The first year nurse tutor a qualitative study

Jolly, Ummanga

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**ABSTRACT**

<table>
<thead>
<tr>
<th>Title:</th>
<th>The First Year Nurse Tutor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A Qualitative Study</td>
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<tr>
<td>Name:</td>
<td>Ummanga Jolly</td>
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<td>1991</td>
</tr>
</tbody>
</table>

This exploratory study investigates how a sample of newly trained nurse tutors describe, evaluate and respond to their experiences during their first year in post.

The study employs a qualitative methodology which makes use of informal interviews in order to acquire data which are grounded in the respondents' frames of reference and represent perceptions of their experiences. The approach proceeds inductively, encourages open-mindedness, gives the opportunity for the respondents to provide their own meanings and allows the researcher to understand the nurse tutors' statements.

The sample size had to be large enough to ensure that the total population was adequately represented, but of a size which could be accommodated by a single researcher collecting qualitative information by personal interviews. During the year in which the field work was undertaken (1986/87), 201 nurse tutor students successfully completed a one-year full-time course for nurse tutors in England and Wales. In order to guard against attrition, the decision was made to sample about one-third of the population in the first instance.

The research reports and describes the different ways in which the respondents perceived situations and examines the relationships between their different beliefs and how these may have affected their actions.

The analyses follow a sequence of: selection and becoming established; organisations and the location of the first year nurse tutors within them; organisational practices; the role of the nurse tutors; their intentions and aspirations.

The study concludes with policy recommendations concerning proposals for: a corporate response for change; a partnership between schools of nursing and training institutions; and commitment by the statutory bodies that they should support nurse tutors during their first year.
THE FIRST YEAR NURSE TUTOR

A QUALITATIVE STUDY

A THESIS SUBMITTED FOR THE

DEGREE OF

DOCTOR OF PHILOSOPHY

IN THE

UNIVERSITY OF DURHAM

SCHOOL OF EDUCATION

BY

UMMANGA JOLLY

1991

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TABLE OF CONTENTS

Abstract i
Title page ii
Table of contents iii
List of tables xxiv
Declaration and statement of copyright xxx
Acknowledgement xxxi
Dedication xxxii

Chapter 1 - Nurse tutors
Introduction 1

1. Early schools of nursing 1
2. Emergence of the sister tutor 2
3. The first training courses for sister tutors 3
4. Clinical links 11
5. Developments in nurse teacher courses 12
6. Significant development in nurse tutor education 15
7. Developments from the Briggs' recommendations 19
8. The Nurses Midwives and Health Visitors' Act 1979 22
9. The education of nurses - a new dispensation 23
10. Consultation paper - professional/training 25
12. English National Board annual ministerial review 26
13. Significant events in development which relate to nurse teacher education 1987 - 1990 27
14.1 Recording of tutor qualifications 30
14.2 Course approval 31
14.3 Re-distribution of funds 31
14.4 Managing change 31
14.5 Research activity 31

17. Overview 34
18. Implications for nurse tutors 39

Chapter 2 - Teacher preparation: some basic considerations 41
Introduction 41

1. A skills based approach 42
   1.1 Structure 42
   1.2 Content 45
   1.3 Assessment 48
   1.4 Evaluation 51
   1.5 Comment 52

2. A humanistic approach 53
   2.1 Selection 53
   2.2 Teacher preparation programmes 56
   2.3 Supervised teaching experience 61
   2.4 Comment 63

   2.5 Implications for the study 64

Chapter 3- Nurse tutor preparation 66
Introduction 66

1. A critical review 66
   1.1 Academic levels of nurse tutor preparation courses 66
   1.2 Curriculum content 67
   1.3 Theory and practice 68
   1.4 Absence of nurse tutor preparation course evaluation 69
1.5 An emphasis on the adult learner 69
1.6 Comment 70

2. A commentary of the present one year full-time nurse tutor preparation course 71

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Type of institution</td>
<td>72</td>
</tr>
<tr>
<td>2.2 Geographical location of the institutions</td>
<td>72</td>
</tr>
<tr>
<td>2.3 Title of nurse tutor preparation courses and certificates</td>
<td>73</td>
</tr>
<tr>
<td>2.4 The nurse tutor preparation course handbook</td>
<td>73</td>
</tr>
<tr>
<td>2.5 Validation</td>
<td>74</td>
</tr>
<tr>
<td>2.6 Approval of courses</td>
<td>74</td>
</tr>
<tr>
<td>2.7 Length of course</td>
<td>74</td>
</tr>
<tr>
<td>2.8 Recruitment</td>
<td>75</td>
</tr>
<tr>
<td>2.9 Selection</td>
<td>75</td>
</tr>
<tr>
<td>2.10 Course aims and key content</td>
<td>77</td>
</tr>
<tr>
<td>2.11 Practical experience</td>
<td>78</td>
</tr>
<tr>
<td>2.11.1 A matter of title</td>
<td>78</td>
</tr>
<tr>
<td>2.11.2 Duration of practical experience</td>
<td>78</td>
</tr>
<tr>
<td>2.11.3 Pattern of practical experience</td>
<td>78</td>
</tr>
<tr>
<td>2.11.4 Placement for practical experience</td>
<td>79</td>
</tr>
<tr>
<td>2.11.4.1 Day placements</td>
<td>80</td>
</tr>
<tr>
<td>2.11.4.2 Initial &quot;block&quot; placement</td>
<td>80</td>
</tr>
<tr>
<td>2.11.4.3 Second &quot;block&quot; placement</td>
<td>80</td>
</tr>
<tr>
<td>2.11.5 Guidelines related to the practical placement</td>
<td>81</td>
</tr>
<tr>
<td>2.11.6 Mentor</td>
<td>81</td>
</tr>
<tr>
<td>2.11.7 Tutor visits</td>
<td>82</td>
</tr>
<tr>
<td>2.12 Pastoral care</td>
<td>83</td>
</tr>
<tr>
<td>2.13 Teaching methods</td>
<td>83</td>
</tr>
<tr>
<td>2.14 Assessment</td>
<td>84</td>
</tr>
<tr>
<td>2.15 Curriculum evaluation</td>
<td>86</td>
</tr>
</tbody>
</table>
Chapter 4 - The probationary year of school teaching

Introduction

1. A review
   1.1 Patterns of change
   1.2 The five basic models of the induction of probationers
      1.2.1 On the job traditional model
      1.2.2 On the job model
      1.2.3 Off the job model
      1.2.4 The visiting tutor model
      1.2.5 The White Paper model

2. A critique of the models of induction for probationers
   2.1 Mismatch
   2.2 Support
   2.3 Identification of the problem

3. Identified problems in the probationary year of the school teacher
   3.1 Problems of placement
   3.2 Problems of transition
   3.3 Problems of integration
   3.4 Problems relating to personnel
   3.5 Problems of workload
   3.6 Problems of working in the classroom
   3.7 Problems of assessment

4. Implications for nurse tutor training
Chapter 5 - Review of pertinent literature

Rationale

1. The school as an organisation
   1.1 Two approaches in organisational theory
      1.1.1 A systems approach
         1.1.1.1 A simple systems model
      1.1.2 An action frame of reference
   1.2 Comment

2. Characteristics of organisations
   2.1 Organisational climate
      2.1.1 Comment
   2.2 Organisational health
      2.2.1 Comment

3. Individuals and roles within an organisation
   3.1 A theoretical perspective
   3.2 Role: The problem of definition
      3.2.1 Comment

4. Interpersonal communication and collegiality
   4.1 Aspects of collegiality
   4.2 A hierarchical and professional organisation
   4.3 Interpersonal support
   4.4 Comment

5. Leadership
   5.1 Inconsistent relationship and semantic confusion
   5.2 Traditional approaches to leadership
   5.3 Classification of leaders
   5.4 Action-centred leadership
   5.5 Adaptability to changing situations
   5.6 Selection, training and preparation for leadership
9.9 Comment

9.10 Identified themes from the literature which will be considered in the empirical study

Chapter 6 - Perspectives which inform the research methodology

Introduction

1. A qualitative study using grounded theory
   1.1 Reliability
   1.2 Validity
   1.3 Method of collecting data

2. The interview as a method for collecting data in qualitative research
   2.1 Gaining access to interview
   2.2 Rapport at interview
   2.3 The art of questioning
   2.4 Recording of interview data
   2.5 Comment

Chapter 7 - The pilot study

Introduction

1. Methodology

2. The pilot study
   2.1 Entering
   2.2 Selective sampling
   2.3 Getting organised
   2.4 The sample

3. The interviews
   3.1 Arrangement for the interviews

4. Recording of the interviews
   4.1 Observational notes
4.2 Theoretical notes  182
4.3 Methodological notes  183
4.4 Packaging  183
4.5 Analytical memos  183
4.6 Interview file  183

5. Handling and analysing data  183

6. Comment  185

Chapter 8 - The major study  187

Introduction  187

1. Re-formulation of the research design and methodology after the pilot study  187
   1.1 Selection of the sample  187
   1.2 Composition of the sample  189
   1.3 Age range  189
   1.4 The institutions from which the sample was drawn  190
   1.5 Organisation of the interviews  190
   1.6 Authorisation to interview  191
   1.7 Interview appointments  191
   1.8 Interview time and duration  192
   1.9 The interview  193
   1.10 Interview dialogue  194
   1.11 Interview distraction  195
   1.12 Post first interview and second interview  195

2. Recording of data  196

3. Handling and analysing of data  196

4. Overview  199

Chapter 9 - Analyses of responses and interpretations of the evidence  201

Introduction  201

General introduction to the analysis and interpretation of the evidence  201
Section 1 - Selection and becoming established

1. Career shift
   1.1 Status seekers
   1.2 Drifters
   1.3 Education seekers
   1.4 Change seekers
   1.5 Career seekers
   1.6 Others
      1.6.1 Remuneration seekers
      1.6.2 The reluctant
      1.6.3 The performers
   1.7 Overview

2. Teacher preparation
   2.1 Pre-course preparation
      2.1.1 Absence of pre-course preparation
      2.1.2 Minimal pre-course preparation
   2.2 Teacher preparation courses
      2.2.1 Teaching practice
         (a) The professional placement for the student nurse tutor
         (b) Orientation to the placement school
         (c) Supervision during teaching practice period
         (d) Allocation of teaching duties
         (e) Absence of on-going supervisory programmes
   2.2.2 Andragogy neglected
   2.2.3 Endurance rather than enjoyment
   2.2.4 Practice what you preach
   2.2.5 Re-vamping the course
   2.2.6 Myths of recruitment and selection
5. Initial orientation

5.1 Initial orientation experienced by the nurse tutors

5.1.1 Absence of formal orientation

5.1.2 Inappropriate/irrelevant orientation

5.1.3 A variety of planned formal orientation

5.1.4 Environmental orientation

5.2 Initial orientation as part of the teacher training course

5.3 Overview

Section 2 - The organisations and the location of the nurse tutors within them

Introduction

Part 1 - The organisations and their characteristics

Introduction

1. The size of the school of nursing

2. Organisational framework

2.1 The pattern of hierarchical order in the schools of nursing

2.2 The nurse tutors' comments of the hierarchical system and how it affected their work

2.3 The nurse tutors' comments on the post-holders and how they affected their work

2.3.1 The director of nurse education

2.3.2 The assistant director of nurse education

2.3.3 The senior tutors

2.3.4 Teams

3. Organisational activity

4. The school climate

4.1 A closed climate

4.2 An open climate

xiii
4.3 An open climate with undercurrents and indifference 275

5. Overview 277

Part II(a) The location of the nurse tutors within the organisations 279

1. The school community 279

1.1 The status perceived by the nurse tutors and their experienced relationships 279

1.1.1 The junior/strained relationships 280

1.1.2 An equal status/tolerable relationship 285

1.1.3 Overview 286

1.2 Communications within the school community 288

1.2.1 Team organisation 289

1.2.2 How the nurse tutor is perceived 290

1.2.3 Absence/poor strategies 291

1.2.4 Personal qualities 292

1.2.5 Membership of an informal group 292

1.2.6 Utilisation of available opportunities 293

1.2.7 Overview 294

1.3 Office accommodation 295

1.3.1 The strengths and weaknesses of single or shared accommodation 297

1.3.1.1 Single accommodation 297

1.3.1.2 Shared accommodation 298

1.3.2 Overview 300

Part II(b) - The location of the nurse tutors within the clinical area 301

1. A clinical teaching strategy for the nurse tutors 302

1.1 Formal requirements for the nurse tutors' clinical role 302
Chapter 9 - Section 3 - Organisational Practices

Introduction 318

1. Induction 318

1.1 The absence of planned formal induction programmes 318

1.2 The provision of informal induction programmes 321

1.3 Overview 323

2. In-service education 324

2.1 The provision of ad-hoc non-school based in-service education 325

2.2 The provision of informal school based in-service education 329

2.3 The absence of in-service education (formal and informal) 331

2.4 The absence of planned formal in-service programmes 332

2.5 Overview 333

3. Role support 334

3.1 High degree of role support from mentor 336

3.2 Minimal role support on request 336

3.3 Absence of role support 337
3.3.1 Philosophy of the schools of nursing 337
3.3.2 Absence of support networks in schools of nursing 338
3.3.3 Directors of nurse education and senior tutors 338
3.3.4 Sickness of senior staff 339
3.3.5 Unsettled senior staff 340
3.3.6 Change of management style 340
3.3.7 Personnel within the school of nursing 341
3.4 The mentor 342
3.5 Overview 343
4. Counselling 344
4.1 Open door 346
4.2 Counselling on request by the nurse tutors 346
4.3 Formal counselling at periodic intervals 347
4.4 Absence of counselling 348
4.5 Overview 349
5. Individual performance review 350
5.1 General assessment of performance 351
5.2 Supervision and assessment of nurse teaching knowledge, attitudes and skills 354
5.3 Overview 356
6. Opportunity to meet peers in a professional capacity 357
6.1 Absence of opportunity to meet peers in a professional capacity 357
6.1.1 Lack of time 358
6.1.2 Attitudinal 359
6.1.3 Non-attendance of staff at conferences and seminars 360
6.1.4 Insularity of staff 360
6.1.5 Economy
6.1.6 Geographical location of the school
6.1.7 Shortage of staff
6.2 Minimal opportunity to meet peers
   6.2.1 Team approach
   6.2.2 Group pressure
   6.2.3 Vested interest of the senior tutor
6.3 Adaptive behaviour in promoting opportunity to meet peers
6.4 Overview
7. Career guidance
   7.1 Absence of deliberate measures for career guidance
   7.2 Minimal career guidance on request
   7.3 Informal career guidance by colleagues
   7.4 Self-initiated guidance
   7.5 Overview
8. Autonomy
   8.1 No autonomy
   8.2 Minimal/limited/restricted autonomy
   8.3 Overview
Chapter 9 - Section 4 - The role of the first year nurse tutor
Introduction
   1. Poor acquisition of knowledge, attitudes and skills
      1.1 Discrepancies of seniors
      1.2 Sarcasm and erosion of self-esteem
      1.3 Overview
   2. Teaching duties and work requirements in the classroom
2.1 Specialists 380
2.2 Generalists 381
2.3 Overview 382

3. Teaching duties and work requirements in the clinical environment 384

3.1 The allocations of link-wards for the first year nurse tutors 385

3.2 The pattern of clinical work schedules experienced by the first year nurse tutors 386
   3.2.1 The absence of teaching duties and work requirements in the clinical area 387
   3.2.2 Minimal work schedules 388
   3.2.3 Substantial clinical work schedules 389
   3.2.4 High clinical schedules 389
   3.2.5 Non-committal responses 390

3.3 Overview 391

4. Role responsibility 391

4.1 Pattern of role responsibility 392
   4.1.1 A high degree of delegated responsibility without guidance or supervision 393
   4.1.2 Absence of delegated responsibility 394
   4.1.3 Taking on responsibility (self-initiated) 395
   4.1.4 Delegated responsibility with guidance 396
   4.1.5 Other 396
   4.1.5.1 Taking on responsibility and being delegated responsibility 396

4.2 Overview 397

5. The role of the first year nurse tutor in relation to the student body 399
Chapter 9 - Section 5 - Intentions and aspirations

Introduction

1. Intentions
   1.1 To go abroad
   1.2 To go back to the clinical role
   1.3 Remain as a tutor in the present school
   1.4 Undecided
   1.5 Leave the present school
1.6 Overview
2. Long term career aspirations
   2.1 A counsellor
   2.2 A good nurse tutor
   2.3 A district general manager
   2.4 A director of nurse education
   2.5 A lecturer in a Polytechnic or University
   2.6 Overview
3. Higher education and sponsorship
   3.1 Overview

Chapter 10 - Review, Conclusions, Contribution, Limitations, Implications for future research, a Way Forward and a Policy Statement

Overview

1. Résumé
   1.1 Résumé comment
2. Why should the first year nurse tutor be brought into focus?
   2.1 Comment
3. Understanding of the responses

4. The mismatch between professional training and subsequent practice

5. Contribution of the study
   5.1 The capture of professional experiences during one year of nurse teaching
   5.2 Contribution to areas of major concern
      5.2.1 Nurse teacher preparation
      5.2.2 The first year of the nurse tutor
   5.3 The usefulness of qualitative methodology

6. Limitations of the study
   6.1 Limitations related to design
   6.2 Limitations related to ethical issues
6.2.1 Informed consent to participate in the study 462
6.3 Inconsistency of information given by directors of nurse education 462
6.4 Relationship of researcher to respondent 463
6.5 The researcher as a therapist 463
6.6 Intervention by the researcher 464
6.7 Predicting the significance of the research study 464
6.8 Comment 465
7. Implications for future research 465
8. A way forward 467
8.1 A corporate response to change 469
8.2 Recognition of the first year of nurse teaching 469
8.3 Direction for policy 470
8.4 Considerations for policy making 470
8.4.1 A partnership 472
8.4.2 Leadership of directors of nurse education 472
8.4.3 Pre-course preparation 473
8.4.4 Participation of practising nurse tutors in the selection procedures 474
8.4.5 Selection of student nurse tutors 475
8.4.6 Teacher preparation programmes 475
8.4.7 Supervision 476
8.4.8 Selection and training of mentors 477
8.4.9 Training for nurse tutor educators 477
8.4.10 An induction programme 478
9. A policy statement - suggested guidelines for nurse tutor preparation 481
9.1 Initial career counselling 481

xxi
9.2 Nurse teacher training

9.2.1 Selection

9.2.2 Climate of the training institution

9.2.3 Teaching practice

9.2.4 Supervision

9.2.5 Climate of the placement school

9.2.6 Support

10. Suggested guidelines for the first year nurse tutor in schools of nursing

10.1 Appointment as tutor in a school of nursing

10.2 Staff development strategy

11. A design of an induction programme

11.1 Suggested requirements for a planned induction programme

11.1.1 Leadership

11.1.2 The statement of the policy

11.2 The implementation of the induction programme

11.3 Assessment of the nurse tutor

11.4 Evaluation of the induction programme

12. Induction programmes incorporated in a staff development programme

12.1 The role of the E.N.B., E.A.G., D.H.A.

12.2 The role of the senior management

12.3 The formulation of policies

12.4 The preparation of a staff development programme

12.5 Support

12.6 Workshops

12.7 Evaluation

13. Implications for policy
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of appendices</td>
<td>495</td>
</tr>
<tr>
<td>Acronyms</td>
<td>536</td>
</tr>
<tr>
<td>Bibliography</td>
<td>537</td>
</tr>
<tr>
<td>Tables of Chapter 8</td>
<td>568</td>
</tr>
</tbody>
</table>
Chapter 3

3.1 The duration of each nurse tutor preparation course 75
3.2 The pattern of practical placement 79

Chapter 8

8.1 Re-formulation of the research design 568
8.2 Composition of the sample 569
8.3 The distribution of the age range of the respondents 570
8.4 Range of professional qualifications of the respondents 571
8.5 Range of further recordable professional qualifications held by the respondents 572
8.6 Previous positions of responsibility held by the respondents 573
8.7 Previous teacher qualifications held by the respondents 574
8.8 Teacher preparation course type leading to registered nurse tutor certificate 575
8.9 The number of respondents who held a specific category of recognised nurse tutor post 576

Chapter 9 - Section 1

Career shift

9.1 Responses to questions about career shift 204
Teacher preparation

9.2 Indication of pre-course preparation
9.3 Emerging issues in relation to the teacher preparation course

Appointment and placement in a school of nursing

9.4 Pattern of provisional appointment and placement
9.5 Number of respondents subjected to a formal interview at differing stages of teacher training
9.6 Relationship of previous post held and the formal interview

Expectations of the registered nurse tutors

9.7 Expectations of nurse tutors in their first year

Initial orientation

9.8 Initial orientation experienced by the nurse tutors

Chapter 9 - Section 2

The organisations and the location of the nurse tutors within them

9.9 Type of school climate experienced by the nurse tutors
9.10 The perceived status and relationships of nurse tutors
9.11 The pattern of communication
9.12 The office accommodation of the respondents
9.13 The number of settled respondents in specific categories of office accommodation at the second interview 296
9.14 The pattern of formal requirements 303
9.15 The allocation of nurse tutors to link-wards 304
9.16 Strategies practised by the respondents 305
9.17 The pattern of time requirements for the respondents in the clinical field 309
9.18 The provision of suitable clothing for practice in the clinical field 310
9.19 Bestowed status of nurse tutors by ward nursing staff and their associated relationships 313

Chapter 9 - Section 3

In-service education
9.20 The attendance of respondents at ad-hoc non-school based in-service programmes 326
9.21 Attendance of respondents at informal school based in-service programmes 330

Role support
9.22 Previous work experience in a school of nursing 334
9.23 No exposure to a school of nursing other than nurse training 335
9.24 Degree of role-support 335

Counselling
9.25 Pattern of counselling experienced during the first year of nurse teaching 345
Individual performance review

9.26 Pattern of assessment experienced by the respondents

Opportunity to meet peers in a professional capacity

9.27 The absence of opportunity to meet peers as perceived by fifty-two respondents in the first interview and forty-six in the second

9.28 The number of respondents who were given a minimal opportunity to meet with peers in a professional capacity and the number of respondents who utilised the opportunity

Career guidance

9.29 The emerging issues concerning career guidance

Autonomy

9.30 The pattern of autonomy experienced by the respondents

Chapter 9 - Section 4

9.31 The contributory factors in relation to the poor acquisition of knowledge, skills and attitudes as a first year nurse tutor

Teaching duties and work requirements in the classroom

9.32 The utilisation of the first year nurse tutors

Teaching duties and work requirements in the clinical environment

9.33 The allocation of link-wards for the first year nurse tutors
9.34 The pattern of clinical work schedules experienced by the first year nurse tutors 387

**Role responsibility**

9.35 The pattern of role responsibility 392

**The student body**

9.36 The introduction of the new tutor to the classroom 400

9.37 Allocation of respondents to groups of student nurses and their perceived relationships 401

**Curriculum**

9.38 The major issues of the first year nurse tutors' role in the curriculum context 405

**Research**

9.39 The respondents' involvement in research activity 411

**Standards**

9.40 The emerging issues which hinder the maintenance of standards 415

**Chapter 9 - Section 5**

**Intentions and aspirations**

9.41 The intentions of respondents 422

9.42 Long term career aspirations 426

9.43 The type of institution, number of respondents registered and the mode of study 431

9.44 The type of degree course and number of respondents 431

9.45 Method of finance for Open University registration 431
9.46 Method of finance for polytechnic/other university registration 432

9.47 The total number of respondents to the type of sponsorship for degree courses 432

9.48 The number of respondents, type of institution, type of course undertaken and sponsorship 433
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DEDICATION

TO MY MOTHER AND FATHER
WHOSE UNBENDING PURPOSE OF LIFE
WAS TO AFFORD THEIR DAUGHTER THE
BEST OF EDUCATION
Chapter 1

NURSE TUTORS
CHAPTER 1
NURSE TUTORS

Introduction

This chapter provides an historical introduction to schools of nursing and the ways in which nurse tutors have been trained within them. It describes how, through a process of reform and legislation, nurse tutors have achieved formal recognition as an occupational group.

