research. In my letter of acknowledgement, I indicated my intention to invite all 1992 graduates of the courses to participate in my study. This will involve anonymous completion of a single questionnaire, distributed and returned by post.

I write now to seek your assistance in contacting the 1992 graduates of your course, in one of the following ways:

a) by supplying a list of names and addresses, so that I may contact the graduates myself in early January 1993.

b) by forwarding questionnaires with a covering letters to the graduates on my behalf.

My interest is solely in obtaining the graduates' views, which will be explored and compared with the curriculum outcomes, with student nurses' expectations and with the literature. No individual, course nor institution will be identified in my thesis.

Ultimately, I hope to be able to demonstrate that quality in the educational preparation of nurse teachers is reflected in the quality of their practice as teachers. I will be pleased to respond to any questions you may have about any aspect of the research.

I look forward to receiving your reply, with thanks for your help.

Yours sincerely

Mrs A J Race
Appendix 4:

Letter to three Teacher Course Leaders

Dear

I enclose ---- questionnaires with stamped return envelopes, which you have kindly agreed to forward to the 1992 graduates of your honours degree nurse teacher preparation course.

The code numbers on the outer envelopes match those on the questionnaires to enable reminders to be sent to non-respondents, they have no other purpose.

The covering letter indicates that the questionnaires are being sent on by you, making it quite clear to the participants that their identities are unknown to me.

Many thanks for your help.

Yours sincerely

Mrs A J Race
Appendix 5

Letter to pilot study participants

Dear

As you may be aware, I am engaged in a research study investigating the outcomes of nurse teacher preparation at graduate level. The study arises from our shared experiences during the first course at ------- University, and will include all similar courses in England.

I write now to invite you to participate in a small pilot study. This will simply involve anonymous completion of the enclosed questionnaire and appending any comments you may have about the sequence, wording and structure of the questions. Any other general comments will be very welcome. There will be no further questionnaires, nor any other contribution sought from you.

Please keep the questionnaire confidential - you will appreciate the importance of avoiding premature information coming to the attention of potential respondents in the main study.

A stamped envelope is enclosed. Please return the questionnaire by --------. Thank you very much for your help.

Yours sincerely
### Appendix 6

Classroom Observation: Nurse Teacher Characteristics

<table>
<thead>
<tr>
<th>Respondent No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course:</td>
<td>Times:</td>
</tr>
<tr>
<td>Location:</td>
<td>Class:</td>
</tr>
</tbody>
</table>

Place a tick if the behaviour described in each of the categories was evident or not evident. Specific examples can be cited as supporting evidence.

#### Session title:

**A. CONTENT/PRESENTATION**

<table>
<thead>
<tr>
<th>EVIDENT</th>
<th>NOT EVIDENT</th>
<th>SUGGESTIONS</th>
<th>COMMENTS</th>
<th>EXAMPLES</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Related theoretical content to objectives
2. Was well informed on topic being presented
3. Related theoretical content to previous learning
4. Showed evidence of having prepared for this class
5. Supplemented text with relevant material and/or examples
6. Related theory to practice in a meaningful way
7. Developed topic in logical sequence
8. Summarised key concepts clearly
9. Used class time effectively
10. Began and ended class on time

#### B. INTERACTIONS/STRATEGIES

<table>
<thead>
<tr>
<th>EVIDENT</th>
<th>NOT EVIDENT</th>
<th>SUGGESTIONS</th>
<th>COMMENTS</th>
<th>EXAMPLES</th>
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</thead>
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<td></td>
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</tbody>
</table>

11. Encouraged active group participation
12. Led the discussion
13. Asked convergent and divergent questions
14. Questioned misconceptions, faulty logic, unwarranted conclusions
15. Was a good listener
16. Reminded students to listen to each other
17. Allowed time for students to express themselves
18. Receptive to different points of view
19. Reinforced non-active participants contributions to class
20. Kept discussion on track
21. Established pace conducive to learning
22. Utilised different teaching strategies
23. Clarified important concepts clearly
24. Facilitated students' awareness of professional standards

/continued...
### C. PERSONAL CHARACTERISTICS

<table>
<thead>
<tr>
<th></th>
<th>EVIDENT</th>
<th>NOT EVIDENT</th>
<th>SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.</td>
<td>Spoke clearly and audibly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>Facilitated atmosphere conducive to learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>Displayed sense of humour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Displayed enthusiasm for subject matter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>Willing to acknowledge own errors or limitations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>Established eye contact with students</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL COMMENTS:**

NURSING/TPOBSER
## C. PERSONAL CHARACTERISTICS

<table>
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<tr>
<th></th>
<th>NOT EVIDENT</th>
<th>EVIDENT</th>
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**ADDITIONAL COMMENTS:**
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