1. Early schools of nursing

One may take as a starting point the year beginning 1860 during which time nurses in training were supervised by the ward sister. The nurses were not trained in specialised schools. There was no clearly defined learning role and indeed no clearly defined teacher. Without a clearly defined body of knowledge, established procedures for transmitting that knowledge or resources to introduce specialised teaching, nurse preparation was little more than "on the job training" in a practical setting (Davies, 1980, 1981).

Formal teaching consisted of lectures by the matron during

* Definitions of key terms are attached as footnotes.

1. WARD SISTER

"Occupies a place of great dignity and importance. She is responsible under the matron's direction for the practical teaching of the nurses." (Seymer, 1956, p.12)

2. MATRON

"The matron is responsible for the nursing in the hospital, for the kitchen, laundry and domestic staff, for the nursing school and for the appointment and dismissal of nursing staff. She is answerable only to the hospital board." (Seymer, 1956, p.125)
the probationers' off-duty periods. The arrangements for this kind of teaching were possible because the probationers lived on the hospital premises.

The "home sister" was responsible for the probationers' welfare which also included their required attendance at lectures.

The nurses required some familiarity with medical knowledge to practise the skills of the job (Davies, 1980). Thus the subject matter of the probationers' text books described medical knowledge. The doctors were also brought in to help with nurse training. This kind of preparation suited both administrators and doctors. For the former it provided economically trained cheap labour and it enabled doctors to inculcate their own medical goals and the patterns of doctor/nurse relationships which satisfied them. The lack of adequate resources and a system of control resulted in the absence of full-time nurse teaching posts. Generally the probationers' instruction was provided by the matron, the ward sister, the home sister and medical staff.

2. Emergence of the sister tutor

In England the first nurse teacher, Miss M A Gullen, was called "sister tutor". She was appointed at St. Thomas' Hospital in

3. HOME SISTER

The probationers are resident for their educational and moral good as well as for disciplines. Their home is attached to the hospital. They are under the charge of the "home sister". (Seymer, 1956, p.125)
1914 although Whipps Cross Hospital, London, had appointed a "class sister" for teaching purposes prior to that date (Seymer, 1956). While the sister tutor was given responsibility for teaching, in practice she was only allowed to coach nurses on material which had already been presented by others. The sister tutors did not introduce new material. Davies (1981) describes the sister tutor attending doctors' lectures, correcting the probationers' notes on these lectures, encouraging role learning and assisting probationers to get through examinations. The medical profession laid down the reading lists for nurses in training and also examined their knowledge. It is believed that in practice doctors contributed not only to theoretical knowledge but also to practical instruction (Prince, 1982).

Seymer (1956) reports that owing to matrons' pressure and domination, the tutors were often unable to carry out their role. The matrons' major interest was the well-being of their patients. The sister tutors were not always acknowledged by matrons who believed that being a sister tutor was a soft option in comparison to being a ward sister. Several matrons in England had previously been sister tutors but there were also many who did not have the necessary pre-requisites to apply for sister tutor training. The sister tutors were therefore a potential threat to the matrons (Davies, 1980).

3. The first training courses for sister tutors
Following the appointment of the first sister tutor in 1914, other hospitals made similar appointments but sister tutors were scarce in numbers, many of them did not have formal
qualifications and there was no financial provision for those wishing to undertake a course.

The first course for sister tutors was initiated by the College of Nursing in 1918 and held at the King's College of Household and Social Science (Pavey, 1959). A similar course started in 1920 at Bedford College (Certificate in Bedford College Course) followed by a diploma in nursing (teaching) at Leeds University in 1923 and at the University of London in 1927 (Seymer, 1956). Bendall and Raybauld (1969) also indicate that the Battersea Polytechnic certificate was established but no reference to the date is provided. Although the length of the course is not specified it appears that the diplomas were intended to equip nurses for the higher teaching and administrative posts. Bendall and Raybauld (1969) state that these courses were recognised and listed on the roll of the General Nursing Council.

4. COLLEGE OF NURSING

"Now known as the Royal College of Nursing of the United Kingdom, is the professional organisation, trade union and post-certification education body for nurses. Founded in 1916, incorporated by royal charter in 1928 and certified as an independent trade union in 1977, the College is governed by a council which consists of elected members and ten who serve ex-officio including the president and deputy president." (R.C.N. Information leaflet, 1988)

5. GENERAL NURSING COUNCIL (G.N.C.)

"The General Nursing Council for England and Wales was brought into existence by the Nurses Registration Act 1919. It requires the Council to maintain a register of nurses to protect the public by controlling the legal use of the title "nurse", controlling all basic training and examinations and maintaining the register of tutors and clinical teachers. The maintenance of a register and roll has a professional disciplinary aspect. The above Council is now defunct in accordance with the Nurses, Midwives and Health Visitors Act 1979 which established a Central Council for Nursing, Midwifery and Health Visiting and four National Boards." (Quin, S., 1980, p.135)
Further progress was made in 1942 when the Rushcliffe Committee requested the General Nursing Council to undertake responsibility for the registration of sister tutor qualifications and approve courses for sister tutor training (Bendall and Raybauld, 1969). In 1943 the Nurses Act empowered the General Nursing Council to prescribe qualifications for teachers of nurses. In accordance with this Act the General Nursing Council laid down rules which allowed them to award a certificate for qualified nurse tutors.

As a result of the decision to make the sister tutor course two years the shortage of sister tutors was made acute. The R.C.N. called for a one year course with the availability of preparatory and refresher courses (R.C.N. Education Minutes, 11.10.43).

The concern for standards in selection of candidates prompted

6. NURSES ACT 1943

This relates to:
(a) The enrolment of assistant nurses.
(b) Agencies for the supply of nurses.
(c) Matters relating to teachers of nurses, penalties for representation as a nurse and the opening of the list of certain nurses not registered or enrolled.
(Bendall, R.D., Raybauld, E., 1969, p.132)

7. REQUIREMENTS FOR REGISTRATION

1. A written application.
2. The candidate is on the general nurse register for male nurses.
3. Four years of post-registration experience (2 years as sister in charge of a ward in an approved nurse training school for student nurses).
4. Complete a 2 year tutor course issued by a university and approved by the General Nursing Council.
5. A fee of 3 guineas for granting of the certificate.
(Bendall, R.D., Raybauld, E., 1969, p.135-140)
the R.C.N. to outline specific selection criteria.

The General Nursing Council at this time was concerned with the subject content of the sister tutor courses. They discussed with the teacher training centres the syllabus which aimed to cover those subjects that the nurses in training were taught. It was agreed that flexibility and autonomy would be respected with regards to the number of hours allocated for each subject by the training centre.

Although the General Nursing Council requirements for the tutor course was of two years duration, in April 1945 it approved the full-time one year course for tutors at the University of London for the academic year 1945 - 1946 in order to increase the number of sister tutors (see Appendix A). The G.N.C. agreed

8. SELECTION CRITERIA

1. A school certificate.
2. A test for those who do not possess a school certificate.
3. A three year practical experience following entry to the register.
4. At least 1 out of 3 years to be spent as a ward sister.
   (R.C.N. Education Minutes, 11.10.43)

9. THE SUBJECT CONTENT OF THE SISTER TUTOR COURSE (1943)

1. Elementary physics and chemistry.
2. Biology.
3. Anatomy.
4. Physiology.
5. Hygiene, preventive medicine and the control of communicable diseases.
8. Elementary psychology.
9. Social economics.
10. Educational psychology and principles of educational nursing, history and development, nursing school administration.
11. Practice teaching - demonstration and criticism lessons, supervised teaching of adults.
that those obtaining the diploma should be entitled to receive the G.N.C. certificate of registration as a sister tutor. It is believed that 317 tutors had applied for registration of this certificate (Bendall and Raybauld, 1969).

In October 1949 the G.N.C. agreed that from 1950 the University of London would start its sister tutor diploma and laid down the two year syllabus and approved the identified institutions which should hold this course. These were all in the London area and included the Battersea Polytechnic, Queen Elizabeth College and the Royal College of Nursing (Seymer, 1956, p.181). Bendall and Raybauld (1969) report that Hull, Leeds, Birmingham and Manchester University achieved similar approval and continued to offer a sister tutor diploma until 1959 but the courses suffered owing to the lack of applicants. The continuing shortage of sister tutors persisted.

In 1946 as a measure to remedy the situation, grants were awarded by the government to encourage fifty nurses to take up the sister tutor training (Ministry of Health, 1946, p.155). The R.C.N. perceived this as inadequate. In their memorandum on the Wood Report (1947) they called for an enquiry into the quality and number of sister tutors. Furthermore the annual R.C.N. conference (1949) was devoted to the question of sister tutor shortage and wastage. The R.C.N. highlighted the fact that although the Nurses Act had empowered registration in 1943, not all schools of nursing had a registered sister tutor in post by 1947.
With the passing of the Nurses Act 1949 funds became available for nurse education which was separate from hospital finance. This remedied the shortfalls of sister tutor training to a degree by removing the onus of nurse education funding from the hospital service side.

Meanwhile the R.C.N. struggled for a better balance between education and service and theory and practice. They suggested an integrated scheme of nurse teacher education and focused on the "clinical teacher" who was to teach on the hospital wards. The R.C.N. in their continued concern published their "Agreements and standing orders for matrons, sister tutors and staff nurses" which suggested that:

"The sister tutor should visit the ward frequently in order to keep her knowledge up to date and discuss matters of mutual interest with the ward sister."

(R.C.N., 1949, para.2, p.7)

In their continued interest to raise the status of the sister tutor the R.C.N. stressed educational rather than nursing criteria (Austin, 1976). They believed that:

"The proper function of the nurse tutor is the education of the student nurse."

(R.C.N. memorandum on the nurse tutor, 1953, p.7)

10. NURSES ACT 1949

"An Act to reconstitute the General Nursing Council for England and Wales and otherwise to amend the Nurses Acts 1914 - 1945 and to make further provision with respect to training of nurses for the sick."

(H.M.S.O., 1949, p.8)
They agreed that:

"The supply of the nurse tutors will only meet the demands if their educational function is recognised, if adequate facilities are provided to enable them to carry out this function and if the confidence shown in them is commensurate with their responsibilities."

(R.C.N. Memorandum, 1953, p.6)

The shortage of sister tutors continued and to some extent this was regarded as the result of the low status of this group given by nurses in the profession (Brian Abel-Smith, 1960). In 1954 the Ministry of Health along with the Department of Health for Scotland and the General Nursing councils for England and Wales and Scotland set up a committee whose terms of reference were:

"To consider the function, status and training of the nurse tutor."

(Ministry of Health, 1954, p.7)

The committee highlighted the poor deployment and wastage of the tutors. They stressed the poor career structure and the low appreciation of the nurse tutor's role. The committee suggested means by which the skill of the trained tutors may be used to greater advantage. They stated that the wastage may be markedly diminished by the encouragement of tutors to remain in this branch of the profession by increased co-operation between the tutor and ward sister. This would give the tutor closer contact with the nursing of the patient. They also highlighted the recognition of the status of the experienced nurse tutor and a suitable ladder of promotion. They concluded that:
"In too many schools today the nurse tutor is regarded as a teacher in the narrowest sense. That is, as an instrument for getting the nurse through the state examination."

(Ministry of Health, 1954, para. 13, p.7)

On the recommendations of this report the sister tutor course was lengthened to two years (Ministry of Health, 1958). Potential candidates were required to have a four year post-registration experience which included that of being a ward sister in an approved nurse training area.

During this period a leading article in the Nursing Times "Selection of Teachers" (9.12.1955, p.1395) noted the following points:

1. The nurse teachers' importance in education.
2. The need for recruitment of nurse teachers.
3. The shift of nurse teachers to administration.
4. The need for a high standard in selection and procedure.
5. The reluctance to release ward sisters for nurse teacher preparation.

Although the journal failed to offer solutions the article promoted a dialogue between the G.N.C. and the matrons. Subsequently the R.C.N. examined the problem on a wider scale and in 1961 they issued a document "The Nurse Tutor: A New Assessment". This described the R.C.N.'s concern for, on the one hand, the growing frustration and discontent of the tutors in trying to meet the needs of students and on the other hand,
the shortage of nurse tutors. There was a belief that students of low educational attainment were selected by matrons for nurse tutor training. The R.C.N. called for a joint selection procedure in order to improve the criteria for selection of candidates for nurse tutor training. They recognised a career structure for the qualified tutor and said:

"If nursing is to win recruits it must richly educate nurse tutors."

(R.C.N., 1961, para. 29)

In their working party report "Administering the Hospital Service" (R.C.N., 1964, para. 21) they also gave nurse education a high priority. They recognised the conflict that existed in the system which had been identified in their policy document "Observation and Objectives" eight years earlier (R.C.N., 1956, p. 12). Further leading articles during the period 1950 to the late 1960's warned of the shortage and wastage of registered nurse tutors and the increasing number of unqualified nurse tutors. The Nursing Times (20.1.67, p. 67) informed its readers that out of a total number of 1,135 nurse tutors in the year 1966, the number of unqualified tutors amounted to 702. This shortage varied across England.

4. Clinical links
The philosophy of integrating theory with practice and the need for clinical links was made apparent by the R.C.N. as early as 1949 (R.C.N., 1949, p. 7, para. 2). There was, however, considerable confusion as to who would fill this function. In 1957 the first "clinical instructor" was appointed in Glasgow.
The Scottish Board founded a course in clinical instruction for ward sisters. In 1959 the post of clinical instructor was officially established and holders were responsible to their schools of nursing. The R.C.N., however, expressed concern that the clinical instructor might be used as an unqualified nurse tutor. In 1961 the R.C.N. commenced a six month course for clinical instruction and the award of a certificate on successful completion of the course. The entry requirements for the clinical instructors' course were: three years post-registration and one year of which should be as a ward sister or night sister. There was a subsequent growth of clinical instructors' courses. The earlier courses addressed the teachers of pupil nurses, i.e. those less academically oriented learner nurses. The clinical instructors were thus associated with pupil nurses and practical nursing. They commanded low academic and educational status. Besides the government of the day was reluctant to register clinical instructors (Martin, 1985). The approval for clinical instructors was granted as late as 1968. The Minister of Health somewhat reluctantly agreed to change the title of clinical instructor to clinical teacher in 1968 (R.C.N. Minutes, 17.10.68).

5. Developments in nurse teacher courses
The General Nursing Council made many changes in the requirements for potential nurse tutors so far as the post-registration of nurses was concerned. The Nurses (Amendment) Rules 1953 required that the experience as a ward sister must be in a ward where student nurses were in training. In 1958 it was decided that candidates must have had at least four years
post-registration experience, including two years as a ward sister in an approved training school. In 1965 these requirements were again changed.

The Nurses (Amendment) Rules 1965 required those candidates taking a two year course to have had two years in a position of responsibility in a hospital approved as a training school for the register or roll of which one year was spent as a ward sister. Although the G.N.C. was keen to ensure that potential candidates had an adequate post-registration experience it was coerced by the profession to shorten this period owing to the increasing shortage of nurse tutors, their growing frustration and the inability of tutors to meet their obligations to students (Bendall and Raybauld, 1969).

In 1964 the nurse tutor courses at Leeds, Manchester and Birmingham were about to close owing to lack of candidates (Roberts and Dixon, 1971). The G.N.C. recognised the shortage of nurse tutors as a serious problem. In 1964 the education and examinations committee considered that the only viable courses were in London. In their concern to increase the numbers of nurse tutors and rectify the situation, the G.N.C. approached four technical teacher training colleges at Bolton, Wolverhampton, Huddersfield and Roehampton to enquire if they were interested in establishing a course for nurse tutors (Bendall and Raybauld, 1969). In 1965 the minimum length of nurse tutor training was reduced to one year for tutor students with higher than usual education entry requirements (Ministry of Health, command 3039, 1965). Bolton College of Education (Technical) now Bolton Institute of Higher Education considered
that it would be possible to start a one year tutor course in September 1965. At the end of this course successful candidates would receive the Teachers' Certificate of the University of Manchester. In 1967 the full-time course at Bolton was followed by a four-term sandwich course for unqualified tutors with several year's teaching experience which led to the same qualification. The G.N.C. decided as far as the one year full-time course was concerned a further year's post-registration experience in a post of responsibility would be required for the potential candidates. Wolverhampton College of Education (Technical) now Wolverhampton Polytechnic was approved for nurse tutor training in 1970.

Huddersfield College of Technology now Huddersfield Polytechnic followed in 1974 and Garnett College, Roehampton, now Thames Polytechnic was approved in 1975. During this period the two year full-time sister tutor course was in progress in the Borough Polytechnic, now Southbank Polytechnic, Queen Elizabeth College and Battersea College of Advanced Technology, now the University of Surrey. It was feared by the profession that the one year course with its higher educational entry would contribute to a loss of status on the two year course while the move away from Universities to Colleges of Education was a loss of status to the nurse tutor.

During the early years of the sister tutor's diploma those candidates who were qualified used the letters S.T.D. after their names to indicate that they possessed a Sister Tutor's Diploma. In 1965, however, the General Nursing Council agreed that the letters R.N.T. should be allowed to indicate that the
successful candidates were registered nurse tutors (Bendall and Raybauld, 1969). The General Nursing Council recognised that they could not register as tutors those qualified teachers who were also nurses. But in 1967 the Teachers of Nursing Act Chapter 16 amended section 17 of the Nurses Act 1957. This allowed the G.N.C. to recognise those with other qualifications for the teaching of nurses as may be prescribed. The rules subsequently prescribed those who could be registered as nurse tutors (The Teachers of Nursing Act, 1967).

6. Significant development in nurse tutor education

The grave shortage of nurse tutors continued. Over the years the student tutor ratio reduced from 50:1 to 40:1. In 1970 the report of the nurse tutor working party was published (D.H.S.S., 1970). The members of this group believed that a number of measures could be taken to alleviate the present nurse education problems. They suggested that schools should review the work of nurse tutors and clinical teachers and that effort should be made to use non-nursing staff for work which does not require a nurse tutor or clinical teacher. They believed that nurse tutors should be permitted to attend study courses and that study leave be granted. The working party envisaged that effective use of nurse tutors could be made by grouping schools together in order to achieve a more rational allocation of tutor posts. Although the above report was unable

11. NURSES ACT 1957

"A consolidation act which repealed the whole of the 1919 and 1949 Acts and the whole of the 1943 Act except the part concerned with nursing agencies."

(Nurses Act 1957, H.M.S.O.)
to indicate an accurate assessment of the number of tutors needed they suggested a ratio of 30:1 (D.H.S.S., 1970).

Nurse education entered the 1970's with continued problems for nurse tutors. The service side of nursing and education were at odds with each other. They functioned as two distinctly separate groups. As a consequence the nursing profession as a whole faced the prospect of yet another official inquiry commissioned by the government and chaired by Professor Asa Briggs. The terms of reference were:

"To review the role of the nurse and midwife in the hospital and the community and the education required for that role, so that the best use is made of available manpower to meet present needs and the needs of an integrated society."

(Command 5115, 1972, p.1)

It appeared that meeting the needs of society had become the main objective. Within a new pattern of education the Briggs' Committee clearly indicated its belief in nurse education as a process of continued learning which should take place in a variety of clinical settings. It wished to get completely away from what had become the traditional concept of the nurse tutor who taught all subjects in the nursing syllabus, It strongly believed that it could no longer help the individual nurse tutor or the student nurse.

In highlighting the "generalist role" of the nurse tutor, the Briggs' report, as it came to be called, pointed out the major problem in undertaking ward teaching and highly specialised
nursing. The committee perceived that the responsibility for nurse teaching should not be solely on the nurse tutor but also involved the clinical teacher and sisters at ward and community level (Command 5115, 1972).

Towards the end of 1974 the G.N.C. viewed with concern the increasing withdrawal of registered nurse tutors and clinical teachers from schools of nursing within the National Health Service. The committee of inquiry into pay and related conditions of service of nurses and midwives reported that differentials in salary scales contributed to this withdrawal and the consequent shortage of nurse tutors and clinical teachers (D.H.S.S., 1974, Halsbury). The G.N.C. was not convinced by the report. It conducted a postal survey of all nurses registered as tutors and/or clinical teachers. The results of these questionnaires were published in two documents - Teachers of nurses 1975, part 1 and 2. In the light of part 1 published in April 1975 and part 2 anticipated in September 1975, the G.N.C. set up a working party which reported in July 1975. This report was approved as a discussion document and issued for comment (G.N.C., 1976). The recommendations of the working party in summary were:

1. Specific preparation for all trained staff who carry out a supervisory role.
2. An increase of trained staff in clinical areas used for training.
3. A basic preparation and qualification for teachers of nurses.
5. More support for nurse teachers in their first year.
6. Encouragement and support in professional education.
7. Opportunity for higher education.
8. Special management preparation should be provided for the director of nurse education.

(G.N.C., 1976)

It is claimed that comments of the circulated discussion document were received by the G.N.C. in December 1976. Respondents included tutors, senior tutors and directors of nurse education. A second working party was then set up to consider the implementation of the changes. It proposed careful planning in order to ensure that the separation of tutors for theory and clinical teachers for practice be removed and effective teacher training be introduced (G.N.C. circular 76/9, April).

In December 1978 the G.N.C. published the document "Teachers of Nursing 1976". It informed the nurses that consultation with the D.E.S. and D.H.S.S. concerning the implications of the recommended changes had been protracted and not yet been concluded (G.N.C. circular 7/38, p.1). The G.N.C. explained that the publication of this report would be delayed and no agreement for action in the preparation and registration of nurse teachers was decided.

The G.N.C. declared, however, that the teaching role of the nurse teachers, ward sisters and nursing officers is a partnership and would enhance the total strategy if an integrated presentation of the training syllabus was brought
The G.N.C. minute (9.11.78) stated that the clinical area was a focus of the students' learning. The clinical role of the nurse teacher was seen as an intrinsic part of her total role in the promotion of practical and social skills, knowledge and attitudes which would enhance a high standard of patient care.

The G.N.C. circular (78/38/A) firstly envisaged that the selection of candidates for nurse teacher training should be the responsibility of the director of nurse education and the college of education. Secondly, this circular highlighted the competence of nurse teachers, their teaching, counselling skills and the management of the learning process. Thirdly, the G.N.C. proposed 400 places for a nurse teacher course lasting one academic year. The new qualification was to be known as "Registered Teachers of Nurses" (G.N.C., 78/38/A, p.12).

7. Developments from the Briggs recommendations

Although the government of the day had accepted the recommendations of the Briggs' Committee, financial restraints made implementation impossible. In its report "Priorities for health and personal social service in England" the D.H.S.S. (1976) appeared to take the stand that there were difficulties in accommodating the implementation of the Briggs' proposals within the current programme. In May 1976, however, two further Briggs' papers were prepared by the government in response to the comments of nursing interest groups and statutory and professional bodies to the government's detail proposals. These were:
Paper 1 - The relationship between service and education

Paper 2 - The statutory framework

(HC(76)22 - May 1976)

The first paper "Relationship between service and education" focused on three areas. One was the position of teaching staff. The government suggested that all nurse tutors and clinical teachers should be employed by independent Area Education Committees (A.E.C.). The second related to the position of students. It suggested that all students could be employed by Area Health Authorities (A.H.A.). The third was recruitment of students. It believed that both A.E.C. and A.H.A. should have an interest in promoting recruitment and in the appointment of individual students (HC(76)22).

The second Briggs' paper "The statutory framework" related to the government's proposals for greater power to be given to the new statutory bodies - "The National Boards" in particular. The new statutory boards being:

1. The Central Council for Nurses, Midwives and Health Visitors for the United Kingdom.

2. The National Boards for Nurses, Midwives and Health Visitors for (England), (Scotland), (Wales) and (Northern Ireland).

The government made it clear that the responsibilities of the National Boards would not be restricted to education alone (HC(76)22, para. 3). Indeed this caused much disquiet among the nurses, midwives and health visitors. They were unhappy about
the sharing and compromise with A.E.C. and A.H.A. The Royal College of Nursing argued that the balance of the A.E.C. and A.H.A. needed to be further investigated.

In the autumn of 1976 the G.N.C. offered three alternatives to the government's proposals (G.N.C. Annual Report, 1977). It was suggested that the education and training of nurses could remain in the N.H.S. and be hospital based. A second suggestion was for the creation of education committees based on size and facilities for around 200 learners in a structure similar to proposals in the Briggs' recommendations. Thirdly, it was suggested that nurse training should be in full-time tertiary education institutions.

In December 1976 the Social Service Secretary proposed the setting up of a Briggs' steering committee in order to advise on the quickest and most efficient method of obtaining legislation on "The statutory framework". After much negotiation between the Minister of Health and nursing organisations about the composition of the committees, three working groups were set up. One to examine the new statutory structure, the second to look at the status of the learners and the third to look into funding and finance in connection with the new proposals. Its main goal was to set up a structure for the statutory framework and detail its functions. The working groups, however, were constantly lobbied by nursing interest groups such as health visitors, district nurses and midwives (Martin, 1985). Eventually the nurses, midwives and health visitors' bill was announced in the Queen's speech on November 1st, 1978 (House of Commons Paper, 1978 - 1979, Bill 3). At its
first reading Lord Briggs made his maiden speech in support of this Bill. The Bill, however, received several amendments and attempted postponement of implementation by the Minister of Health, much to the dismay of the nursing profession (Martin, 1985).

8. The Nurses, Midwives and Health Visitors' Act 1979

In 1979 the Nurses, Midwives and Health Visitors' Act made provision for the establishment of a new unified structure for the education, training and discipline of nurses, midwives and health visitors and the maintenance of a single professional register (H.M.S.O., 1979).

The new structure consisted of:

"A United Kingdom Central Council for Nursing, Midwifery and Health Visiting (U.K.C.C.)"

and:

"Four National Boards (England), (Northern Ireland), (Wales) and (Scotland)."


Initially specific changes required the secretary of state to ensure that the qualifications and experience of teachers of midwives and health visitors are adequately represented on the
new bodies. Within the statutory framework given to the English National Board (E.N.B.) by section 6(1) of the 1979 Act with regard to education for nurses, midwives and health visitors, are specific functions. These functions should be provided or arranged for others to provide at institutions approved by the E.N.B. The E.N.B. became the central body in England who was responsible for the provision and arrangements for education and supervision of standards of such education and assessment (D.H.S.S. press release 22.8.83, p.4).

In 1979 the Nurses, Midwives and Health Visitors' Act repealed, among other legislation, the Nurses Act 1957. This meant that the regional nurse training committees (R.N.T.C.s) who were responsible for the practical management of basic training funds and advice since 1950 no longer existed. In their place were appointed interim education advisory groups (I.E.A.G.) which are now superseded by education advisory groups (E.A.G.).

9. The education of nurses: A new dispensation

In the meantime the Royal College of Nursing became anxious and concerned that there was no positive action from the E.N.B. on nurse education. It therefore established a Commission on Nurse Education in May 1984, chaired by Dr Harry Judge of Oxford University. The report was published in 1985. Although the emphasis was on a "single grade of nurse" and "student status" it also highlighted the need of joint appointments 12 as did the Royal Commission of N.H.S. (1979) and the R.C.N. (1982).

This report emphasised the concern for nurse teachers with good experience in various areas of clinical expertise. It focused
on the need for all teachers of nurses to possess a formal qualification in teacher education. It recommended that experienced teachers with high professional qualifications be accorded graduate equivalent status (commission on nursing education, R.C.N., April (1985), p.52, para.5.19). The R.C.N. commission described many of the educational deficiencies of the present nurse educational system in graphic detail but it singled out poor conditions of service for teaching staff suggesting that these "conspire to generate an educational atmosphere reminiscent of the 19th century teachers' training colleges, rather than a modern establishment of post-secondary education" (R.C.N., 1985, para.1.11).

12. JOINT APPOINTMENTS

"It seems to us that joint appointment between service and education have several advantages. They enable the teacher to keep in touch with clinical work and to avoid a too theoretical "classroom" approach to teaching. The nurse who is interested in teaching but does not like to give up her clinical work need not do so; and the more attractive salary scales at present available to the tutorial grades might be open to the nurse interested in clinical work who wished to improve her career prospects."

"We recommend that developments in joint appointments between schools of nursing and service be rigorously pursued .......

(Royal Commission on the National Health Services, 1979, p.13.5)

"In my view, it is important to be a teacher of nursing unless one is also a practitioner in nursing ....... It is not possible to be an expert nurse across a range of specialities."

(Thomson, B., R.C.N., Association of Nursing Education Conference, 1982, p.6).
10. Consultation Paper - Professional/training
A month following the publication of the R.C.N. commission on nursing the E.N.B. published their consultation paper on professional education and training (E.N.B., 14.5.1985). Similar to the R.C.N.'s report the E.N.B. also emphasised a single grade of nurse and student status. The interest of this study is, however, on the implication for nurse tutors because it affects their role, preparation, continuing professional opportunity and higher education (E.N.B., 14.5.85).

In the meantime the concern of the U.K.C.C. was education and training of nurses, midwives and health visitors. As such it set up a five year plan with a specific objective in mind:

"To determine the education and training required in preparation for the practice of nursing, midwifery, health visiting, in relation to the projected health care needs in the 1990's and beyond and to make recommendations."

(Project 2000, Press release 13.5.86)

The work was undertaken by a statutory committee of the council, the educational policy advisory committee and the exercise was named "Project 2000". It addressed the factors which have focused the need for reform; these being demographic changes, value for money and prevention of disease. The final proposals highlighted the single level of nurse, a new specialist practitioner, the need for a "helper" to support nurses, midwives and health visitors, a common foundation
course followed by a specialist programme, supernumerary students, increased opportunity for conversion courses with regard to enrolled nurses, maintenance of distinct competencies for midwives, emphasis on favourable teacher student ratios and stronger links with higher education (Project 2000, July 1987). Project 2000 stated that all staff should be appropriately prepared for the teaching role they were called upon to undertake. Those who were employed to teach must have a number of competencies. Initially they must possess an up-to-date overview and understanding of the care settings to which students are allocated and of the learning opportunities offered to them. Second, they must have a detailed advanced level of knowledge of practice, theory and research in the specific area in which they intend to teach. Third, they must possess a qualification in teaching. The project group recommended that there should be a move towards the qualification in teaching at first degree level. They recommended periods in practice and periods in teaching which may be a way forward for the single grade of nurse teacher (Project 2000, May 1986, p.58 - 59).

12. English National Board Annual Ministerial Review
Following on from the objectives and the way forward proposed by Project 2000 the E.N.B. has given high priority to specific aspects in its ministerial review for 1986 - 87 (E.N.B., 12.5.87). Firstly, they focused on the increasing funds for the appointment of nurse teachers to facilitate a positive move towards a ratio of 1:15. Secondly, they were optimistic of the increase in number of places on teacher training courses. Thirdly, the review stated that there would be funds to support
clinical teachers on conversion courses, the opportunity to develop a network of courses and to increase administrative and clerical support. Fourthly, the E.N.B. highlighted the need for education officers to keep abreast of changes in the general and specialist field (E.N.B., 12.5.86).

13. Significant events in development which relate to nurse teacher education 1987 - 1990
The U.K.C.C. and the E.N.B. initiated action hoping that the government would recognise the need for radical improvement in education and practice.

In February 1987 a meeting was held between the U.K.C.C., the National Boards, together with the Ministers and their officials from the four Health Departments. The Ministers agreed to consult with Health Authorities and other interested parties concerning the Project 2000 proposals. The duration of the consultation period was to be from March to September 1987. Running in parallel with the consultation a joint action group consisting of U.K.C.C. and National Boards was established to undertake more detailed work on Project 2000. The members of this group in turn led three sub-group working parties in order to complete the task (U.K.C.C., 1987 - 1988).

On 11th December 1987 the action group met again with officials from the Health Departments. It discussed and explored issues which were raised during the ministerial consultation. The meeting assisted the action group's understanding of the strategy for the reform of education and training (U.K.C.C., 1988). It finalised its paper "The development of professional
practice" and submitted this to the Health department officers on 30th March 1988 (U.K.C.C., 1988).

To add further impact and prepare the ground, in January 1988 the E.N.B. agreed on criteria for the future size of nurse training institutions. This information was made available to Health Authorities so that they could assist the E.N.B. with regional strategies and determine their future requirements in terms of training institutions (E.N.B., 1987/88).

The joint working group which included E.N.B. members and the Education Advisory Group (E.A.G.) representatives produced a paper on the revised terms of reference for E.A.G.s. These were agreed by the E.N.B. (E.N.B. 1987 - 88). The terms of reference widened the role of the E.A.G.s and allowed these to function more effectively at local level. The E.N.B. also agreed to employ management consultants to explore the interface between the Board and training institutions (E.N.B. 1987 - 88).

In February 1988 the E.N.B. circular 1988/13/APS reminded the Health Authorities/training institutions to consult the Board when planning organisational changes relating to the provision of nursing and/or midwifery. To assist this process the Board identified criteria which had to be met to ensure that continued approval is not placed in jeopardy. The criteria encompass the following principles for training institutions.

1. The organisational feasibility
2. The educational feasibility
3. The legal feasibility
Meanwhile the government responded to the U.K.C.C. on Project 2000 implementation in May 1988 (EL/88/MB/166). The "Project 2000 Implementation" sets out the action which the management board expects from Health Authorities in the coming months (EL(88)MB/166). This relates to creating the framework and infra-structure for change, identifying schools of nursing which might begin Project 2000 training in autumn 1989 and drawing up detailed implementation plans in relation to those schools. The paper emphasised:

1. Regional nurse education strategies and rationalisation of schools of nursing.
2. The need for demonstration of plans that there are formal links with higher and advanced further education (EL(88)MB/166).

In January 1989 the E.N.B. issued a document "Project 2000 - a new preparation for practice". This contains guidelines and criteria for course development and the formation of collaborative links between approved training institutions with the National Health Service. Among other issues this document identifies the benefits derived from forming collaborative links with higher education establishments for the students, nurse teachers, institutions and client care practice (E.N.B., 1989).

The E.N.B. position paper on its planning responsibilities, recognised its key task of co-ordinating the planning activities within the Board. It indicates that the executive groups, senior education and administrative staff will need to participate in all stages in the formulation of both the
strategic and operational plans (E.N.B., September 1988). The 1989 - 1990 plan will be the Board's first operational plan and its future format will be reviewed in the light of comments received from the Board and the ministerial review.

The ministerial review 1986/87 dated 17th March 1988 illustrated the action plan for 1988/1989. This has been agreed by the Minister of Health, the E.N.B. chairman and representatives. (E.N.B., 1987 - 1988, p.33).

14. Significant developments in professional education and practice

1987 - 1988

14.1 Recording of tutor qualifications

At its meeting in March 1988 the U.K.C.C. on the advice of the Educational Policy Advisory Committee (E.P.A.C.) agreed to make two amendments to the criteria and associated guidelines for the recording of tutor qualifications.

The first amendment is concerned with increasing the period of time from 7 to 10 years in which the relevant equivalent of three year's full-time professional experience may be gained prior to recording the teaching qualification. The amendment is to allow greater flexibility in particular for those who have undertaken further full-time study following registration.

The second amendment will create a new category for recording teaching qualifications - that of the occupational health nurse teacher (Circular PS & D/88/03).
14.2 Course approval
Nineteen institutions within the advanced and higher education section were approved by the E.N.B. to provide courses for the preparation of teachers. These are:

Ten 1-year full-time courses
Eleven 2-year part-time courses
One 2-term sandwich course
Two degree courses (each involving 3 years of part-time study and 1 year of full-time study).

(E.N.B., 1987/88, p.18)

14.3 Re-distribution of funds
The teacher education and training committee has distributed funding from discontinued clinical nurse teacher courses, mainly to 2-year part-time nurse-teacher courses. 1987 - 1988 was the first full year in which claims in respect of students on these courses were re-imbursed directly to Health Authorities (E.N.B., 1987 - 1988, p.18).

14.4 Managing change
In November 1987 a new learning package on management change in nurse education was launched at the E.N.B. Copies have been distributed to all basic institutions approved to provide courses for basic and post-basic nursing, midwifery or health visiting.

14.5 Research activity
The E.N.B. claims that it has no money for research but wishes to encourage institutions with research expertise to co-operate
with the Board in developing appropriate projects (E.N.B., 1987 - 1988).

A teacher preparation project began, however, in September 1988 to examine and evaluate current practice in relation to nurse teacher preparation and secondment; to determine future demand for nurse teachers over a defined time span based on currently agreed norms and assumed learner numbers; and to prepare a supply model taking cognisance of the changes envisaged in nurse education (E.N.B., 1987 - 1988).

15. Significant developments in professional education and practice

1988 - 1989

The E.N.B. report 1988 - 1989 states that the continuing education committee supports the move towards one level of nurse teacher. The future requirement for all nurse teachers to be graduates has been endorsed by the committee. During the year (1988/89) three degree programmes were approved by the continuing education committee. Two of these were developed from former certificate of education courses, one was a new degree programme and one a new certificate course. The E.N.B. 1988/89 report claims that teacher (refresher) workshops and a study day for course leaders and lecturers to tutor courses were held. In the context of the implementation of Project 2000, a working group on the role and preparation of teachers, mentors, supervisors and practitioner/teachers has been established. The urgent need to overcome the present shortfall of nurse tutors and maximise future output has been recognised by the continuing education committee (E.N.B. Annual Report 1988 - 89, p.11 - 12).

1989 - 1990

The amalgamation of 350 schools of nursing and midwifery to 90 colleges has enabled formal links with centres of higher education.

Previously agreed policies of moving towards an all graduate teaching profession is continuing. The publication of the Department of Health "A Strategy for Nursing" has complemented the E.N.B. policies. In 1991 nine of the twenty-three institutions approved to provide teaching courses will be providing courses at graduate or post-graduate level.

By 1991 fourteen of the regional health authorities will have at least one teaching course within their boundaries. Interest in providing teacher courses for nurses, midwives and health visitors continues to be shown by a wide range of institutions of higher education. However, unless funding is made available centrally for teacher training for those who will teach in the post-registration sector as well as teachers of the pre-registration students, it is unlikely that the E.N.B. will approve of any additional institutions.

In connection with Project 2000 proposals and teacher training, a large majority of responses received from the profession revealed that teacher courses did not provide a study in depth of relevant physical and social sciences (except the recently approved degree courses).
Priority has been given to courses leading to graduate or postgraduate level outcome in allocating funds. Some of these courses are of longer duration than the certificate of education (F.E.) courses. This has led to a slight reduction in the number of places available.

The preparation of teachers for their role has been under discussion by the D.E.S., C.N.A.A. and the E.N.B. These meetings have enabled valuable discussion of future developments in teacher training courses (E.N.B., 1989 - 1990).

17. Overview

In 1860 Florence Nightingale founded the office of matron, an established official with a recognised position of authority, the importance of which she subsequently strengthened. The matron had power (Seymer, 1956). The student nurses were resident for their education and moral good as well as for discipline. She was responsible under the matron's direction for the practical teaching of the nurses. In the 1860's the theoretical teaching was done by doctors and the coaching of nurses by sister tutors.

When nurse training was first organised by Florence Nightingale in the 1860's specific instruction for the probationers was her intention. For the matron, however, the emergence of the sister tutors as an occupational group to provide the instruction appeared to be of secondary importance.

The matron was responsible for the hospital activities. She held power over the nurses. The ward sisters were under her
control. The matron enjoyed this overall supremacy and resisted any challenge from outside. Sister tutors were a challenge. The matron typically believed that the probationers were hers to care for and that sister tutors could take this responsibility away from her. Although the matron was not adequately qualified to teach she had status and power. At first the sister tutors were greatly distressed because they were unable to carry out their teaching role. Furthermore, their individual ideas and opinions went unheard and their status remained low.

From 1914 onwards sister tutors were financed from hospital funds and they were responsible to the matron. Sister tutors perceived themselves of low status in comparison with their clinical colleagues. Abel-Smith (1960) states that the low status and the low salaries lead to the shortage of sister tutors. Although the College of Nursing continued to direct educational proposals through the years, it seemed evident that the failure to recruit applicants was due to competition from other occupations for women which were seen as more attractive.

In 1923, however, the College of Nursing started a sister tutor section. It enabled the rate of appointment of sister tutors to increase because their need and importance to nursing were recognised. Gradually the membership of the sister tutor section strengthened and their collective voice began to be heard. Thus the College of Nursing was the first to allow its members to initiate ideas to form a separate occupational group for sister tutors. During the years sister tutors achieved greater representations and the relationship between the tutor and the matron altered slightly. Nevertheless the position of
the trained sister tutor remained difficult during the period 1914 - 1923 owing to their poor career structure and low salary scales.

Although the first sister tutors' course commenced in 1918 formal qualifications were not possible until after the 1943 Nurses' Act. The first courses lasted for two years but were reduced to one year in 1945 owing to the scarcity of tutors. In the 1950's they reverted back to two years in order to encompass a wider syllabus. The continuing shortage of tutors in the 1960's made the General Nursing Council look again at a shorter course. They turned to the College which since 1965 had enabled nurses to take a one year technical teacher training course. During this period the G.N.C. made several changes of the post-registration experience requirement for potential candidates in order to acquire adequate practical knowledge and skills prior to taking up a tutor course. At first tutors were known as sister tutors. In 1965 this name changed to registered nurse tutors.

The role of the clinical teacher who could integrate theory and practice emerged during the 1950's. The Royal College of Nursing (R.C.N.) (1961) and the General Nursing Council (G.N.C.) (1961) addressed the need for more bedside teaching. Thus, the importance of the clinical teacher became recognised through two recent decades and she became the victim of her own success in that it was felt that nurse tutors should also have this responsibility. The nurse tutor was left to maintain a difficult balance. Her role required that the ward setting offered a satisfactory learning environment for the nurses in
training. The nurse tutor also needed to maintain a harmonious relationship with the ward sister. Opportunities for disagreement often arose in the balance for service and training requirements.

The proposal for only one grade of nurse teacher was initially raised in the 1970's by the General Nursing Council who believed that the status differentials between teachers of theory and practice needed to be minimised. It is, however, worth noting that the suggestion that the sister tutor visits the ward so as to keep her knowledge up-to-date has been addressed by the Royal College of Nursing since 1949. Agreement was rarely possible due to professional differences, government intervention and financial constraints.

Nurse training has been controlled by the statutory body, the General Nursing Council since 1919 and the implementation of policy carried out by the regional training committees and schools of nursing associated with individual hospitals. A nurse education division within the health service was established following the recommendations of the report of the committee on senior nursing staff (Salmon, 1966). But the head of nurse training schools remained formally under the chief nursing officers. The report failed to grade the nurse tutors on a separate scale. Grading them on management criteria seemed inappropriate. Nurse tutors were left thwarted and dissatisfied. A separate education division, however, permitted more autonomy in the selection of students and pupils and a shift in the curriculum which enabled theory and practice to be incorporated effectively.
In the absence of a satisfactory framework within which to organise the development of nurse education, the attempts which were made to adapt to the changes in society were not co-ordinated. The system, structure and content of nurse education changed partly in response to changes in the society in which it operated. Content and structure in the curriculum had become institutionalised and remained traditional. There was greater emphasis on structure than process until 1977 when the educational policy document circular (77/19) was formulated and revised by the G.N.C. In 1985, this led to the concern for socio-cultural or economic factors, demographic changes, the expectations of society for health care, changes in the prevalence and incidence of illness and disease and the high rate of turnover in the acute hospitals.

Over the years the nurse tutors' struggle for recognition within the profession continued and was eventually won on educational criteria. Significant legislation in the past two decades have influenced a broader scope in learning than a narrow hospital based view of nurse education. Since 1983 the responsibility for nurse education in England has been shared between the United Kingdom Central Council and the English National Board. This statutory re-organisation followed the 1979 nurses, midwives and health visitors act. The approval of schools of nursing in England is invested entirely in the English National Board and administering of funds is executed through Education Advisory Groups. These changes aim to develop teacher training courses leading to degree level, links with further and higher education, the opportunity for further and higher education and the allocation of funds for this purpose.
18. Implications for nurse tutors

The U.K.C.C. Project 2000 proposals is a package of proposals for reforms and training. These are designed to enable the nursing profession to be better prepared to meet the future nurse care needs of society. Its aim is to build a foundation in education for nursing which will serve the profession and the health service well into the next century. These reforms provide a framework which could transform the practice of nursing in this country. Specific areas of concern for nurse tutors identified by the present study are set out below.

In the gradual acceleration of links with further and higher education, nurse educators are faced with creating new courses and supporting nurse tutors who would be teaching them. Historically, however, schools of nursing are seen as bureaucratic institutions with clear authority patterns, engaged in non-self-directive and didactive learning. The challenging question is whether linking with higher education will primarily achieve the reform of nurse education or only enhance the status of the school of nursing.

For nurse teacher education to take a leading part in the provision of health care, there is a need for the use of research findings. Nurse tutors need to think critically, make rational and informed decisions. Furthermore the insular monotechnics may be things of the past. In linking with higher education the nurses and nurse tutors may be exposed to a variety of disciplines and forms of thought.

Looking ahead to a new generation of nurse tutors, the
profession has responsibility to equip them with appropriate knowledge, skills and attitudes from the start of their teaching careers. The recommendations of Project 2000 to establish teaching qualifications at degree level for teachers of nursing, midwifery and health visiting are a victory for nurse education. Failure to implement the Project 2000 proposals may be costly in terms of human resources, time and money.

According to White (1986), history has a social purpose; politicians and policy-makers tend to look at the past for guidance or justifications. Yet another practical use is that it is directed towards searching meaningful answers. She believes that nursing is far more complex in its structure than other comparable occupations. Decision-making is shaped by social policies of government and economics. As such, nursing policy is inextricably bound to history and politics. If nurse tutors are to become more politically minded, they need to be aware of how the system works, how it inter-relates with other systems and how decisions are made. Nurse tutors need to know that the Health Care System is about power. Each Health Care group will seek to achieve power in policy making. Social policy choices are made through political processes grounded in the institutions of government. Nurse educators need to demonstrate their active involvement in decision-making. Social, economic and demographic changes, recruitment, manpower planning, emphasis on public health means that nurse teacher education is not a local issue, but it takes a far wider perspective.

This chapter provides the historical and administrative setting for the present study and gives an informed view of the development of nurse tutors as an occupational group.
Chapter 2

TEACHER PREPARATION - SOME BASIC CONSIDERATIONS
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Introduction

Historically nurse educationalists have taken a superficial view of nurse teacher training. They have not been informed of the fundamental views in professional training. In order to identify major issues about nurse tutor preparation it may be appropriate to locate this discussion within the context of teacher preparation in school education for three reasons. Firstly, within the literature on school teacher preparation there is substantial debate about the different approaches to professional training. Secondly, the fundamental perspectives of contrasting educational ideologies may enable nurse educators to see some of their problems more clearly. Thirdly, it may be possible for nurse educators to consider the strengths and weaknesses of these approaches against the many constraints, pressures and influences in their decision making. In what follows two major views of professional training are discussed.

A skills-based approach and a humanistic approach to professional training are selected as different models against which one can assess present-day issues in professional training. Therefore in an important sense they are artificial structures but no less important for discussion purposes.

A skills-based approach to the curriculum for professional training is primarily concerned with providing planned opportunities for developing competence in classroom practices and becoming proficient in their use (Lawton, 1973).
A humanistic approach claims that the ability to pass on a sound body of knowledge, information and skills places the emphasis upon the teacher's personal qualities and aptitudes. (Combs, 1965).

While it is not clear whether one kind of preparation is more effective than the other Lindsey, Mauth and Groteberg (1959) claim that it is doubtful whether there is a single best way of preparing teachers. Many first year nurse tutors may not appreciate either of the above views or they may not consider these as important, but both approaches seem necessary for nurse teaching. In order to illustrate the deeper ramifications both approaches are discussed.

1. A skills based approach

In this approach teaching skills are seen as major factors in curriculum planning. It over-emphasises skills in the curriculum at the expense of other areas of development. There are many implications for this fundamental assumption which can lead to an obsession with skills in the curriculum. There is a major emphasis to be skill-centred. This model is characterised by a tough-minded approach in which skills are valued and the assumption is made that these have the power to discipline the mind, enabling the student to solve problems effectively. In order to convey a deeper meaning to this approach I propose to discuss a skills-based curriculum under structure, content, method, assessment and evaluation.

1.1 Structure

A skills-based approach represents education as a series of
objectives which structure the curriculum for professional training and specify the knowledge to be acquired. In this approach the objective model of the curriculum has been popular because it described the relevant content required for teaching experience (Lawton, 1973). The objectives have their strengths and their weaknesses. To predict the final outcome of teaching skills by behavioural objectives, however, may deny the uniqueness of student tutors and discourage the teacher from addressing them as "persons". Peters (1959) speaks of education as initiation into worthwhile activities and suggest that education relates to some sorts of processes through which a desirable state of mind develops. Closely related with the idea of nurse teacher education then is the underlying notion that nurse education is worthwhile and what student nurse tutors learn ought to be valuable. Such a viewpoint raises the question if student nurse tutors should have "objectives", since the process of nurse education in itself may be sufficient.

Dewey (1916) points out that education as such has no aims or objectives but guiding principles. People who act with an aim are simply behaving intelligently. But it still begs the question. A student nurse tutor would obviously be well advised to have an aim or objective with regard to a particular learning skill or experience since some effect is presumably expected. But this does not necessarily imply that an ultimate aim for nurse tutor education must be kept in constant view. We still have to decide whether it is necessary for a student nurse teacher to have long term goals.
Peters (1959) states that the proper question to ask the teacher is not concerned with the ultimate aims in education whatever they may be, but with the means that a teacher adopts to implement those aims. The quality of learning experiences reflect the nature of the procedures or skills used rather more accurately than verbal descriptions of education can ever do.

Implicit in the entire theme of skills is the underlying assumption that the activities characterised by any set of aims, goals or objectives may in themselves be justified from an educational point of view. This however, needs to be demonstrated. Probably the major contribution of the objective movement is to be found in the way that it enables the question of which skills are most worthwhile to be discussed in a relatively open manner.

In discussing the issue of justification for any specific set of objectives, "relevance" and "worthwhileness" are commonly used. Relevance is concerned with what is important and useful. Objectives are relevant if they can be demonstrated to be related to the real world and problems facing them. Abstract and isolated activities unrelated to human concerns are likely to be regarded as irrelevant unless steps are taken to demonstrate their utility. Different people of course are likely to regard relevancy of any set of objectives in different ways. All too often disagreements about relevancy are caused through a difference in perspective rather than a fundamental difference involving the intrinsic usefulness of the activity itself.
One of the issues that often comes up when nurse tutors discuss the problem of relevancy and worthwhileness is the role of objectives within the context of discovery. Student nurse tutors are not passive recipients of self-contained items of knowledge written in specific objectives. They are natural problem-solvers constantly making constructs which they hold on to until new constructs cause the rejection of the old. Kelly (1955) states that discovery of one kind or another is the essence of learning. Education of the student is enhanced when it is a part of a carefully designed experience.

In order that the experience for student nurse tutors is well prepared, objectives need to be identified and carefully organised. If this stage is not handled sensitively their skill experience can be trivial, compared with the sense of adventure and excitement implicit in the natural approach of most students in the world.

The mind is traditionally conceived in three domains - thinking (cognitive), feeling (affective) and action (psychomotor). An important criterion for nurse tutors is to address themselves equally to developing all three aspects not over-emphasising the cognitive and psychomotor to the relative exclusion of the affective domain. Such a balance in the curriculum can help to highlight skill deficiencies in professional training and the emphasis nurse tutors place in their experience, both in the school and clinical environment.

1.2 Content
A skills-based approach to curriculum is subject-centred and
views education in terms of the acquisition of knowledge (Hirst, 1965). He categorises knowledge into seven forms of disciplines described as "public modes of experience" which he argues are both independent and yet intimately interrelated. Hirst states that the development of the rational mind involves initiation into all these forms of knowledge. If education is concerned with the rational mind and if rationality can be defined by reference of the several forms of understanding then problems related to the curriculum would be made easy. But it is not so. There are subjects which are fields of knowledge rather than forms. These are distinguished by their subject matter rather than by any logical structure.

Young (1971) sees knowledge as a product of the informal understanding negotiated among members of an organised intellectual collectivity. This he calls "stratification of knowledge". In the same vein, Friere (1972) claims that exposing students to one kind of ideology, intentionally or accidentally, is socially constructed. Esland (1971) has emphasised that often presented knowledge has no significance and meaning to the student because he has no experience of it. Therefore student nurse tutors may need planned opportunities to develop their skill competencies.

The above view re-emphasises the role of the student-teacher and focuses the role of the teacher as instructor. A discipline is defined as knowledge organised for instruction and learning experiences which fall beyond these disciplines are seen as undesirable. The intellect is seen as the prime claim on the teaching curriculum and the development of the capacity to symbolise the ultimate goal.
Central to the debate over the curriculum in recent years is discovery learning which is not only an effective method but develops the students' understanding and autonomy through experience. Dearden (1968) however, states that it is wasteful and inefficient. Theoretical concepts which are learned need to be built in inter-connected systems. Teachers of student nurse tutors need to be aware and understand these concepts if they are to be of any value.

Supporters of discovery learning argue the need for students to be participants in their own learning and that education enhances the development of the individual and his world. Friere (1972) highlights this method as significance for society rather than classroom method. It enables the transfer of problem solving skills in the real world more so than instructional methods. If learning by discovery is to have any value it needs to be "guided" discovery. It requires careful preparation by the teacher.

It appears that the skills-based approach leads to a traditional form of curriculum. But at the practical level of curriculum development in school teaching, the direction is that new subjects fall between the traditional disciplines and the development of integrated studies.

An integrated approach to teaching argues that subject areas and their inquiries do not fall into neat packages or to a single discipline. It follows that curriculum is therefore integrated. Warwick (1973) claims that this approach however, takes many forms depending on the unique characteristics of
each situation in which it has been introduced and particular requirements of the school. It is therefore difficult to generalise about its development as about any other. For instance in some situations team-teaching is used while in others it is centred around a common theme — the adoption of a generalist approach. In some classes learning by discovery is used while in others an instructional or didactic approach is used. This of course depends on the teacher, his purpose, individual preference, belief and the value of a particular approach. Supporters of this view claim that its strengths lie in the fact that much of what seems to be important to society and of value to our own culture does not fit into tidy packets. Secondly, it highlights the view that subject divisions should only emerge when they have a point for the organisation of his knowledge and experience. Thirdly, such schemes are likely to lead to higher levels of motivation in what the students see as intrinsic value.

Those who favour the integrated approach like Dewey (1938) argue that it is not only an effective method in learning, but it is more appropriate to what the students see as being the essential nature of education. The use of this kind of learning may be of great value to the student nurse teachers because of the benefits illustrated above.

1.3 Assessment
A skills based curriculum which relies on objectives requires clearly stated methods of assessment. Students need to know the development of their skills. They need guidance in relation to these skills. Whoever provides this help it must if it is to be
of use, be based upon information collected as accurately and comprehensively as possible about the individual's ability. Many would also argue that there are social reasons which justify the continuance of assessment. Even in a totally comprehensive system of education there is a need to make judgement among and about individuals. This is the reason to assess. Mackintosh and Hale (1976) state that assessment is essentially an exercise of communication. Instructions or stimuli are given in a variety of forms to those being assessed. Responses to these instructions or stimuli are then evaluated, described or compared according to the purpose of the assessment. To evaluate in this study means it relates to appraising or determining the value of. If this involves an estimation of worth then comparisons of value are essential elements of assessment.

Rowntree (1977) claims that at first sight assessment seems fair but it is believed that an objective model over-simplifies the nature of the assessment of skills. It does not follow that teachers and learners are in agreement about how these are best achieved.

It is also likely that students will make sure what the course demands and employ strategies to meet assessment requirements rather than acquire skills for practical situations. This point is invaluable for nurse teachers because of the nature of the clinical areas where they may have to teach. Rowntree claims that assessment criteria are imperative if one were to enquire about the truth of a particular curriculum. It may provide insights into the total concept of curriculum planning and
introducing or "grafting" new methods of assessments to an unchanged curriculum.

Assessments are generally divided into three broad categories, the written, oral and practical. In terms of their timing also classified as formative (on-going, periodic, continuous) or summative (terminal). All these types are used in nurse tutor courses. Formative assessment is usually intended to provide a measure or measures of attainment by means of a series of intermittent probes taken at intervals throughout a course. Currently the formative assessment is both popular and ill-defined as Mackintosh and Hale (1976) argue, that it means different things to different people. It is regarded as the panacea for all the ills of summative assessment. Rogers (1974) claims that a formative assessment demands and benefits from great flexibility in its operation. He likens it to the progress of a missile.

"As the missile homes on to its target it rarely follows the path originally planned for it. Its course is constantly modified by feedback provided from its previous path."

(Rogers, 1974)

Rogers (1974) states that a similar process of modification resulting from feedback ought to take place in education. Unless the education programme is sufficiently flexible it cannot provide useful feedback and hence cannot point to appropriate modifications. Schofield (1972) claims that the continuous updating of judgements upon students' skills can only be undertaken realistically if teachers are willing to
maintain careful and comprehensive records. Assessment raises the issue of the assessor, the use made of the assessment and implications for curriculum evaluation in nurse teaching.

1.4 Evaluation

In a skills-based approach it is argued that the use of objectives in curriculum planning makes the process of curriculum evaluation easier. Stenhouse (1975) claims that the major reason for the necessity of evaluation is the concern in "value for money". Downey and Kelly (1979) argue that the model of curriculum which identifies objectives, content, procedures and evaluation generates a summative form, since it is concerned with the extent to which objectives of the skills are met. This approach provides data that can be used to modify the programme if it is to be changed. A formative evaluation necessitates a different model of curriculum. It recognises that objectives, content, methods and evaluation are inter-related and is a continuous process which leads to or makes possible any changes during the course. This approach to evaluation consists of many dimensions such as analysing the obstacles to the student's achievement, the attainment of objectives and the value questions. Although many have assumed that there is a need for objectives for any kind of evaluation to take place, Downey and Kelly (1979) argue that it is not so, but they claim that one needs to then adopt a different approach to the task of evaluation.

The kind of approach adopted by Stake (1972) is "portrayal" where a comprehensive portrayal of the curriculum programme is viewed as a whole. Parlett and Hamilton (1972) are primarily
concerned with description and interpretation rather than measurement and prediction. They viewed curriculum evaluation as "illuminative". Recent research and developments raise the process of curriculum evaluation to a level of sophistication well above the measurement of student progress. These methods recognise that evaluation is continuous and dynamic. They also raise the question of who should undertake the task of evaluation. Shipman (1972) claims that different people have different perceptions and conceptions of curriculum evaluation. They may look for different data even when objectives are clearly defined. A major issue then is whether or not the evaluator is external or internal. The argument for the former is the open-mindedness and objectivity but Downey and Kelly (1979) claim that in the last analysis the teacher needs to be involved as the internal evaluator.

1.5 Comment
Current trends in policy and practice are making new and far-reaching demands on nurse education. Teachers of nursing and their colleges are under considerable pressure to improve their skills-based courses. As a response to these demands, nurse educators have become more interested in the wider aspects of theory and practice within the curriculum. Although the extensive literature on curriculum concerns are useful, these concepts refer to the school system (primary and secondary) and school teaching. Nurse educators have the problem of transposing ideas from this wider field to their own professional context. Subjective experiences of nurse educators suggest that nurse tutors encounter two main difficulties in their struggles to make use of curriculum design theory for
practical use. First, the available literature describes different approaches to curriculum design which are in disagreement with each other. The second difficulty is that the literature on the curriculum frequently over-emphasises theoretical debates at the expense of practical demonstration. A difficulty which is compounded for nurse tutors is the scarcity of worked examples in the design of nurse tutor course curricula which link theory and practice for professional training in nurse teacher education.

2. A humanistic approach

From the point of view of this approach the kind of person the individual is when he begins his professional training may be as influential in determining his ability to teach students as the kind or amount of education he receives in training (Combs, 1965). The term "preparation" is construed to include the student teacher prior to entering upon a specific programme in learning. Therefore this section identifies "selection" of the student tutor in undertaking professional training as a starting point for discussion. It then describes a humanistic approach to teacher preparation programmes which include the supervised teaching experience, the path taken by the programmes in the nurturance of personal qualities, the private world of the student tutor's experience, the student tutor's needs and the climate for his/her development.

2.1 Selection

McGrath (1962) argues that in a very real sense the term "preparation" should include the experience of the prospective teacher prior to entering teacher training. Although the
institution which attempts to prepare teachers cannot readily undo what may have been done earlier, McGrath claims it can attempt to weed out those whose traits of mind, character and personality may predispose them towards failure as teachers. He states that the institutions which prepare teachers for their professional responsibilities have as much responsibility for designing reliable procedures for their selection as much as for organising satisfactory subject matter and instituting proper procedures for their education. Combs (1965) states that with the present selection procedures students are selected on the basis of academic aptitude derived from past records and tests of academic ability. In a world dominated by scientific method one is provided with apparent proof of the superiority of controlled measurement over human observation. One is also impressed by the infallible statistic and as such, batteries of tests are given tremendous weight in selection. Lindsey (1961), McGrath (1962) and Combs (1965) argue however, that teaching is a profession dependent upon human values and these must be accepted as valid data to some extent. These commentators call for subjective judgements in the selection of potential teachers and the acceptance of human values and feelings as valid data upon which to make decisions. In doing so they highlight the need for selection to be based upon the very best data available or gathered and the judgements made must stand.

The relationship between the successful teacher and the variation in personal qualities have been studied by many scholars. Evans (1967) suggests that personal qualities of some students are likely to be fairly stable by the time they apply for admission to the course. He claims that these are the
qualities which should be given the greatest weight in the selection procedure because there is little chance of them being changed appreciably during the course. Evans suggests that the rule should be to select according to what cannot be changed and train what is changeable. He however, highlights the need to identify qualities which are more or less changeable and these may not be the same for both sexes.

McNamara and McNamara (1981) in their "case for the natural teacher" state that personal qualities and the character of the teacher are important and that characteristics which make the teacher "human" cannot be measured but could be identified. Penfold and Meldon (1969) claim that knowledge of personality type might be useful in the selection of student teachers. They reveal that the intuitive type of personality seems to be more sensitive to others. It is not suggested here that admission should be contingent upon student teachers showing intuitive personality traits but it highlights that students of this type also tend to be somewhat introverted. They claim that the candidates may not do themselves justice either at interview or during formal college practice. The generalisation has been made by Penfold and Meldon (1969) that the more understanding a teacher is of human feelings, emotions and needs, the more effective he will be. More specifically, empathy, social sensitivity or the ability to feel for others are significant for the practical problems of teaching. Combs (1965) describes sensitivity as feelings, belief and understanding, the ability to put oneself in the other fellow's shoes and see the way things are with him. It is a matter of making inferences against experience. Penfold and Meldon (1969) suggest that the
relevance of social sensitivity to teaching competence rests on the assumption that people who possess this capacity will be able and willing to use it constructively in the interests of good teaching. A humanistic approach in the process of selection begins with the student teacher feeling "it is alright to be me". (Combs, 1965).

2.2 Teacher preparation programmes

A humanistic approach to teacher preparation indicates that the development of the student teacher as a "person" is as important as acquiring the subjects he must teach. Combs (1965) sees a good teacher as first and foremost a "person" and good teaching as an intensely "personal thing". Thimme-Gowda (1948) states that the aim of professional teachers should be to provide adequate facilities for the prospective teacher to develop his full human integrated personality. It is now realised that the contact of the teacher with his students will be qualified at every point by the teacher's habits, attitudes, his personal qualities and ideas. There is an awareness of the varied educational problems with adequate ability to meet them. According to Sir Percy Nunn:

"The teacher will be an ideas-carrier between the great world and the school microcosm, infecting his pupils' imperceptibility with germs that he may fructify into ideas of sound workmanship and devoted labour. A teacher should be a fully developed human being to whom life has not ceased to be an adventure, who is loved and respected by his pupils and to whom they go with their problems without fear. He has to live and learn during this period of training in order to be a guide, philosopher and friend. He should develop a working philosophy of life, right attitudes to himself, to society and the profession."

(Nunn, 1945, p. 108)
A humanistic perspective claims that the individual's experiences and schemes are essential factors to be used when planning course programmes for student teachers. McLendon (1962) and Combs (1965) argue that the effectiveness or ineffectiveness of a teacher depends upon the nature of his private world of experience and perceptions. It follows that the perceptual world of the student teacher must be a matter of vital concern to teacher preparation programmes. Combs (1965) claims that professional education is not a matter of teaching people to perceive something entirely new and unique, rather it is a question of helping people with the perceptions they already have or discover new and deeper meanings of already existing concepts. According to this view the behaviour of a teacher like that of everyone else, is a function of the self-concept. Combs (1965) claims that the teacher who believes he is "able" will try. The teacher who feels he is liked by his superior will behave quite differently from someone who feels he is unliked. The teacher who feels he is acceptable to the organisation can behave quite differently from someone who has serious doubts about his acceptability. The teacher who has grave doubts about the importance and value of his profession may behave apologetically or aggressively with his colleagues and students.

It is apparent that if the self-concepts a person holds about himself determine behaviour as modern psychologists suggest, then teacher preparation must be concerned with the kind of self-concepts teachers in training are developing. These experiences and perceptions may have to be considered seriously in order to address the teachers' needs.
Within a humanistic framework therefore "needs" are paramount in the development of the student teacher as a "person". This means that teacher preparation programmes must be geared to pick the student up at whatever point he reached on entrance to the course and carry him forward as far as possible in the time he has with the college. Lindsey states that teacher preparation programmes do not produce a teacher:

"It would be more correct to say that it begins them. It enters the life of the individual for a short period, helps him to orient himself and turns him loose on his own once again."

(Lindsey, 1961, p. 102)

She argues that programmes must be geared to student needs yet throughout the teaching profession there is no principle more often violated. It is much more convenient to handle student teachers as though they were alike even when it is known that they are different. Lindsey argues that teacher preparation must treat its students as responsible people and encourage the growth of responsibility through independent action on the part of the student. It will need to involve student teachers intimately in the planning and direction of experiences and programmes. Lindsey argues that instead of focusing attention on what students "do", teacher preparation programmes must learn to concentrate on how students feel, believe and think about themselves, their subjects and their purposes. To help students in this way calls for college teachers who are skillful in establishing a warm, non-threatening relationship with students. The teachers need to possess a clear understanding of what it is to be truly helpful. They need to
have self-discipline so that they do not make the mistake of imposing their own values on the student teachers. In addition to being knowledgeable in their own right, those who are chosen for these positions will need to be people with respect, dignity and integrity for others who will value differences and be able to respect the right of student teachers to find their own best ways. The college will need to provide administrative, instructional and physical facilities for encouraging student teachers to develop. McGrath (1962) claims that an atmosphere conducive to personal exploration and discovery of technique are essential for the student teacher as such college teachers need to root out barriers which lie in the path of such exploration. Combs (1965) argues that barriers to student teacher developments are by no means all physical. Administrative rules and regulations concerned to facilitate achievement of certain purposes have a way of developing an autonomy of their own. These continue to exist long after the purposes for which they were meant to facilitate have changed to something else. This results in the apathy and inertia which stunts the student teacher's development.

Given a conducive climate for development the growth of the student teacher as a "person" involves the cultivation of his own field of abilities. McGrath (1962) claims that the college experience should excite interest in the intellectual life of the student teacher. As such, a qualified teacher should be recognised not so much by the ease with which he can reproduce facts related to his own field of competence as by his continuing interest in the issues and problems of education.
To do this the college must be dedicated to the task of working closely with student teachers in the development of intellectual interest, knowledge, a concern for the individual student, his many qualities of mind, character, personality and ambition. McGrath (1962) points out that teacher preparation should offer the student teacher the opportunity to identify his own field of interest. This would enable him to acquire the essential knowledge and skills in that field to carry him onwards towards his professional and vocational goal. He argues that vocation and motivation enhance scholastic achievement. Hence teacher preparation within proper limits should permit the student teacher to continue his development through individual study or further his interests in formal education or both. The educated adult faced with complex problems in the physical and social world cannot launch an experiment to discover the solutions he requires. He needs to be driven by intellectual curiosity to possess the ability to discriminate between reliable and unreliable sources of information that already exists. Teacher preparation's fundamental responsibility is to cultivate these abilities, essentially because they have pragmatic application to the world around.

In the development of the student teacher as a "person" a humanistic approach employs the notion of understanding education as a "whole". McGrath (1962) argues that the student teacher should be exposed to thinking of education as an entire enterprise, rather than compartments of skills. Orientation to this way of thinking would mean basic knowledge necessary to consider intelligently, the educational problems which morally they can neither avoid tackling nor solve in ignorance. He
argues that in the teaching profession as a whole, too many useful discussions are lost to rigid attitudes, emotion and rhetoric, resulting from poor self-development, under-developed abilities and unavailability of relevant knowledge and understanding. McGrath (1962) calls for planned information for all student teachers which will assist in the practical resolution of their problems. This may be useful advice for nurse tutor training.

2.3 Supervised Teaching Experience

Having received the theoretical principles and content of teaching and learning, the student teacher needs to apply this knowledge and understanding in the real world. Teaching practice therefore occupies a central place in the concurrent education of student teachers. Shipman (1965) argues that most student teachers rank the practical experience of teaching as the most valuable part of a teacher training course. He claims that teaching practice is the fulcrum around which theory courses balance. Undoubtedly then, the most critical part of the student teacher's course is the supervised teaching experience. He learns the skills of his craft by performing them under experienced practitioners. McGrath (1962) claims that every professional man whether he is a surgeon, lawyer or social worker, knows how extensive and precise his theoretical knowledge is. He only became a competent practitioner with actual use of his knowledge in practical problems in the operating theatre, courtrooms or social service. As such these professions initiate their novices into actual practice, long before they undertake independent duties with their clients.

Yet many student teachers enter classrooms on their own with
considerable anxiety and insecurity. They learn by trial and error at the expense of their students. Combs (1965) points out that for most people there is a natural reluctance when giving oneself over to untried and unknown circumstances. He suggests therefore a warm friendly understanding and an encouraging atmosphere during a student teacher's exploration of methods. He informs the college teacher that pre-occupation with method can seriously interfere with a student teacher's success as a teacher. Over-concern with method may get in the way of the smooth operational characteristics of good teaching. The principle of readiness which governs so much of what teachers do in their daily job must also be applied to the teacher's own experience in learning to teach. He needs to explore and try out what he is ready to do. The methods with which he experiments need to be those he can be comfortable with. It is a question of finding those techniques which best fit the student teacher operating in a complex and changing set of circumstances. He needs to have rich opportunities to see the kind of methods and materials which other teachers have found useful. He needs to observe other teachers in action, examine curriculum materials and demonstrate audio-visual effects. He must be given time to explore, at his own speed in terms of his own needs without prejudice. Combs (1965) claims that critical appraisal should be sufficiently secure so that the teachers can permit other teachers to critically examine their own methods and procedures without fear of reprisal.

Teaching practice however is not only to give help and ensure synchronisation with theory. It is assessed as a part of the course. According to Cattell (1930) and Evans (1951) the
focus will not be on the inevitable subjectivity of the facts in such assessment but on the way they measure the student's past performance and predict the future. Price (1964) argues that teaching practice has a certain validity and acceptance in the schools for precise reasons. These may be the need for a supply of new teachers, the possible transmission of new and up-to-date ideas from college to school via the students on practice, or the relief that average and better students bring to a school often hard pressured for staff and for "free time".

The transaction between schools of nursing and educational institutions however vary owing to the demands of both organisations. Every class may have different problems for student teachers. In teaching practice these problems could be aggravated by the need to adjust to conditions rather than change them. Student teachers may enter schools with very different climates of professional thought. This may affect the methods of teaching, their attitudes and the supervised practice. Shipman (1965) argues that teaching practice generates a considerable amount of tension in the practical situation mainly due to the assessment procedure. But while there is no substitute for teaching practice, this section of the curriculum is attacked continuously by teachers, interested groups and student teachers themselves for its artificiality. Nurse tutors are not exempt in their views on this point.

2.4 Comments

Student teacher preparation must be relevant to the students' experience of the world if their motivation is to be
maintained. We may run the risk of alienating student teachers from the educational experience if we fail to take account of factors other than the logical presentation of disciplines of knowledge. A humanistic approach reminds us that teacher-preparation is about helping students to "become" nurse tutors. The emphasis is on sensitivity to experiences, human values, beliefs and understanding. In a real sense the curriculum is those students' personal experiences which may require a teaching response.

A humanistic approach argues for more self-assessment for student-teachers. The setting of one's own objectives is to make the student teacher more autonomous and self-directing. Some commentators would argue that the classical model of professional training stultifies the student and impairs his creativity and originality. A humanistic approach towards teacher-preparation indicates that the teacher-student distance should be reduced.

**2.5 Implications for the study**

Firstly, this chapter discusses some of the formidable and growing mass of literature which has become a distinct area within the subject matter of school teacher training. It illustrates that a skills-based approach and a humanistic approach which are complementary to each other should be considered when planning a balanced teacher training programme. It explains the usefulness of both approaches and the differences in their emphasis.

Secondly, just as no single theory of learning can account for
all learning, there can be no single approach or model which can entirely account for all nurse tutor training. The focus of their concern is on the usefulness, strengths and weaknesses of particular approaches.

Thirdly, this study suggests that in the absence of continuing debate and dialogue among nurse educators of how best to prepare nurse tutors, the above views on some basic considerations of school teacher preparation may have substantial value and contribution to nurse tutor education in the future.
Chapter 3

NURSE TUTOR PREPARATION
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NURSE TUTOR PREPARATION

Introduction

The overall aims of this chapter are three-fold. First, to identify issues concerning the nurse tutor preparation courses which have been highlighted by commentators. Second, to provide a commentary of the one year full time nurse tutor preparation courses in England and Wales. Thirdly, to bring into focus the emerging major issues in nurse tutor preparation which inform this study.

This study examines a premise that nurse tutor preparation is concerned with the provision of planned opportunities for developing knowledge and understanding of educational principles, competent class-room and clinical practices and becoming skilled in the use of learning situations within schools of nursing, in the hospital and community. The literature search revealed however that little emphasis has been focused on how nurse tutors were prepared. A critical review of the literature on nurse tutor preparation has addressed a few issues only. In what follows these are discussed.

1. A critical review

1.1 Academic levels of nurse tutor preparation courses

Wells (1981) identifies a number of academic teacher preparation courses which lead to eligibility as a nurse tutor. He argues that there are no fewer than five different academic levels which confer eligibility to practise as a nurse tutor. An examination of the nurse tutor preparation curriculum does
not enable one to identify precisely what it is which confers the eligibility of candidates to teach nursing effectively.

1.2 Curriculum content

Fawkes (1969) points out that nurse tutors need to be prepared for their roles both in the hospital, schools of nursing, at the bedside, in the clinic and department or community. She calls for a comprehensive curriculum which assists the nurse tutor in specific roles related to these situations. Green (1981) highlights the scarcity of a relevant and systematic approach to the study of nurse tutors who are key members of the nursing profession. She argues that there has been no detailed examination of the subject matter which the nurse tutors are required to teach.

Wyatt (1978) argues the need and importance for the nurse tutors to excel in transmitting appropriate knowledge for the safety of patients and the professional competence of the nurse. The student nurse tutors must therefore have adequate preparation in these areas to grasp the related knowledge and understanding. Sheahan (1981) addresses the need for nurse tutor preparation courses to have adequate research appreciation and research methodology as key content in the curriculum.

Akinsaya (1986) claims that although specific educational objectives are laid down by training institutions and validating authorities it could be argued that nationally agreed "standards" do not exist on paper inspite of the fact that the English National Board is ultimately responsible for
the over-view, approval and funding of courses. Akinsaya's research on the "role of life sciences in nursing and the
preparation of the nurse teacher" reveals that only 14.8% of
nurse tutors had considered their life sciences background was
adequate for coping with the range of teaching normally
required by the nurse tutors. He states that these are the
subjects which are excluded from most nurse tutor training
courses. Akinsaya suggests that a serious re-think which takes
into account the varying types of teacher training courses is a
necessity. There has been comments about the course contents
from time to time but teacher preparation courses have lacked a
clear policy. The central point which the above commentators
make is that throughout the years nurse education has failed to
implement a coherent policy that has taken curriculum content
and teacher preparation as a whole seriously.

1.3 Theory and practice
Wells (1984) emphasises that there have been crucial problems
in nurse tutor preparation for almost four decades and these
have previously been identified in specific reports. But
inspite of these problems being re-discovered they still
remain. One of these issues is teaching theory in the
classroom, but not teaching practical nursing in the clinical
areas. Wells (1984) claims that the reasons are the lack of a
coherent policy for theory and practice in nurse tutor
education and the inability of the institutions to effectively
respond to the statutory bodies. The Royal College of Nursing
Working Group (1983) however identifies clearly and strongly
the issues of clinical practice for nurse tutors. They
recommend that all courses for nurse tutors should prepare them
to teach nursing practice within the clinical environment. The point to stress is that although the nurse tutor's role involves competent class-room and clinical practice, the linking of theory and practice has not been an integral part of the nurse tutor preparation course.

1.4 Absence of nurse tutor preparation course evaluation
Wells (1984) highlights the fact that given the number of nurse tutor preparation courses no proper comparative evaluation of these has been undertaken by or on behalf of the statutory bodies. This may be one reason that nurse tutor courses have not been modified for many years. An inconsistency in the levels or standards of a course may have educational and financial relevance.

1.5 An emphasis on the adult learner
Birchenall (1985) argues that nurse tutors are involved in the professional development of learner nurses and qualified nursing staff. He claims that when a curriculum is planned for student nurse tutors there is a need to establish who and what they should eventually teach. It is clear in nursing however, that all learner nurses are recognised as adults and it is therefore reasonable to expect that the curriculum for student nurse tutors be introduced and directed in the ways that are appropriate for adult learners. This in part involves them assuming responsibility for their own learning and engaging in self-direction and self-evaluation which will eventually enhance their capabilities.
Mezirow (1983) suggests a deviation from a strictly prescriptive to an open curriculum for adult learners. He argues however, that new approaches to curriculum may bring conflict to student nurse tutors who may have previously received as student nurses a strictly prescriptive curriculum. Mezirow states that an awareness of an open flexible curriculum would indeed have a direct bearing upon how content is taught and be useful to the student nurse tutor not only during the teacher preparation course but throughout his professional life. It would assist him to construct educational goals which are integral throughout the total programme and understand the curriculum within which to function. The fulfillment and interpretation of these goals may depend largely upon the teaching styles he adopts, the learning opportunities he creates, the availability of resources and experience.

In any situation where the quality of service is all important the quality of education and training in knowledge, skills and values must be high. The ability for a teacher preparation course to identify the appropriate levels required by these adult learners should give them mastery of teaching and learning skills.

1.6 Comment

One may take the view that a serious continuing debate about nurse tutor preparation has not been forthcoming through the years. The literature gives the impression that nurse educators have not taken up views, concepts, principles and issues from other areas of professional training which may have been of benefit to them. Most of all it demonstrates that nurse tutor
preparation has not been seen as an integral part of nurse education. It is therefore important for this study to investigate nurse tutor preparation as it is today. In what follows this is discussed.

2 A commentary of the present one year full-time nurse tutor preparation course

As indicated by Wells (1984) no proper evaluation of nurse tutor preparation courses has been undertaken by or on behalf of the statutory bodies at the time this research was undertaken (1986/87). As a necessary part of the study an exploration and commentary of the current one year full-time nurse tutor preparation courses was undertaken. How learning and teaching are organised by colleges of education may provide valuable guidance to policy makers, schools of nursing and indeed to nurse tutor educators.

Information about courses discussed in this section is based upon interviews with course directors and supporting literature given to the researcher (see Appendix B). Common themes identified by the course directors and which were central to their discussions are:

Type of institution, geographical location of institution, title of course/certificate, validation of course, approval of course, length of course, recruitment, selection, course aims and key content, practical experience, pastoral care, teaching methods, assessment, curriculum evaluation. (For a commentary of the teacher preparation courses see Appendix C).
2.1 Type of institution

The one year full-time nurse tutor preparation courses are held in the following types of institutions: polytechnics, institutes of higher education, universities, The Royal College of Nursing.

In addition to the educational requirements set by the individual institution each candidate must meet all the professional entry requirements set out in UKCC circular PS&D 86/10, now superseded by circular 1988/03/PAB and 1989/20/DJ.

Students are funded for the courses by the English National Board. The Board reimburses salary, subsistence and agreed associated costs for teacher students who obtain ENB funded places on teacher training courses. The Board pays the students' course fees directly to the approved educational institution.

Each educational institution is approved to provide a specified number of funded places for each course. Unless otherwise stated by the institution, a place offered to successful candidates will be an ENB funded place.

2.2 Geographical location of the institutions

In 1986/87 there were four institutions in London, two in Yorkshire and one each in Lancashire, the Midlands and Wales, which prepared nurse tutors. Out of a total of nine institutions, seven held multi-disciplinary courses for student tutors and two only served inter-professional students of nursing. The significance of the distribution of the
institutions in 1986/87 when the present research was conducted is that there were more colleges of education which prepared nurse tutors in the London area.

2.3 Title of nurse tutor preparation courses and certificates
A close examination of the courses demonstrated that there were differences in the course titles as indicated below. They also highlighted the differences in educational requirements of individual institutions (see Appendix C). It must however be noted that the outcome of all the nurse tutor preparation courses is the eligibility to practise as a "Registered Nurse Teacher". The above mentioned differences allows one to question whether or not the philosophy and standards of all the courses are similar?

(a) Teacher's certificate (Further Education)
(b) Certificate in education (Further Education)
(c) Diploma in nursing education
(d) Certificate in education for teachers of nurses
(e) Post graduate certificate in the education of adults
(f) Post graduate certificate in education (Further Education)
(g) Certificate in education (Further Education) for non-graduates

2.4 The nurse tutor preparation course - Hand-book
Observation of the tutor preparation course hand-books illustrated variation in the style of writing, quality of print and paper, content and the usage of language to express or define similar structures, processes and outcome. Some colleges
appeared to have given much thought to the quality of the presentation package than others. This presentation may demonstrate to the students the quality and commitment to the standards of the total course which they would undertake.

2.5 Validation

Each course was validated by a university or the Council for National Academic Awards (C.N.A.A.). The statutory guidelines envisaged that validation improves the quality of nurse education within a given set of resources. The directors of nurse tutor preparation courses however, said that preparation for validation is a difficult and time-consuming task. The energy required by administrators and the tutors in preparation for the course validators was enormous. Frequently the feelings of the directors of nurse tutor preparation courses ran the emotional gamut from total exhilaration to utter frustration. That is they were interested in improving the standard of the courses but claimed that they did not have the time for this extra work. At present the C.N.A.A. validates three courses and universities six.

2.6 Approval of courses

At the time of this study eight nurse tutor preparation courses were approved by the English National Board and one course was approved by the Welsh National Board.

2.7 Length of course

There was considerable variation in the length of courses which differed by up to six weeks as set out in table 3.1.
### TABLE 3.1

The duration of each nurse tutor preparation course

<table>
<thead>
<tr>
<th>Duration in weeks</th>
<th>No. of courses</th>
</tr>
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<tbody>
<tr>
<td>37</td>
<td>4</td>
</tr>
<tr>
<td>36</td>
<td>2</td>
</tr>
<tr>
<td>34</td>
<td>2</td>
</tr>
<tr>
<td>31</td>
<td>1</td>
</tr>
</tbody>
</table>

#### 2.8 Recruitment

All nurse teacher preparation courses were over-subscribed and only minimal recruitment problems were experienced by the institutions. Discussion with course directors revealed that many recruits were nurses from the local hospitals. The reasons for this were ease of transportation, family commitments and information conveyed by colleagues about the teacher preparation course. A few candidates however, arrived from afar. The course directors indicated that the responses to National Health Service and nursing journal recruitment notices are excellent. Each college was allocated twenty-six to twenty-eight funded places for each academic year and these were generally filled.

#### 2.9 Selection

Besides the statutory requirements of the National Boards and the United Kingdom Central Council, the individual institutions had specific regulations concerning selection which had to be taken into consideration and there were variations in the selection procedures (see Appendix C).
For some colleges a formal interview was not necessary for entry to a course, while at others an interview was a vital part of the selection of appropriate candidates. Informal interviews were used by some course directors who considered them as the most effective method of getting to know the candidates. At one institution the age limit appeared to be an overtly stated criterion while others were flexible on this point. Two colleges considered that formal written testing of candidates on areas such as "evidence of study on biological sciences, behavioural sciences, integration of theory and practice and research" was important. Other colleges did not perceive this to be an essential component in the selection procedure. Two colleges preferred to allow the candidate to submit at interview an essay which had been pre-set by the course director or a case study written by the candidate at home.

Five 'O' level passes seemed to be the agreed criterion for all colleges. Particular colleges however insisted on either a combination of English and Sociology or English and Biology G.C.E. 'A' level passes.

Two colleges identified numeracy and literacy as vital pre-requisites for nurse teaching. On the basis of Mathematics and English 'O' level G.C.E. examination results these colleges held a twelve-week course on the specific subjects during the nurse tutor preparation course. It appeared that each college while conforming to clinical, professional and educational criteria, differed in their actual selection procedures. Some candidates experienced less demand for being tested for entry
to a teacher preparation course, therefore they underwent a less stressful pre-selection period, while others went through rigorous schedules to be accepted on a similar course.

2.10 Course aims and key content
The present section employs "course aims" and "key content" in unison, owing to the usage of differing terms in the college hand-books. For this particular reason it was decided that a comparison can only be made in this instance by the use of both these concepts simultaneously.

The course aims were written in varying styles either as lengthy overall aims, course aims or subsidiary aims. The course content was expressed either as objectives or learning goals, written in a behavioural objective format, or as subject titles, models, themes, sectors or foundation studies all of which appeared to convey a similar meaning.

Two colleges perceived language and language skills as an important concern in the course content, while others did not see these as vital components in the curriculum. In their ongoing and final assessment, one college examined the student nurse tutor in both written and verbal language skills.

The overt designation of "research" as a topic in the curriculum appeared to be weak in most course programmes. While considerable attention was given to it throughout all themes developed in two colleges, research was not given any importance by the other seven.
The nature of the course title appeared to reflect the philosophy and operations of each college. Each course tended to favour a specific approach which was skills based or humanistic. The activities of some colleges demonstrated a dominance of prescriptive classroom skills while others concentrated on the adult learner, self-directed studies and personal qualities. It is apparent that at the successful completion of nurse tutor preparation courses all participants became eligible to practice, but what they practiced and how they practiced may have differed. The nurse tutors' attitudes to practice may be influenced by the particular course they had attended and the teachers who influenced them during the course.

2.11 Practical experience

2.11.1 A matter of title
The practical teaching experience of the student nurse tutor was given varying titles by each institution. They were: supervised teaching experience, practical teaching, professional practical experience, teaching/practical experience.

2.11.2 Duration of practical experience
The practical experience in the placements varied in terms of pattern and duration. The total teaching practice weeks ranged between 9 and 16.

2.11.3 The pattern of practical experience
The practical experience differed in terms of day and block placements. Day placements allowed the student nurse tutor to
experience a single day in a school of nursing. Block placements allowed student nurse tutors to fulfill an allocated number of weeks as a whole. During this period they undertook the teaching and learning opportunities solely offered by the host schools of nursing. Each institution exercised its own particular pattern as illustrated in table 3.2.

<table>
<thead>
<tr>
<th>Course No.</th>
<th>No. of Single day placements</th>
<th>No. of Block placements in weeks</th>
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**2.11.4 Placement for practical experience**

Generally student nurse tutors were placed in schools of nursing by their parent college. Some colleges however used both schools of nursing and colleges of further education depending on the availability of places. In the case of "block"
practical experience, one student nurse tutor may be placed in the same school of nursing for both placements while another student may have different placement schools.

2.11.4.1 Day placements - The content of the day placements was open to negotiation between the student nurse tutor, course director and the school of nursing. The course directors stated that the needs of the student tutor were taken into consideration and provisions were made for teaching opportunities and student contact. This part of the course programme linked the theoretical concepts of the course to professional practice and prepared the student nurse tutors for the "block" placement.

2.11.4.2 Initial block placement - Discussion with the course directors indicated that the first teaching placement was an opportunity for the student nurse tutors to orient themselves to the school of nursing environment. It allowed them to meet members of the teaching staff, clinical staff and students. The directors stated that this would be an excellent opportunity for the student nurse tutors to re-define their own strengths and needs within the context of a school of nursing. It would also help them to make personal action plans which may guide them through the rest of the course and the second teaching placement.

2.11.4.3 Second block placement - The second "block" placement gave the student nurse tutors the opportunities to improve their teaching skills and experience. It also enabled the students to observe the full range of activities of tutors in a supportive atmosphere.
2.11.5 Guidelines related to the practical placement

Two colleges required a prescribed number of practice-teaching hours from the host organisation, while the other seven colleges left it open for negotiation with the host organisation. Two colleges who only train student nurse tutors within an inter-professional capacity gave definite guidelines to the host organisation on the required clinical experience during practical placements. Two other colleges requested the host organisation to provide its college profile, in order to assess the activities of the total organisation, i.e. the availability of courses, types of courses, staff ratios, equipment used in teaching and the means by which a student nurse tutor could be helped during the practical placement.

In order to ensure direction and guidance, one college brought the student nurse tutors back to the college or to an identified centre for periodic feedback during the practical experience. One college made a formal request to the host organisation that the students be allowed one private study day per week. Others did not make such requests which resulted in the students being given a full workload. While there was no rationale for these varying patterns and guidelines in the conduct of the practical experience, it was difficult to perceive which action was most effective or which satisfied all student nurse tutors.

2.11.6 Mentor

A mentor during the practical placement serves as a role-model and guide to improve the skills of the novice. He becomes a
model not because he is able to demonstrate effectively, but because "he knows how to do it, when to do it and why to do it" (Atwood, 1979).

Discussion with course directors revealed that an identified mentor from the host organisation was important and a major step forward in helping the students. Some host organisations made every effort in the preparation of mentors. Half-day or day courses were held for named mentors from particular organisations on an annual basis. This was followed up with further meetings to aid discussion and to clarify the problem areas of the mentor role. According to one course director however, "many a good discussion was lost owing to emotive argument". One believed that the named mentor who received the mentor preparation was not the person who related to the student nurse tutor once he entered his placement school. In many instances the newly designated mentor was quite unaware of the particular role he was required to perform. He lacked the knowledge and understanding and was totally in the dark about the procedural functions of effective mentorship.

2.11.7 Tutor visits
All student nurse tutors had a named supervisor/tutor who may or may not go on to act as a professional facilitator to the student during teaching practice. The college staff usually supervised up to approximately 10 students on teaching practice. Course directors and tutors made every effort to visit the students during their practical placement to provide support and for the purpose of assessment. Each tutor from the college made an average of two visits to each student nurse
tutor but the frequency and range of visits varied. The student nurse tutors could expect a minimum of two visits by particular college tutors, reaching a maximum of six visits by other college tutors. Most tutors expected to have professional contact with a student nurse tutor for a period of one-and-a half to two hours during an assessment visit.

2.12 Pastoral care
Pastoral care was an important area in the course programme. This involved listening to the student nurse tutors, identifying their needs, advising, counselling, assisting with their difficulties, problems and giving supportive guidance. It was evident that the frequency, duration and the person who does the pastoral care varied with each college. Some students were allocated a period of fifteen to twenty minutes each per fortnight for pastoral care. For other students it was an "open door" policy which meant that the students had access to the tutors without an appointment system. The allocation of students to named staff members for pastoral care also followed varying patterns. The allocation of six to eight students per tutor was the remit of one college, while in other colleges students were advised to seek guidance and support from whoever they wished, within the staff membership of the institution's boundaries.

2.13 Teaching methods
Course hand-books concerned with "methods" varied. Particular hand-books illustrated the methods used generally within the total nurse tutor preparation course, while others indicated precisely the kind of teaching method used in terms of their
identified subject, title, model, theme, sector or behavioural objective. Discussion with course directors revealed that a range of learning methods were used to develop an "intelligent" skilled teaching performance. These included lecture/demonstrations, workshop activities, group work, micro-teaching and video presentations. The course directors were of the opinion that the span of methods which were used included those conducive to "conceptual clarity and acquisition of principles".

The course directors highlighted the increasing use of a student centred approach in the preparation of the student nurse tutors. This meant the shaping of the course to meet the needs of both the nursing group and the individuals within it and generating a climate for adult education. The emphasis was to use the knowledge and skills of the student group to help each other's learning. Self-directing learning was therefore a high priority in the students' learning repertoire. Wherever possible the learning principles and skills were linked to needs arising from the problem-solving activities in small groups and related practical activities. The programmes were supported by lectures and other large group activities such as seminars.

2.14 Assessment

The assessment of the student nurse tutors varied in each institution. For some student nurse tutors the assessment entailed a formative approach only. This approach took account of the course work such as essays, assignments and supervised teaching experience. For some others a viva-voce was added to
the course work and supervised teaching experience. In some colleges student nurse tutors were given a final written examination after having previously experienced a formative assessment.

Continuous assessment with the aid of "course journals", project work, exercises and formal assessments during supervised teaching experience were used by one college. Another college took pride in the many formative strategies which included an essay, an end of placement report, an evaluation essay and two reports on the supervised teaching experience as summative assessment. It was difficult to perceive whether the college tutor's visits were primarily for assessment or for guidance. There may be a time when guidance was most needed and would have the greatest impact, but the tutor was in the worst position to give it if he was in the capacity of assessor.

The course directors said that the strengths and weaknesses of assessments were many and that agreement on any one type of assessment technique was not an easy task. They were of the opinion however, that evaluation of the effectiveness of any particular pattern of assessment was paramount for students and tutors. Most of all they highlighted the importance of the coping strategies of students and themselves in relation to the particular choice of assessment procedure. They thought that the methods of assessment which were adopted aimed to provide a reasonable standard for the course as a whole, whilst allowing for variations where appropriate. The external examiners moderated the assessments made within the college by visiting
the student teachers during their practical experience. They also examined course work and major assignments.

2.15 Curriculum evaluation

Nurse tutor preparation courses operated under the supervision of an academic board or particular college. The responsibility for overseeing the course was delegated to a board of studies or course committee who met regularly to review all aspects of the course. The review areas included recruitment, selection, aims, content relevance, methods, assessments and evaluation. The course tutor was responsible to the board of studies for the conduct of the total course, the preparation of the course hand-book and providing information of developments concerning the course to staff and students.

A detailed examination of course hand-books revealed that six colleges evaluated their curriculum. Discussion with the rest of the course tutors indicated that stringent curriculum evaluation procedures did take place, although these had not been made clear in the course hand-book.

Generally, curriculum evaluation took place in varying forms as illustrated below:

2.15.1 On-going curriculum evaluation:

a Comments and suggestions made by students during feedback sessions, class discussions and tutorials.

b Structured and unstructured questionnaires at the end of each term.

c Student representative views at departmental meetings.
d Provision of opportunities for students to re-appraise content, methodology and professional experiences.

\[ \text{2.15.2 End of course curriculum evaluation:} \]

a Completion of structured and unstructured end of year questionnaire.

b A co-operative mode of inquiry by invitation to mentors and directors of nurse education, in order to provide comprehensive bases for informed judgements on the total course.

\[ \text{2.16 Overview} \]

Each respondent in the present study underwent a nurse tutor preparation course in one of nine colleges approved by the English National Board and approved by the Welsh National Board. Seven colleges accepted students from any discipline and two colleges allowed inter-professional (nursing) students only.

As a starting point, the title of each nurse tutor preparation course differed as did the specific criteria which each college required for the selection and entry of students. Six courses were validated by universities and three were validated by the C.N.A.A.

The duration of courses extended from 31 weeks for one college to 37 weeks for others. It was difficult to assess what some student tutors may have gained or others may have lost in relation to the six weeks difference in time.
As indicated by Wells (1981) a close look at the curriculum did not identify what conferred the student nurse tutors to be effective in their teaching. There seems to be a lack of clarity in the usage of nomenclature such as aims, objectives, content. This made comparison and assessment of the curriculum difficult.

The practical experience also differed in nomenclature, duration of placements, pattern of placements and the guidelines which were given to the respondents by the colleges. It seems difficult to understand that all nine courses prepared the candidates for similar qualifications.

The visits of college tutors during the respondents' practical experience and their mentorship showed considerable variation. The philosophy of pastoral care differed with each college resulting in varying modes of help for the student nurse tutors.

How students were assessed showed a pattern of variation in all colleges and there appeared to be little justification for a specific method or approach of assessment taken by a particular college.

Curriculum evaluation took many forms. It was evident that some colleges overtly described the methods of evaluation which were currently undertaken while others failed to do so.

The above commentary points out that student nurse tutors may successfully complete a nurse teacher preparation course but
how they were prepared varied to a great extent. This experience may have a lasting effect on the way the student nurse tutors perceived nurse teacher education and indeed the commitment to their future role and the way they perform it.

The major themes which have emerged from the literature and the debate and the comments of course directors and others highlight the following:

- Recruitment and selection
- Curriculum
- Course duration
- Course evaluation
- Student tutor assessment
- Teaching practice
- Mentorship
- Pastoral care
- Adult learning
- Links between theory and practice.

The above mentioned themes were fed into the study in the first instance by undertaking a review of the literature. This may enable the researcher to have a greater understanding of concepts and practices in training institutions and schools of nursing.
Chapter 4

THE PROBATIONARY YEAR OF SCHOOL TEACHING
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Introduction

The successful completion of a recognised course for nurse teachers enables a trainee to enter a school of nurse education as a registered nurse tutor. She does not receive special treatment during her induction year. She takes similar responsibility along with her colleagues in the school of nursing. A probationary year for the newly qualified tutor is not identified within the statutory framework of nurse teacher education. The problems which they have encountered during this period have largely gone unnoticed through the years.

In what follows the available literature on the probationary year in school teaching is discussed in order to see whether perspectives and findings drawn from this body of information will be useful in the investigation of the nurse tutor's circumstances.

1 A review

In accordance with the Department of Education and Science (D.E.S.) memorandum 10/68 teachers in maintained schools throughout England and Wales have served their probationary year under statutory provisions until 1989 when new orders were introduced. Both the Department of Education and Science and educational reports have voiced their opinion from time to time about the role of the probationary year which should be seen as a period of professional training. In 1944 the McNair Report proposed that the probationary year ought to be made an effective part of the training for all students but that it
would entail the development of administrative machinery and take a great deal of time. In 1967 the Plowden Report indicated that it was doubtful if the majority of young teachers were being given guidance or provided with conditions which would reinforce their training during the probationary year. Between 1966 and 1969 the Bristol University School of Education Research Unit carried out a national survey sponsored by the Department of Education and Science to collect facts concerning teachers in their probationary year. The results highlighted many issues which were of importance to educators (Taylor and Dale, 1971). The Headmasters' Conference and Headmasters' Association and Joint Working Party in 1970 unanimously agreed that the probationary year was a mockery of what it should be. The gross inadequacy of the present arrangements were re-inforced by the James' Report in 1972 which argued that:

"Nothing has impressed or depressed us more than gross inadequacy of the present arrangements for the care of the probationers."

(para. 3.10)

The subsequent White Paper (1972) "Education - A Framework for Expansion" outlined major changes to help probationary teachers and ease the strenuous burden of entry into the profession. The James Report shared the views of the White Paper that a teacher during his first years of service needs and should be released to participate in a systematic programme of professional guided experience and further study which should include:

1. The release for not less than one-fifth of his time-table for in-service training.
2. A light overall timetable, so that only three-quarters of a full teaching load be undertaken by the probationer.

3. The recommendation that each school must have a member of staff nominated as a "professional tutor".

(paragraph 3.50)

The relevance of the James' Report and the White Paper (1972) are of considerable significance to the present study because they demonstrate legislative interest concerning:

1. The recognition of continuing professional training.

2. The recognition of the inadequacies and needs of the probationer.

3. The recognition of support for the probationer and the need to link theory with practice.

Such concern for the first year nurse tutor has yet to be highlighted in nurse education reform.

The aforementioned literature signifies that teacher training does not terminate after the initial period of study. It identifies the areas of concern such as supervision, links with other agencies, a co-ordinator role, general oversight of the probationer and the availability of a resource person to act as a mentor. It informs nurse teacher education of the seriousness and the degree of importance with which the probationary year is held within the statutory framework for teacher education. By the provision of sufficient teachers and making recommendations possible, the above mentioned literature demonstrates that the probationary year is crucial to the teacher and education as a whole.
1.1 Patterns of change

As a direct result of the White Paper (1972) two official pilot schemes funded by the Department of Education and Science were set up, one in Northumberland and one in Liverpool. They commenced their operations in 1974. It is stated that other Local Education Authorities were encouraged to set up their own unofficial experiments in preparation for the introduction of the scheme (Bolam, 1973). In response to this encouragement many local Educational Authorities had begun induction programmes extending beyond the general expectations of the Local Education Authority advisors. Baker (1976) stated that many schools delivered structured assistance to probationers in staff development.

The projects at Northumberland and Liverpool were monitored and co-ordinated by the Teacher Induction Pilot Schemes (TIPS) project team. Their preliminary findings suggested that five basic models of approach to induction of probationers were in existence (Bolam, Baker, McMahan, 1975).

The five basic models of approach to induction of probationers are described below to illustrate how a government initiative can promote interest, motivate, examine policies, develop skills, abilities, creativity and innovation. It demonstrates to nurse teacher education the usefulness of a coherent policy which was well co-ordinated, implemented and evaluated.

1.2 The five basic models of the induction of probationers are:

1.2.1 On the job traditional model

In this model there was an absence of a designated person to
assist probationers. Supportive measures were scarce. The probationers were left to learn for themselves. They were treated as juniors.

1.2.2 **On the job model**

This approach provided a structured programme designed to provide the probationers with an easy transition to the schools. The model was seen as a part of professional development for all probationers. The deputy head teacher was generally responsible for this programme along with his other duties.

1.2.3 **Off the job model**

In this approach structured provision for helping and supporting the probationers was outside the school, provided by Local Education Authorities and external tutors.

1.2.4 **The visiting tutor model**

This approach advocated the appointment of an external tutor or a school tutor with specific responsibilities for assisting probationers.

1.2.5 **The White Paper model**

This approach supported the probationers both in school and by external programmes. It enabled a guaranteed release of the probationers from classes for one day per week throughout the first year. A specially paid "teacher-mentor" was appointed from within the school. This person had no responsibility for initial training or in-service education for the experienced staff.

The sub-committee on the induction and in-service training set up by the "Advisory Committee on the Supply and Training of Teachers" (ACSTT) was charged with the task of over-seeing the
schemes and acting as a focus for consultation. It appeared that the two major innovative induction pilot schemes in Northumberland and Liverpool had been successful. The D.E.S. Report No. 84 "Helping the New Teacher: The Induction Year" states:

"The broad outline of the two schemes followed the White Paper proposals were interpreted in the light of the James' Report (1972) and the White Paper - Education: A Framework for Expansion (1972), previous research (Taylor and Dale, 1971) and most importantly local circumstances and needs. Both schemes therefore gave a reduced teaching load to probationers appointed and trained working teachers as teacher-tutors to help probationers within the school and arranged courses for probationers at centres external to the school."

(D.E.S. No. 84, March 1976, p.2)

This report claimed that the majority of new teachers who had taken part had found both schemes helpful and requested that the programme should be continued.

It is apparent that schools, training centres and colleges had opened up the interchange which the schemes provided. Many schools had been motivated to look again at their policies. D.E.S. Report No. 89 (1977) claimed that the overall relative success of the two schemes was evident because of a co-ordinated effort by the agencies. The D.E.S. stated that every credit was due to the Local Education Authority organisers, advisors, tutors, heads and teachers whose commitment and enthusiasm brought about the success of the schemes. The D.E.S. suggested, however, that it was necessary for an internal
programme to be clearly formulated, written and discussed by staff and assisted by the appointment of an individual who may or may not be a tutor. The D.E.S. also envisaged clearly formulated external programmes written by Local Education Authorities as policies for induction and probation. These programmes needed to be discussed with advisory staff, head teachers and included in the Local Education Authorities' handbooks. Other issues such as training, the role of professional tutors, the reduction of probationer numbers and the re-organisation of colleges had been taken up as issues by the D.E.S.

The above evidence seems relevant to the present study because it demonstrates the need for communication and discussion with all professional groups concerned with the probationers. It suggests that commitment and praise are essential ingredients for the successful implementation of policies. It also demonstrates that assessment, evaluation and use of feedback are integral to programme implementation.

2. A critique of the models of induction for probationers

Although the government claimed the achievement and success of the above schemes, direct criticism has been voiced by the educational community. These views are presented here in order to highlight the importance of the consumer who ultimately receives the service. It informs nurse teacher education of the need for awareness of such issues.

2.1 Mismatch

Henderson (1978) argues that there is all too often a mismatch
between the needs of teachers (either personal or those arising from the school context) and the content of the course. He argues that this would arise partly from the difficulty of catering for a diverse membership. Where a mismatch does not occur however, some probationers are unable to use their knowledge and skills owing to the inability of the course and course lecturers to influence them. Baker (1976) states that a mismatch exists because many teachers argue that external programmes duplicate the work already done by colleges and universities. Although the courses show promise teachers have criticised them because the content was too theoretical, generalised and irrelevant to their classroom needs.

2.2 Support

Baker (1976) claims that there is considerable goodwill, flexibility and open-mindedness among those who have established a teacher-tutor role. Many of the teacher-tutors highlight the professional benefits which they had personally achieved from their experience. These include the improvements in support, contact and understanding between staff engaged in Local Education Authorities' administrative and advisory services, the schools and initial training colleges. Baker (1976) argues, however, that the existence of "official" pilot schemes with a limited teacher-tutor role should not preclude further consideration of the original "professional tutor" concept in the James' Report (1972). Riches and Hill (1976) claim that a great deal of discussion and debate have taken place about the "professional tutor" in terms of his job description, appointment, training, relationship and justification but the way he is to fulfill his role effectively
had received only scant attention. Gibson (1972) explains the importance of a professional tutor not only for the induction year but also for long term staff development. However, Hill (1975) describes Gibson's (1972) comments as an over-emphasis on what the professional tutor can do but not how he can do it.

2.3 Identification of the problem - Is it specific to the probationer's specific school situation or is it specific to the probationary year as a whole?

A major difficulty yet to be resolved is the extent to which problems of the probationer are peculiar to the first year of teaching or whether they arise out of specific situations. Musk (1972) argues that if the problems are situational it is possible that only formalised structures for helping the induction of teachers within the school will meet the case. He states that a survey of school practice reveals a parallel need to develop an awareness of the school's responsibility in teacher education which would have advantages in any formal structure developed for these purposes. McCabe (1979) claims that the implications of induction in the probationary year are many. He sees induction of the new teacher as an ill-defined area of personal and professional development against a background of changing patterns of teacher education and recruitment. He argues that new teachers have individual differences and the problems they bring to school also differ. It is therefore important for the school to identify these differences and minimise the gap between the organisation and the probationer. McCabe states further that course organisers need to be aware of the probationer's strengths and weaknesses in order to build on these. He also claims that new teachers
must be made aware of realistic attitudes about what professional responsibility entails. The strengths of induction are not merely on induction schemes but the adjustability of both groups (the probationers and the course organisers) to a committed enterprise.

3. Identified problems in the probationary year of the school teacher

The inclusion of the problems experienced during the probationary year of the teachers in school education are relevant to the study in order to highlight awareness, importance and existence of such issues. These demonstrate their usefulness to nurse teacher education. The identified problems are placement, transition, integration, personnel, workload, working in the classroom and assessment. The problems associated with the above issues are discussed below.

3.1 Problems of placement

Duggan and Stewart (1970) argue that the structure and occupational opportunities available within the teaching profession are clear. Until recently nearly everyone with a teacher's certificate would be able to find a job. The openings available to secondary school teachers were clearly differentiated in that they apply to a particular post within a secondary school. A primary school teacher is usually appointed to the service of a Local Education Authority "pool" and only learns the name of the particular school sometime later. They state that personnel rather than professional reasons guided the Local Education Authority or the school choice of most teachers.
The lack of professional criteria by which probationers were able to choose specific posts have been identified by Duggan and Stewart (1970). Teaching practice may enable student teachers to have some knowledge of particular schools. Others take "pot luck". It seems clear that full use is not made by Local Education Authorities of the background data available about probationers. Head teachers receive limited advance information about them. This was not helpful in deciding the class allocation of the probationers. It could also be argued however, that probationers may be handicapped by unfavourable reports sent to schools.

Lomax (1973) highlights a problem in the appointment system of probationers. He states that the advance notice given to them relating to the post, the pupils or the nature of work which they are expected to do is varied. The national survey data found that twenty-one per cent of probationers learned the children's ages and ability less than a month before beginning to teach. Nine per cent learned their children's ages and ability on the day they began teaching. Twenty-seven per cent of probationers learned of the syllabus or scheme of work one week before they commenced teaching. Eighteen per cent of the probationers found out the ages, ability, schemes of work on the day they arrived at the schools. Lomax (1973) states that the national survey revealed many weaknesses in the induction process. These included the inability of all probationers to meet their pupils or predecessors and see the classrooms prior to taking up their first posts as school teachers.
3.2 Problems of transition

Plimmer (1976) claims that the transition from student teacher to teacher in today's classrooms brings with it a multitude of problems. It appears that the gulf between the preparation of the teachers and actual teaching was wide. Moreover, there was little time for training colleges to prepare the student teachers fully to adapt themselves to a school environment during their teacher preparation course. The young teachers have been given basic skills but needed to practise them under supervision in order to gain mastery. Plimmer (1976) states that the transition period should be consistent and that effective supervision should be provided in order that theory is linked with practice. He quotes a primary probationary teacher:

"I had courses on psychology, philosophy, sociology and the history of education. But nothing from these disciplines came to my mind when I dealt with Wayne who employed boundless energy to destroy the work of others or Lynn who steals continually or Shastra who will not change for P.E."

(Plimmer, 1976, p.18)

3.3 Problems of integration

Integration into the school community is on the minds of all new teachers. Cornwell (1965) argues that the probationer's definition of the situation derives from broad cultural expectations which have been mediated in his own experience as a pupil, his secondary and professional training and his employing authority. He highlights the sharp divergence of identity recorded in the Birmingham survey. The NUT/ATCDE (1961) states that a major problem of integration within the
school community is expounded by the attitudes and actions of more experienced colleagues. Lomax (1973) claims that one in four probationers found staff-room conversation to be of no help. Furthermore, a minority of probationers appeared never to have attended a full staff meeting. Nicholson (1966) argues that many young teachers came into schools full of enthusiasm but they were met with a hierarchical system of the school and only a few were able to adjust and integrate.

Kitson (1966) suggests that many new teachers worked in isolation and did not really know each other. This he argues does not help integration into the school community. Morant (1974) highlights the probationers' need for security and the importance of support and stimulation received from the head teacher and colleagues. His claim is that minimising the social distance between the probationers and those already in the schools would strengthen integration.

3.4 Problems relating to personnel
The problems associated with the personnel functions have been debated and discussed by many writers. Among these are Chazan (1963), Cornwell (1965), Sealey (1966), Edmonds (1967) and Taylor and Dale (1971). For instance, attention has been drawn to the probationers' need for advice, counselling on courtship, boredom experienced by them after an organised college life, marking, school preparation, finance, adjustment to living in unfamiliar surroundings and loneliness. These writers highlight the paramount need for probationers to discuss their problems but often circumstances do not permit the probationers to feel safe with those around them. Lomax (1973) reveals however, that
in the national survey probationers generally rated the advice of colleagues and their support more highly than that from anyone else.

3.5 Problems of workload

The variation and inconsistencies of the workload pattern seemed to be of considerable strain to the probationers and loomed heavily on their minds. Kitson (1966) reveals that in the Leicester inquiry the most common number of "free" periods per week among junior school probationers were two, although one-third had none. In the secondary schools it was believed to be five free periods. This did not approach the White Paper (1972) proposals.

As with time-tabled periods there seemed to be a considerable variation in the allocation of supervisory, out of school, or extra-curricula activities. Collins (1969) reports that one-fifth of the probationers had no such duties at all and one-tenth performed four or more such duties each week. The Leicester inquiry reported that 40% of probationers in junior schools, 90% in comprehensive schools and 80% in grammar schools helped with extra-curricula or out-of-school activities.

3.6 Problems of working in the classroom

The NUD/ATCDE (1961) claim that problems associated with working in a classroom were not helped by the relative isolation of the probationers. New teachers need to have immediate reassurance and support from experienced colleagues serving alongside them. Clarke and Pocock (1971) report that
generally when new teachers take up their first post they become afflicted with doubts about whether they can do their work well. This leads to fear, anxiety and stress. Getting a good start is prevented by the denial of basic requirements such as suitably sized classes and noise-free rooms. Chazan (1963) and Edmonds (1967) argue that class control is one of the strongest anxieties for probationers. Dalrymple (1967) claims that it is the handling of large numbers of pupils which cause concern for new teachers. Collins (1969) states that there are problems for men teachers and their class control of girls. Cortis and Dean (1970) argue that the problem is the organisation of time, space and pupil numbers and Clark and Pocock (1971) argue that integrating subject matter and facing up to the direct challenges of individual pupils of groups are some of the problems of class control which have been identified.

3.7 Problems of assessment
A serious weakness of probation is that the new teachers fail to receive adequate information on how they are being assessed during the induction period. Taylor and Dale (1971) support this view with their evidence that 65% of the probationers were unaware of how their progress was being assessed. Taylor and Dale argue that the probationers' lack of knowledge contributed to their apathetic state. The inability to make assessment information explicit to the probationers early on in their first teaching experiences meant that the probationers were unaware of their problems, weaknesses and handicaps. This situation hindered their future progress.
4. Implications for nurse tutor training

There is no identifiable body of knowledge concerning induction of the newly qualified nurse tutors. The interest shown about a group of professionals in a similar stage of their career in school teaching may therefore be of value to nurse tutor training.

A number of key issues and problems which arise in the first year of the probationer have been discussed. Public debate have provided useful insights on induction. The knowledge and understanding of these issues and problems may serve as a framework within which substantive issues may be discussed by nurse tutor trainers and planners. As yet nurse tutor groups have not enjoyed a forum in which such issues are debated.

One may begin with the perspective of the newly qualified nurse tutors because the aim of all schemes is to help them. The obvious questions are therefore:

What are the needs of the newly qualified nurse tutors?

How can they best be met?

Bolam (1975) argues that it has long been agreed in the teaching profession that the first year of teaching is especially difficult. His research has value for nurse tutor trainers in that similar problems may arise in the first year. These problems include:

(a) The probationers did not have a clear understanding of what was expected of them.
(b) The probationers did not have necessary skills to carry out their new role.

(c) The organisational arrangements in the school were incompatible with the needs of the probationers.

(d) There were no feedback procedures to assist the probationers.

(e) As a result of the probationers' unsatisfactory experiences, resistance to change developed among them.

Bolam claims that difficulties arise owing to the unavailability of immediate advice during teaching. New teachers learn their jobs fundamentally from their own experiences. Nurse tutor trainers and planners may find the extensive research undertaken by Bolam in which he sets out broad aims for the induction of probationers very useful. These are:

(a) To provide knowledge, advice and experience which will enable teachers to make their own independent judgement about their practice.

(b) To promote professional growth and development and not simply the acquisition of survival or coping strategies.

(c) To help teachers to improve specific skills in the educational, clinical and managerial areas in which they are directly involved.

(d) To help teachers to improve their general skills, attitudes and knowledge.

(e) To help teachers to form sound professional relationships with colleagues.

(f) To provide relevant information about the schools' policies, practices, resources and administration and organisation.
(g) To provide relevant information and advice about the curriculum, examinations and assessments.

(h) To provide relevant information and advice about professional bodies, personnel and professional resources.

(i) To provide information and advice relevant to the personal situation of the teacher.

(Bolam, 1975, p. 18 - 25)

Many educators are in favour of a policy of establishing objectives for induction during the probationary year. Cope (1971) among others formulates objectives which focus on placement, general information, guided experience and further study. This kind of argument is absent in the nurse tutor education.

Ashton et al (1983) claim that induction is a means of encouraging team roles and interpersonal relationships. It helps in learning a wide variety of aspects in classroom practice about students, skills of evaluation and the participation in school activities as fellow professionals.

It may also be of value for nurse tutor planners to be aware that the importance given by the Department of Education (D.E.S.) to initial teacher training has resulted in the establishment of the Council for the Accreditation of Teacher Education (C.A.T.E.) (D.E.S. Circular 3/84). This body has the role to monitor and oversees the implementation of prescribed criteria concerning the quality of initial training.
More recently the "New Teacher in School" (D.E.S., 1988) has aimed to assess how well probationers are equipped to take up their first year of service, how schools use the skills, knowledge and training they bring to the schools, the support that is provided by the established staff and to assess the climate in which new teachers have to work.

Nurse tutor training may need to reflect on identified issues of the probationary year and use these to initiate inquiry into the position of the newly qualified nurse tutors in a formalised way. When the body of knowledge pertaining to the first year of the nurse tutor is available, open dialogue, discussion and debate could initiate serious thinking and action. Changes may then ensue.

The literature concerning the school teacher probationer is useful and valuable. Information drawn from school teaching assists the researcher in looking at the experiences of newly qualified nurse tutors. It must not be assumed that the situation in the teaching profession is mirrored in nursing, which may have its distinctive characteristics. However, at the outset the information drawn from school teaching may inform the empirical investigations into the nurse tutor's probationary year.
Chapter 5

REVIEW OF PERTINENT LITERATURE
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REVIEW OF PERTINENT LITERATURE

Rationale

Like all studies there are many aspects of the literature which could be reviewed. A researcher cannot study all the aspects. He or she must therefore make certain choices which are relevant to the study and may make a contribution towards it. In what follows these choices are discussed.

The previous chapters have investigated the historical and contemporary analyses of the first year nurse tutors within nurse education and school teachers in their probationary year. In doing so they have pointed the way forward for the literature review. Most literature however, refers to schools for children and not nursing but the use of these studies may be relevant for this inquiry.

Studies of schools as organisations and characteristics of schools as organisations are reviewed because they generally represent the central focus of learning. The student nurse tutors experience their initial practical teaching in schools of nursing. Generally the qualified nurse tutors practice their professional skills in schools of nursing. The type of organisations and the way they are organised to carry out their functions may influence the nurse tutors in post. Their induction year may well be influenced by their respective organisation.

Schools of nursing contain individual members whose roles affect their interaction with each other. Therefore pertinent
aspects of role and interaction within organisations are examined. These may contribute to the understanding of the experiences of newly qualified nurse tutors with the established staff in schools of nursing.

Entering a new work situation demands getting to know the job. The study takes the view that nurse tutors are new to their particular role although they are nurses and are proficient in nursing. It therefore seems appropriate that a detailed examination of the concepts of orientation to work is undertaken. This examination may seem useful to compare with the orientation practices of the schools of nursing.

Nursing is considered a profession by nurses and others. If a newly qualified nurse tutor enters a school of nursing he or she needs to "learn the ropes" of the profession in order to function effectively. Reviewing the literature of professional socialisation may be of value when investigating how nurse tutors are socialised to make a smooth transition to their profession.

Nurse tutors are adults and how they learn may be an integral part of their education. Accordingly, a close examination of the adult as a learner is appropriately relevant and a useful perspective in this inquiry. This view is based upon the belief that human beings generally feel insecure and unsafe when they engage in new roles. Nurse tutors pursuing a change of role may indeed succumb to this insecurity. They may need to cope with a traumatic period in their first year of nurse teaching. In getting to know the structures, processes and outcomes of their
work nurse tutors may need to be guided and directed by professionals who have already gone through similar experiences. It therefore seems appropriate that the post of mentor is looked at closely in order that it may be of use to the study and the researcher. The understanding of which may serve as useful perspectives in the nurse tutors' education.

1. The school as an organisation

From the early 1950's onwards, the theory of organisations has become an established part of sociological studies. One of the ways an organisation can be defined is as a system of co-ordinated activity carried out by two or more persons for a definite purpose (Musgrave, 1968). Schools have been conceptualised as complex organisations, social systems or social institutions and these terms are often used interchangeably. (Hoyle, 1973) explains that a complex organisation over-emphasises the formal structure of the school as against the informal structure. He claims that a social system implies that the inter-relationship, integration, consensus and goal seeking activities are useful and the central concern is to understand the functioning of schools and the interplay of these dimensions.

The bigger the school the more complex will be its structure and the more bureaucratic its nature. In a school of nursing one would see the position of the director of nurse education and/or an assistant director of nurse education, senior tutors, tutors and clinical teachers. For each of these different positions there are more or less defined expectations of behaviour for purposeful activities. But time and time again,
sociologists have found that the activities may be hindered or directed towards new goals by internal purposes. It seems a sociological rule that organisations come to lead something of a life of their own, independent of their stated purposes (Musgrave, 1968). Teachers use the resources of power that they have in an exchange process to try to achieve their goals. Compliance is however rarely complete or permanent since students also have resources for power. Teachers try to achieve compliance in different ways according to the nature of their clients. Often they are driven to employ utilitarian or even coercive measures when ideally they would prefer to use normative means to achieve their goals.

Thus one may see the schools of nursing as complex structures created to meet definite goals, though often much of the existing structure is due to past goals which no longer are relevant. The nature of the system is such that the present pattern is securely maintained because recruits to the various positions have been socialised into the norms of the system. Change may occur under the influence of alienations in the values of the society in which the school exist. Sometimes autonomous change develops within the system itself. This may take place within the tolerated limits of present definitions of the organisation.

One important aspect of the organisation of any school is the way in which rituals are used to transmit values to students. Ritual pervades schools and have both unifying and differentiating functions but it plays a crucial part in providing social control both in the present (while pupils are
in the school) and in the future. Within these organisations however, cultures grow and appear to establish their own norms, values and standards. These may differ by type of school and may be in opposition to the goals sought by the school.

In what follows an attempt has been made to explore the sociological thinking of the school as an organisation. In doing so, organisations are viewed in two apparently opposing ways. First, using a systems approach and secondly, using an action frame of reference approach. In highlighting their characteristics the study takes the view that both perspectives are necessary and complementary to each other in the study of schools of nursing as organisations.

1.1 Two approaches in organisational theory

1.1.1 A systems approach

The systems approach stresses the way in which the action of the parts is structured by the system's need for stability and goal consensus. The significant contribution of Parsons (1949) has been his attempt to construct a model of a "social system" to illustrate how a net-work of inter-locking systems and sub-systems function and thereby meet the needs of each other. He maintains that an organisation is tied to society by the value system which it shares and by its functional requirements which it can meet through the society and which must be satisfied if it is to survive. A school of nursing in Parsons' (1949) view would mean that it is capable in adapting, attaining its goals, integrating its constituent parts and allowing for pattern maintenance.
A simple system's representation shows how the input into the system undergoes some processes of conversion (throughput) and becomes a product (output) (Sugarman, 1975). Sugarman believes that the effects of the output on the environment are monitored, so as to modify future inputs. He states that into the school flows various inputs of resources such as money, supplies, personnel, expectation and demands. Schools can be thought of as places where the educational process works on the minds and personality of its members. The output is the qualitative and quantitative product of education. The feedback process represents the information on which the educational process is modified to provide for the students, teachers and wider society. The feedback may centre on decisions made in response to standards, results of examinations and curriculum. However, the effectiveness of a school in producing its desired output may be affected by input availability and quality. This includes the kind of background the teacher and student comes from, the resources available and the educational process. Sugarman (1975) argues that the division of the school from the larger environment is the "boundary" but there is a process of transaction or exchange across boundaries which keeps the school system in balance with the external world. This ensures
its survival such as seen in Tipton's (1972) Technical College which actively crossed boundaries in order to recruit.

Sugarman (1975) claims that students, teachers, administrators, go in and out and participation is therefore "fluid" in the sense that it is unpredictable and varies over time. Fluidity exists largely because of the way in which schools as systems are "open" to the environment. This openness however, exposes the school to a wide range of demands and influences which determine what actually goes on within its permitted framework. As a result of this schools are successful at reconciling a number of widely differing demands. They develop devices for insulation against some of the pressures which face them or accede to one set of demands to the detriment of others. This was seen in Turner's (1972) Castle School where teachers passively reacted to external pressures. The sub-systems to a large extent adapt and function to reduce these demands to manageable proportions either by various rituals, ceremony, tension management or social control.

1.1.2 An action frame of reference

An alternative approach to a system's approach argues that organisations are merely the ever changing product of self-interested actions of their members and concentrates on conflict and the role of power (Silverman, 1974). Over the years social scientists have utilised an action approach to convey their thinking (Weber, 1947; Goffman, 1959; Rose, 1962; Schutz, 1964; Berger, 1966; Cohen, 1968). The general consensus is that meanings are socially sustained through a process of interaction and that the logic of action is
subjective. Silverman (1974) states that we have a vested interest in avoiding anomie. Therefore shared definitions tend to persist. Cohen (1968) argues that action will be influenced by goals other than formal goals of the organisation. These include the immediate situation of the actor, the actor's interpretation of the situation, the cognitive style affecting his performance, his affective disposition, the norms and values. For Goffman (1959) the significance of action inheres in the actor's definition of the society when he or she is socialised into normative value climates because society hangs together in a way that is pre-defined. Meanings are socially sustained through a process of interaction and the appropriateness of our social knowledge is confirmed continually by actions of others.

Blau and Scott (1968) suggest that the systematic study of social interaction is essential for an understanding of work groups. It is during social interaction that group norms emerge, enforced relationships between group members become defined and informal status becomes differentiated along various dimensions. Processes of interaction define the social structure of work groups and the informal status of their members. They in turn exert an important influence on the operations of the organisations.

1.2 Comment

In emphasising that action derives from the meanings that people attach to their own and each other's acts it appears that man is constrained by the way he socially constructs reality. An action approach tends to assume an existing system
in which action occurs but cannot successfully explain the nature of the system. But the systems approach is unable to explain satisfactorily why particular actors act as they do. Both approaches stress one side or other of the same coin, i.e. society makes man (systems approach) and man makes society (action frame of reference). The essential message is that both provide a satisfactory framework and useful perspective for the present study, because the social structure of work groups and their informal status could be investigated within the complexity and nature of their structures.

2. Characteristics of organisations

2.1 Organisational climate

Schools of nursing within specific health districts of the United Kingdom are located in urban and rural settings. Some are teaching hospitals, others are in district general hospitals or specialist hospitals. The buildings of the schools, equipment and cultures may be different. Argyris (1957) claims that some schools may exhibit a pervasive culture and tradition which may have been built up by successive individuals interacting with one another under patterns already established. The persistence of these traditions may exert considerable influence over those within the schools. Halpin and Croft (1963) claim that it does not take long to "feel" the individuality of a school. Social scientists describe this as "spirit", "ethos", "tone", "atmosphere" or "climate". It therefore seemed useful to this study to examine the concept of organisational climate.
Although the "climate" of an organisation in general terms has been difficult to describe, researchers have attempted to give it a clearer meaning. One of the earliest is Argyris (1957) whose study of organisational relationships within a bank describes in a systematic way the factors which contribute to organisational climate. Halpin (1966) argues that generally organisational behaviour can be seen as a function of a dynamic inter-relationship between the needs of the individual and the needs of the organisation. Although the exact inter-relationship is somewhat difficult to understand a number of theoretical models have been developed, tested and presented. A useful framework for addressing this concept is the "Getzels - Guba model" (1957). This describes the relationship of the organisational (nomethetic) dimension and the personal (idiographic) dimension. Argyris (1957) suggests that at the outset the organisation must allow the individual to admit there is conflict, to discuss it and make efforts to minimise it. He claims that, for conflict to be identified and resolved, an interpersonal relationship of openness, trust and low threat needs to prevail. This view is of value to the present study.

Halpin (1966) argues that perhaps in schools as organisations, what is not speaks more than what is. He enumerates an example of a principal who may say and mean "my door is always open" but the teachers are unable to find him in his office. An open door but an empty office may have quite a different meaning to the teacher. A further example denotes "come and see me, let's talk about your ideas for improving things here", but when a teacher does see the principal, all what he confronts are interruptions and the principal glancing at the clock. The
teacher knows then that the principal is not listening to him or her and the encounter with the principal is a waste of time.

2.1.1 Comment

Schools of nursing may have their own values. Some may have deliberate policies and procedures. Others may have these evolved over the years without central determination. All schools of nursing may contain elements of every mode of action but each may have its own priority. A new tutor must adjust to these patterns. Only when he learns to adapt to the climate that he can feel secure. The implications for this research is that in order to feel settled the respondents may have to first adapt to the climate of the school.

2.2 Organisational health

One of the aspects of organisations which has been studied by theorists is organisational health and this may be pertinent to this study. A metaphor drawn from physiology may be useful as an aid to the understanding of organisations but it must be treated with caution. As a starting point it is clear that the notion of "health" is usually represented as an absence of disease and suffering. But disease freeness in itself will not guarantee that an individual copes with his life to a satisfactory level and continues developing. Johoda (1958) and Goffman (1959) among others highlight this concept of positive health in the field of psychotherapy.

Miles (1965) claims that a reasonably clear concept of organisational health would seem to be an important pre-requisite to a wide range of activities involving schools.
as places of teaching and learning. Schools of nursing are such places and analyses of their organisational health may be useful to the present study. One such example is that studied by Miles (1965). He analyses organisational health as a task-centred dimension, maintenance needs, growth and change and pre-disposing to ill-health.

Miles argues that in a "task centred" dimension there are well-defined, well-accepted, achievable, clear, congruent and appropriate goals. He believes that information must run horizontally and vertically and influence is equally distributed.

The term "maintenance needs" is explained as the state of the system and its employees. By this he means that personnel are used effectively but there is overall co-ordination which does not allow for overloading or idling. Specific attributes of this dimension is that employees are cohesive and have freedom to interact with other employees without anxieties, conflicts and hostilities.

In the third group of dimensions, Miles (1965) argues that an organisation in its healthy state will have a well developed structure and procedures for sensing the existence of problems, for enabling solutions, making decisions, implementing them and evaluating their effectiveness. This he relates to the manner in which the employee, group or the total organisation copes with problems. He claims that being innovative is important to the organisation. By this he means that there is a move towards new goals, new procedures and autonomy.
In explaining the "pre-disposition to ill-health" Miles argues that "goal ambiguity" may result from the unmeasurability of the system's output. The "input variability" of the participants may pre-dispose to the illness of the organisation owing to the wide variability of knowledge, attitudes, interpersonal skills, intellectual ability which may cause stress and disharmony. The "invisibility of role performance" means that role performance is relatively invisible to status equals or superiors.

2.2.1 Comment

The above review of organisational health is useful for the present study. If a school of nursing was considered an ailing system, a greater chance to promote positive health may include training, feedback surveys, target-setting and supporting activities such as problem-solving diagnosis and problem-solving measures. Re-examination of existing norms, intensification of data flow through the system and greater interpersonal transactions may contribute to organisational health. By co-ordinating informal, in-depth interviews with seventy-one participants in thirty-two schools of nursing, it is hoped that their responses may elicit some useful indicators which could contribute to the knowledge of organisational health.

3. Individuals and roles within organisations

Introduction

The study takes a detailed look at how the first year nurse tutors describe their world of work. In doing so it hopes to provide insights into issues which emerge through their experiences and analyses. Hence there is an examination of the
usefulness of the concepts of role, role expectations, role relationships, role strain, role conflict and status. It is possible that essential messages may be teased out to make a contribution to the study.

3.1 A theoretical perspective:
Examination of theoretical perspectives reveals that generally speaking there are two schools of thought. The phenomenological view sees society as a network of shared dimensions and activity. The positivistic view argues that society continues to exist independently from the individuals who make up society.

A phenomenological perspective is adopted because the nurse tutors' situation is one that has meaning for them, their peers and colleagues. It is a place where they negotiate their interactions which have meaning for them within the framework of nurse education. The objective is to explain how they perceive their role as prescribed and how they actually enact it. The position adopted is informed by theorists such as Schutz who writes:

"Phenomenology stresses the primacy of the subjective and sees the objective social world as rising out of it. But the subjectivity of the individuals in encounter with one another try to reach an undertaking so that conversation may proceed."

(Schutz, 1964, p. 119)

3.2 Role: The problem of definition
As with other concepts such as social structure or the term
society itself there is a considerable confusion and ambiguity in the definition of the term "role". This enables theorists to use the term in different ways without distinguishing them or to fall back from one usage to another when under criticism.

The concept of role has been used both in psychological and sociological literature. In a social psychological spirit Mead (1934) uses role to describe the relationship of self to one's action which may serve as a guide to interaction. Sociologists define role in terms of group behaviour of individuals; Jackson's (1972) definition of role as an organised set of behaviours that belong to an identifiable position and prescription is supported by Linton (1952), Sarbin (1954) and Goode (1960).

Sometimes role is used to designate a position, sometimes to designate role enactment or behaviour associated with a position (Goffman, 1959). Coulson (1971) claims that the general orientation of role theorists is one of social determination. They view man as a creature moulded by society. Their view of society assumes a highly intergrated sub-system where there is role clarity, i.e. it specifies the extent to which the agreement of the role exists for a given group. Goffman (1959) argues that in entering a position the incumbent finds that he must take on the whole array of action encompassed by the corresponding role. Therefore role implies a social determinism and socialisation.

Bennis et al (1961) argue that when the situation is perceived as containing limitations on enactment of the role the
individual feels deprived. Goode (1960) sees organisations as made up of role-relationships. In one's enactment of the role, conflict may occur either between or within the single role. This construct is known as role-conflict (Gross et al, 1958).

In association with the concept of role is the concept of status. Merton (1968) claims that a single status has many other roles and these are named as role-sets. Linton (1952) argues that the concept of role and status are inseparable and that a status is a collection of rights and duties and distinct from the person who occupies it. Burnham (1975) states that within organisations are positions ordered hierarchically in terms of status. Associated with every position is a set of expectations which is appropriate for a person occupying that position. It is possible for a nurse tutor as the role occupant to perceive his or her status differently to what others may perceive it to be.

3.2.1 Comment

The concept of role may be useful to this study in order to explain the new tutors' role in the organisation. The new tutors may have expectations of their role. Their concerns may be about the way others perceive their role, anxiety from the desire to establish good relationships with others and role-strain from the desire to demonstrate a genuine interest in fulfilling their role-obligations. The new tutors may need to be helped by viable behavioural models as discussed by Machan (1980).

4. Interpersonal communication and collegiality

The social relationships of nurse tutors form an important part
of their work as teachers. How nurse tutors see one another is therefore an important issue in understanding how schools of nursing work because this may have bearing on the nurse tutor's work performance, attitudes and future career. Hargreaves (1972) states that in spite of the extensive research into teacher-pupil relationships and pupil-pupil relationships, teacher-teacher relationships take a second place in education. He claims that interpersonal communications and collegiality are the most significant gaps in our knowledge of social processes within schools. This is particularly true of a teacher's first post. It is at this point that a teacher's concept of himself or herself as a teacher is most firmly developed. This section examines the nature of interpersonal communication and collegiality in organisations, the strengths and limitations of particular views and describes their usefulness to this study.

4.1 Aspects of collegiality

The literature search revealed that collegiality is expressed in varying terminologies. Examples of these are "fellowship" and "common spirit" (Cooley, 1955); "communal identity" (Goode, 1957) and "comradeship" (Reres, 1970). In general all these writers have portrayed collegial interaction and relationships as a sense of "we feeling" and unity. In the field of general education Wilson (1964), Lally (1974) and Galloway (1976) have portrayed a dark and dismal picture of staff relationships. In the field of nursing the work of Pechiulis (1972), Fry (1975), Conway and Glass (1978) address the negative characteristics of collegiality such as distrust, friction, intimidation, exploitation, struggle for power,
segregation and isolation among colleagues. Yet another aspect of collegiality is reviewed by Beyer (1981) who perceives that relationships among colleagues are not a topic for conversation and it is rare to hear professional colleagues engaged in such an endeavour. Schein (1972) and Parlett (1972) argue that collegial interactions are more significant in schools and affect both individuals and organisations alike. The nurse tutor in his or her first post could experience any of these reactions to collegiality described above.

4.2 A hierarchical and professional organisation

Etzioni (1959) suggests that universities, colleges and schools consist of a hierarchical and professional system. In such institutions he claims that there is no room of collegiality because of a fundamental incompatibility which is in existence. Hanson (1975) argues that a profession requires an unencumbered, non-prescriptive environment while administration needs a rationale programmed environment. Beyer (1981) argues however that conflicts between these two have arisen because the organisational rewards which are controlled by administration are precisely those that are claimed by the professionals as their rights. Beyer (1981) argues that the quality and reputation of the organisation depends on the discretion of the collegial community. This notion provides a potent argument for examining the collegiality of schools of nursing within a hospital community.

Hargreaves (1972) claims that teachers are a part of a formal organisation and each teacher has his or her place in the pyramid of authority. At the top of the hierarchy stands the
head, beneath him/her the deputy, followed by staff in seniority. Generally speaking the formal status hierarchy coincides with the power structure but there are exceptions. This is of significance in a school of nursing into which a newly qualified nurse tutor would enter and has a place in the hierarchical structure.

4.3 Interpersonal support
The central principle of Likert's (1961) theory of organisational effectiveness is that all processes within an organisation need to be supportive. Interpersonal supportiveness is a crucial issue to new employees in order to establish their personal worth. He argues that:

"Experience and relationships are considered to be supportive when the individual involved sees the experience in terms of his values, goals, expectations and aspirations as contributing to or maintaining his sense of personal worth and importance."

(Likert, 1961, p. 103)

Likert's work therefore provides a model of the supportive work group processes for efficiency in a school of nursing. Herzberg (1956) agrees that productivity, satisfaction of higher needs, the attainment of organisational rewards and effectiveness of group processes are in many ways contingent upon the supportiveness of inter-personal exchange with colleagues.

Beyer (1981) focuses on confidence, trust, mutual support, team efforts towards goal achievement, open communications, mutual help, creativity, freedom from threat, friendliness and enjoyment as factors related to interpersonal support within
collegial relationships. Her findings revealed that actual interpersonal behaviour among colleagues was less supportive than was desirable and nurse tutors were dissatisfied with collegial communication although supportive colleagues were an asset. The participants' perceptions of the facilities in achieving their goals were significantly and positively related to both the supportiveness and satisfaction with collegial communications. This finding lends support to Likert's theory which purports that more supportive interactions occur in more productive organisations. The above analysis may therefore be useful to this study.

4.4 Comment

The literature reveals that collegial communications can dampen or promote individual and organisational growth. Recognition and development of collegiality may be the first steps towards positive interaction among staff members. It may be necessary for schools to make periodic examination to review the level, nature and quality of collegial interactions. This may be a difficult task but the information thus gained could be used to promote and preserve positive collegial interaction. Although the studies addressed here seem to highlight the negative or dismal aspects towards the interpersonal dimensions of collegiality, the attention drawn from these comments is of considerable interest to this study. It makes a contribution to how nurse tutors see one another in their work environment and the relationships between interpersonal communication and collegiality in their work.
5. Leadership

This study argues that there is a need for strong leadership in nurse teacher education within the health service, because leadership is about setting the pace and direction for change, facilitating innovative practice, assuring that policy is set up to date, that professional standards are set in relation to teaching and learning and that a comprehensive service is developed over time (Yukl, 1975). It therefore seems relevant for "leadership" to be explored in order that a clearer understanding of this concept may be established and the usefulness of this review to the study be justified. In what follows the traditional approach to the leadership and the changing views of leadership are discussed.

5.1 Inconsistent relationship and semantic confusion

Korman (1966) states that in spite of repeat exploration of the nature of leadership there is an apparent absence of consistent leader - subordinate relationships in the literature. Yukl (1975) claims that a great deal of semantic confusion regarding the conceptual and operational definitions of leadership behaviour exists. Over the years many new leader behaviour terms have been introduced and the same term is often defined differently from one study to another. Yukl (1975) argues that although more empirical data has been collated, an emergence of a theoretical framework which adequately explains a causal relationship between leaders and subordinates is not apparent. He argues that research has often failed to include intermediate and situational variables which are necessary to understand how a leader's action can affect his subordinates. Yukl claims that early investigations attempted to determine
how the performance of specific leadership activities or the time allocated to them related to the leader's success.

5.2 Traditional approaches to leadership

The traditional or qualities approach to leadership suggests that the person who emerges as a leader in a group does so because he possesses certain traits. Stogdill and Coons (1957) claim that the earliest approach to research on leadership was concerned with identifying the characteristics of leaders. Many studies were undertaken to determine the physical, intellectual and personality traits of the leader (usually the person holding office) as compared to the follower.

In an in-depth look at leadership, Zalenznik (1977) argues that leadership personality is unique, differing fundamentally from a managerial personality. A manager is a conservative, a regulator of the established existing order of things, while a leader is driven to change and profoundly alter economical, political and human relationships. A leader's talents are founded in aspects of personal life, history, socialisation and more importantly, through personal mastery of struggle for social and psychological change. It is in this struggle for personal mastery that many leaders get lost in themselves.

Davis and Taylor (1972) shows there to be four general traits related to leadership success. They are: intelligence, social maturity, achievement drive and human relations attitudes.

Torrington, Weightman and Johns (1989) claim that the implication behind the notion of leadership is that there is a
combination of personal qualities and skills that enables some people to elicit from their subordinates a response that is enthusiastic, cohesive and effective, while other people in the same situation cannot achieve such results. There are however limitations about his kind of view. Initially, it is bad for the leaders who would grow an inflated view of themselves, believing that their leadership success is a result of who they are and what they do. Secondly, it limits the number of people who could be leaders because this view emphasises relatively rare qualities.

### 5.3 Classification of leaders

**Theoretical types:**

Studies of a different approach in the classification of leaders were initiated by Lewin (1944) and White and Lippit (1959) on theoretical types of democratic, autocratic and laissez-faire leaders. Studies following in this tradition focus on the relative degree of leader and subordinate influence over a group's decisions. McGregor's (1968) studies of leadership in industrial settings distinguishes two kinds of leadership (theory x and theory y) but bases his analysis not so much the behaviour of leaders as their beliefs and attitudes.

Tannenbaum and Schmidt (1958) suggest that leadership behaviour varies along a continuum from boss-centred leadership at one extreme to subordinate-created leadership at the other. As one moves along this continuum away from the boss-centred style of leadership, the amount of authority and control exercised by the leader diminishes, while the freedom granted to the
subordinate increases. Based on this continuum, Sadler (1975) identifies four specific styles of leadership. These are: the tells style, the consults style, the joins style and the sells style.

Sadler (1975) suggests that perhaps the most significant point is that leaders who are seen as having distinct and identifiable styles of leadership are more effective in promoting confidence and satisfaction whatever style they adopt than those who do not have a distinctive style.

5.4 Action-centred leadership:

More recently the pioneering work in action-centred leadership has brought the work of John Adair (1988) to focus which may be of interest to this study. He claims that leadership is the crux of successful management and action centred leaders inspire others in word or deed. Adair states that leadership and change cannot be separated. The management of change is therefore virtually synonymous with leadership. Ordinary leaders may still vainly hold that they can maintain some sort of steady state but action centred leaders do not believe that is an option. They know that no organisation can plod along forever. He claims that leadership is about having the courage and skill to take an organisation onwards and upwards, despite all the difficulties ahead, to great achievement. Adair says that an action centred effective leader is one who can achieve the task, build an effective, cohesive team and develop each individual so that each has the satisfaction of knowing that he or she is a valued member of an effective team. He states that leadership does consist mainly of doing some relatively simple
and straightforward things and doing these extremely well. Action centred leaders are enthusiasts capable of encouraging and inspiring others by word and example. They have an understanding of people, especially that we are basically self-motivating and an action centred leader knows how to make the systems work to the benefit of all concerned.

Decision taking in the context of action centred leadership is something in which people participate. The action centred leader involves people in decisions, solving problems and generating new ideas. They are committed to implementing them. Adair states that time and people are our most important resources and an action centred leadership involves managing other people's time as well as our own time.

5.5 Adaptability to changing situations

Koontz, O'Donnell and Weihrich (1980) emphasise the need for leaders to be adaptable to changing situations. Accordingly groups should be flexible in assigning leadership functions to various members as conditions change. Effective leaders are sensitive to the changing conditions of their groups and flexible in adapting their behaviour to new demands. They guide, direct and influence others.

5.6 Selection, training and preparation for leadership

Adair (1988) states that selecting and training members of the team are responsibilities which action centred leaders take seriously. They may take advice and help from specialist personnel and training advisers. They know their limitations for developing the individual, choosing people for the team and
helping them to develop their own potential. High performances are central elements in each leader's responsibility.

Ramsey (1962) argues that inspite of the large literature on leadership, preparation for leadership is slow. He claims that generally the dismal effects of inadequate or misapplied educational leadership are experienced by many teachers in schools. Farley and Santausosso (1958) state:

"Inadequately trained personnel in education leadership appears to be the greatest lack and major handicap to effective supervision."

(Farley and Santausosso, 1958, p. 365).

Research on the training of leaders also suggest that a more "situational" approach to leadership is required. There is a growing recognition that little improvement in actual leadership behaviour can be expected from providing people with a set "rules of leadership". Even when efforts are made to inculcate flexibility, sensitivity and good attitudes towards people resulting changes have been disappointing.

5.7 Weaknesses of leadership research

One of the weaknesses of leadership research is that most of it neglects longitudinal studies. Koontz et al (1980) claims that this is entirely understandable but the fact remains that solutions to immediate problems may become quite useless tomorrow. It is not accurate to assume that the nature of people remains the same through time. They believe that central to the concern of any leader is the attitude of people towards
work. Political change may bring fundamental modifications in the reasons for application of effort to work complexities. Change in the economic order and changes in technology may call for leadership style, which may have a special significance to the leadership role.

5.8 Comment

Although there has been semantic confusion in the definition of "leader behaviour" terms and the absence of an agreed theoretical framework which adequately explains a causal relationship between superiors and subordinates for good leadership, this exploratory process has benefits for the investigation of schools of nursing.

Images of schools of nursing that exist in the minds of people are influenced by the school's historical development. In turn these images influence the people within and outside the organisation. Such images may also influence the ways in which schools of nursing appoint their leaders.

The essential message conveyed by the literature review is that a manager of a school is not necessarily an effective leader. There is a need for careful selection and preparation for a leadership role in order that a drive for change, concern for people and sensitivity towards the work force are enhanced. As a leader one should have the kind of temperament, personal qualities and knowledge required by the working situation one has chosen. Technical competence or professional knowledge is a key strand in one's authority. Yet expertise in a particular job may not be enough, other more general skills are required.
6. Orientation to work

Orientation to work is taken as an essential part of induction in this inquiry. It is therefore relevant that the examination and clarification of this subject is given importance. This section examines the nature of each employee's orientation to work, the employer's orientation to employees, identifies orientation problems for the new employee and discusses the specific measures taken to promote a smooth orientation to work.

6.1 The nature of orientation

Orientation to work has received much attention during the past two decades. Among the many writers on the topic are Goldthorpe (1968), Daniel (1969), Sheldrake (1971), Wild (1971), Davis and Taylor (1972) and Bennett (1974). It seems, however, that the concept of orientation to work has been used in different ways in this wide field of research. The literature reveals a degree of confusion and controversy concerning the meaning of the concept, its significance and importance in work and organisational settings.

Gomersall and Scott (1966) claim that most people on starting a new job face a cultural shock. The new situation is never quite like they imagined. Whilst orientation can lessen the impact of the cultural shock it cannot remove the shock entirely. Accordingly a period of time must pass, making the newcomer adjust to the "corporate family". This period can have both a major and lasting impact upon a person particularly as regards their attitudes, job satisfaction, quality of performance and employee turnover. But despite this, many organisations do not
realise that a "joining up" problem exists or if they do, the extent of its magnitude. In what follows a discussion on employee orientation to work and employer orientation to employee is made.

6.2 Employee orientation to work

According to Bennett (1978) orientation to work comprises two major components, one is what the newcomer wants or desires from the work situation and the other is the extent to which he expects to satisfy those desires in the work situation. These two components help the individual to define the nature of his work situation and make judgements about it in terms of, for example, his willingness to stay and work hard to gain additional skills. Bennett claims that in so far as orientation to work is an expression of desires and expectations, job design is an important focus. He classifies orientation as "instrumental" (orientation towards things such as material rewards, money and security), "relational" (orientation towards other people, workmates, friends and social satisfaction) and "personal" (orientation which relates to oneself in the form of self-development and personal satisfaction).

Evan (1963) argues that special problems may arise from the fact that a new employee has spent most of his time in a very different environment. He may place a premium on creativity, he may come to the new job rich with knowledge and poor in experience, but eager to apply his knowledge to the processes and problems. Should he find his values in conflict with those of the organisation he may respond by rejecting the norms and values of the organisation. Consequently he may either be
expelled, turn his energies to defeating the organisation's goals, may settle for conformity or as a last resort, he may leave the organisation. Gomersall and Scott (1966) argue that the organisation should aim to foster an environment in which creative individuals can develop within the framework of the system. The views highlighted by Evan (1963) and Gomersall and Scott (1966) may be useful aspects of orientation for this study to inquire how and if the climate of schools of nursing can assist the newcomers' creativity.

Farnsworth (1975) identifies a further problem which faces the newcomer on entry to the new job. He argues that during the newcomer's college experience he exercised control over his own work. Now he faces regular hours, greater restrictions, possibly a less pleasant environment and has to work with other people often on work which does not seem relevant or of interest at the present time. Particular difficulties may also arise where there is an older superior and a younger newcomer. Farnsworth does say, however, that the "superior" can feel resentful and somewhat threatened if he knows that the newcomer is secure.

6.3 Employer orientation to employee
In exploring the nature of orientation to work some examples of commentators who have highlighted the need for employer orientation to employee as being equally important for a smooth transition to work are considered.

In the field of education, Lindsey et al (1969) claim that for the most part, college and university personnel have assumed
responsibility for preparing the student teacher during the academic years but have abruptly ceased concern for his welfare once he was placed in his first teaching post. Lindsey et al (1969) claim that this gap has long been recognised and that what is called for is a continuous programme in the study of teaching and related matters.

Schnau's 1973 guidance on the orientation of school teachers to the teaching profession on the other hand, includes the ability to work as partners and a member of a team with work being equal in quality but different in kind with each other. He states that if a new teacher is to be valued for what he is, his personal style will need to be nurtured deliberately by those who work closely with him over a period of time.

Combs (1965) states that a school is a place where young teachers are inducted into the profession. What the new teacher becomes, how he feels, what he knows, what he can do, will be significantly influenced by his experience in the first year. A great deal of what happens to him will be the result of his own interpretations of practices, values and behaviour of those around him. Because the process is individual, the nature, sequence and pacing of the activities may vary from one new tutor to another. The profit which may accrue to the new tutor will depend largely on the expertise of those who help him to examine and internalise his experience.

According to Stringham and Smith (1973) in hospitals where a high percentage of the total budget is allocated to personnel costs and where employee turnover is high, increased attention
must be directed towards those aspects of employee relationships which are concerned with job satisfaction, career progression and in-service training, all of which are critical to employee retention within the organisation. Stringham and Smith suggest that generally there is a lack of consideration to long term effectiveness of the employee and his contribution to the quality of work.

Roland (1975) argues that orientation on an ad-hoc basis does not meet the needs of all newcomers. She advocates a planned, flexible programme with on-going assessment, feedback and modification to make the process worthwhile. Vining (1973) claims that an effective orientation programme can reduce costs by reducing employee turnover, especially in the first few months of employment. An effective programme needs to be timely, informal within a structure, informative and interesting. The newcomer should be exposed to such a programme on the first day so as to prevent him from making judgements based on inadequate or erroneous information picked up from other sources. Vining's and Roland's work are highlighted in the present section for their strengths and potential general applicability to nurse tutor education. These are planned, flexible induction programmes which can be understood and benefit all employees.

Tauber (1980) argues that human relations training as part of an employee's orientation programme can assist the transition to the new situation. New employees who understand their own motivations and those of their co-workers are better equipped to handle jobs and are therefore valuable assets. Tauber
identifies programme objectives as those which intend to make the employees aware of underlying motivations for people's behaviour at work; to assist employees in making a smooth transition into a new group; to help employees analyse their behaviour in their professional and personal lives and identify human relations activities which employees may wish to use in their professional relationships. Tauber affirms that the direct benefits from such a programme would show a smoother adjustment to work, quicker grasp of procedures, fewer grievances and higher tenure in new positions. It is his view that an investment of a little time and a lot of effort could greatly enhance a basic programme which provides highly visible results. Tauber is cited to focus on an area which is of value and relevance to nurse tutor education because nurse tutors work with others and understanding of their co-workers to some extent could bring about smoother working relationships.

6.4 Comment
The nurse "joins up" to be a nurse tutor. For many individuals this may be a form of "culture shock". The literature reviewed illustrates some essential messages both for employee orientation to work and employee orientation to employer. Although the concept of orientation has been used in different ways in a wide field of research, the belief of adjustment to the "corporate family" seems important for the new employee. The views of commentators that new employees generally are rich in knowledge and eager, yet poor in experience are useful and relevant to this study.
7. Perspectives on professional socialisation

Introduction

This study takes a detailed look at how a sample of first year nurse tutors describe their experiences. It is appropriate therefore that professional socialisation is included in the literature review.

Geer et al (1968) claim that professions are charged with educating newcomers to the profession to be skilled and committed workers. In essence the professionals' charge is to socialise the newcomers. They argue that during the socialising process, the definition of the situation, the activities one engages in and the criteria of judgement used in the situation are all important to the newcomers. Therefore the facts related to learning the ropes are the people, places and things which the newcomer thinks relevant to mastering the situation. To learn the ropes is not only to become aware of these facts of the job, it is also a matter of learning how to deal with them to advantage.

Of the large literature which has been reviewed, aspects of professional socialisation examined as an induction approach, a reaction approach, a synthetic model and interaction of cultures are discussed below.

7.1 An induction approach

This approach pictures a profession as a solidary system with social control arising from shared outlooks and mutual interests among professionals. The professional school is conceived as both a part and an agency of the profession.
charged with inducting students into it in a way that ensures its continuous structure and function. Studies of professional education employing the induction approach are grounded on the supposition that students learn norms and values and that as practitioners these norms and values guide them to act in ways consistent with the institutionalised role of the occupation (Merton et al 1957).

The emphasis of an induction approach is upon social learning during the transmission of professional education where attitudes are formed in congruence with professional norms. The focus is on direct learning from didactic teaching and indirect learning by active involvement with other services or professionals. The transmission of culture is helped by role-relationships and the newcomers' expectations of that role. It is in this way that newcomers become full professionals and the profession is therefore strengthened. The strengths are that this approach allows generalisation from one socialisation situation to another. That is the processes of induction into occupational groups are presumably the same although there may be variations among different programmes and occupational roles. This approach assumes induction as a long term process, the stability of a profession and the newcomer's motivation to pursue the professional role.

The limitations of an induction approach takes for granted that students are eager to learn the norms, knowledge, skills of the profession and carry these to their professional practice. It emphasises their sustained and growing involvement in a role. In its pre-occupation with a 'taking for granted' attitude,
this approach has failed to consider the motivation of students who would continue the professional role. Wrong (1961) argues that an induction approach to professional socialisation fails to take into account the external influences and ignores the interest and other roles of the incumbents. He interprets his viewpoint as "an oversocialised conception of man".

Dornbusch (1955) argues that the limitations of an induction approach are that they attempt to make all professionals alike and narrow-minded with no modification of behaviour. The acquisition of the professional role by "student physicians" as focused by Merton et al (1957) is characterised by Oleson and Whittaker (1968) as follows:

"Once the education system has formally started work on the student, his empty head is filled with values, behaviours and viewpoints of the profession, the knowledge being perfect and complete by the time of graduation. To achieve this state of grace, the student has smoothly moved away from the unholy posture of layman, upward to the sanctified status of the profession, being divested of worldly care and attributes along the way. The result - the true professional, the finished product. The outcome of the system."

Oleson and Whittaker (1968) p.5

7.2 A reaction approach

The approach which has its theoretical origins in symbolic interactionism (Mead, 1934) suggests that we interact with others in order to understand the situational symbols, so as to construct a course of action. Simpson (1980) has named this as a "reaction approach" to professional socialisation.

This approach conceives social control as a matter of power,
that behavioural options increase power and contingencies are constraints. The reaction approach sees students as the main shapers of their own behaviour by reacting to their educational experiences. It looks at behaviour in specific situational contexts and the variation of behaviour from one context to another.

The strengths of this approach allows the occupants the power to act collectively. It argues that individuals who hold identical positions have common goals. The students being educated as cohorts enable the reinforcement of career goals. A reaction approach allows shared experiences relative to common situations to be viewed in a particular perspective. The clearest illustration of a reaction approach to professional socialisation is thus seen by a classic "The Boys in White" (Becker et al 1961) and the "Silent Dialogue" (Oleson and Whittaker, 1968).

The limitation of this approach is that it looks at the newcomers into the profession but does not view them as acquiring a professional role. It looks at their identities, their commitment that sustains them during their professional education. Its focus is limited to the here and now.

7.3 A synthetic model
Simpson (1980) does not consider that the "induction approach" of Merton and the "reaction approach" of Becker or Oleson and Whittaker oppose each other; rather they address different issues and are both crucial in studies of this kind. Simpson attempts to combine both perspectives in a "synthetic model" of
professional socialisation. Although it does not give insight into the experience of "becoming", the model demonstrates a multidimensional view of socialisation. This model of professional socialisation identifies cognitive preparation of the person to perform the role, orientations that inform the perception and demands of the role. It also identifies the behaviour to meet the demands and sufficient motivation to make the transition from one situation to another.

A multidimensional approach outlines socialisation as preparing people for roles so that they will know what is expected of them, be able to deal with expectations of the role, desire to practice the expected behaviour and pursue the appropriate ends. The strengths are that education is given a priority. All too often studies ignore it as a part of socialisation. Education is required if one is to know what is expected and how to do it. Orientation provides a frame of reference for perceiving and acting on others' expectations. These are similar to what Becker et al (1961) calls 'perspectives' and 'role learning' in the induction studies of Merton et al (1957). The difference is that an orientation may be brought into one situation from another. The situation may re-inforce and elaborate an orientational development.

When an orientation is brought from one situation to another it may also arrest, re-direct or even uproot itself. Whereas an induction approach sees socialisation as the teaching and learning of roles, a synthetic model does not make this assumption. The orientations may vary independently of each other and they may not be equally learned by the newcomer.
7.4 Interaction of cultures

The interaction of cultures means that the period of initiation
into the role appears to be one in which both the lay and
professional cultures interact with each other.

Everett Hughes (1958) and Davis (1975) identify the training of
a student nurse as an example of professional socialisation; a
process by which the student is converted from a lay to a
professional culture. The changes in identification of self,
experienced by the student nurse, the subjective awareness of
his or her experience and the psycho-sociological factors
involved in the process are emphasised by Davis. He analyses
professional socialisation in six sequential stages. These are:
initial innocence in which feelings of worry, disappointment,
frustration and heightened self are experienced; labelled
recognition of incongruity in which the newcomer recognises and
defines the situation as different to initial expectation;
psyching out or how best to survive the situation; role
simulation which is the manipulative behaviour such as play
acting; provisional internalisation and stable internalisation.

This socialisation model emphasises the changes in
self-identification experienced by those people entering a
profession, their subjective awareness of the socialising
process and the socio-psychological factors involved in the
change. It makes the professionals aware that the novice moves
from a "lay" conception of the role of the nurse to a more
expanded and professional definition (Davis, 1975). It traces
the feelings of the novice sensitively, from the early stages
when he or she is searching for an appropriate identity, to the
latter stage when he or she emerges with a self-conscious awareness and confident acceptance of his or her professional role.

The limitations are that the stage of initial innocence as stated by Davis (1975) includes the feelings of worry, disappointment, frustration and heightened self-concern for most newcomers to a profession. So pervasive are these feelings that the establishment may treat these as individual phenomena and not take them seriously.

Newcomers differ greatly in the finesse and imagination they bring to the task of psyching out. They may resort to varying tactics. It would be a rare mentor or teacher who could clearly communicate with all newcomers.

7.5 Implications for the study

The basic issue of the above models of professional socialisation is whether or not newcomers are socialised for incumbency of a professional role. Proponents of these perspectives (as discussed in the previous section) agree that continuity in an individual's behaviour in moving from one position to another is the essence of professional socialisation.

This study argues that all perspectives have their strengths and weaknesses. Not a single approach may be able to stand alone in socialising the nurse tutors in a professional way. On the contrary, it may be possible for all perspectives to be used in the professional socialising of the nurse tutor acknowledging the perspective's strengths and weaknesses.
The professional socialisation of nurse tutors will be investigated in this study through a "synthetic model", bridging the two perspectives (i.e. an induction and reaction approach) because each of these have limitations as discussed earlier. There may be a need to recognise the multi-dimensional nature of the socialising process. These include learning skills, knowledge of nurse tutor, development of orientations to the nurse tutor role, the nurse tutor's place in the occupation and relating the nurse tutor to his or her professional role. In this way it may be possible to perceive extensive socialisation which may have occurred in directions other than what the researcher anticipated. This study may then avoid a static uni-dimensional and uni-directional concept of professional socialisation.

In considering professional socialisation as a subjective experience, the study will look in detail how the participants of this study move from nurses to a more expanded role of nurse tutors. It may be able to sensitively trace the beginning year when the newcomers search for appropriate identities, to the latter stage when they emerge with a selfconscious awareness and confident acceptance of the professional role.

8. Adult learning

8.1 Views on adult learning

Training for adult education is adult education for adult educators. The nurse tutors in this study are adults, therefore the principles on which their education is founded should be based upon what is known about adult learning in general. Nurse education has an adult clientele and requires practitioners who are independent and self-directing. It therefore demands a form
of education that encourages the development of such persons. The relationships between the nature of the person and theories of adult education are important and may be useful to this study but as nurse teacher education develops its own concerns, it may contribute to the body of knowledge relating to the education of adults. In what follows some views of adult learning are discussed.

Knudson (1979) argues, education is about the art and science of learners. Therefore education is ultimately about the nature of the person whether the learning is initial, adult or professional. Paterson (1979) claims that an educational activity is one which is intended to foster the highest development of individuals as persons and enable their fuller participation in life.

Elsdon (1975) argues that most adult learning has evolved from institutions who were and are devoted to the education of children and adolescents. Because adults were taught as children, it is assumed that such training as their teachers received for working with younger people would be equally relevant for education as adults. Recent years have seen these assumptions undermined, but the new developments have been slow. Magoon (1977) states that it is only recently that a number of widely circulated papers have attempted to link the various aspects of philosophy with psychology and sociological theory on the one hand and with empirical knowledge on the other.

Lawson (1975) claims that forms of education appropriate for
young children may well be different from what is appropriate for the parents. It is however open to question whether some educational values and concepts are common to both forms. This study takes the view that they probably are but a shift of emphasis may be such that a difference in degree becomes almost a distinction in kind. Lawson argues that a decision to teach an adult a new pattern of behaviour or persuade him raises a moral issue. Thus the training of adult educators is trapped in crucial issues which would be useful for nurse teacher education.

8.2 Adult potential

The realisation of adult potential has been given considerable support following the work of Knowles (1970) and Knox (1977) among others. Some academic doubt has however been raised in other quarters about the work of Knowles (Hartree, 1984).

Knowles (1970) and Knox (1977) have paid much attention to the dynamics of the process by which adult life unfolds. They have enlightened the developmental processes in which adults make transitions from one role or pattern of activity to another. This is of significance initially for student nurse teachers and the nurse tutors who have changed their job role. Knox explains how adults under-estimate their learning by over-emphasising their early school experiences. Welford (1958) informs the adult educator that conditions which aid meaningful organisation facilitates recall and that long term memory is retained even better with age. He claims that practice aids retrieval of forgotten material. Welford highlights that much educational performance by older adults reflects a speed deficit instead of a decline in power. The emphasis is on
accuracy. The awareness of adult potential as indicated in this section is useful and relevant to this study because the participants are adult learners.

8.3 The adult learner as a person

Rogers (1983) claims that the ability to learn is inherent in the person. Review of his principles of learning makes it evident that the concept of teacher as "information giver" does not fit. He describes the teacher as a facilitator of learning.

Zahn (1969) argues that adult learners bring attitudes with them into the adult situation that markedly affect their ability to learn or motivate others. She claims that adults with strong feelings of powerlessness will fail to learn, teach or control relevant information. Although nurse tutors may be motivated to listen and read the content which may increase their competence, strong conflicts with the information given may prevent them learning. Mezirow (1978) explains that a crucial dimension of an adult's development involves a structural re-organisation in the way he looks at himself and his relationships. This perspective is important in identifying problems seen as relevant to him, for attitude formation, making value judgement, setting priorities, actions and believing that he can change his situation through his own initiative. The supportive views of Mezirow (1978) may be useful in the move towards contractual relationships between colleges of education and schools of nursing.

Allport (1963) highlights the importance of feeling secure which is common to all adults. He states that those adult
learners who feel insecure and inadequate are more likely to have rigid cognitive styles, mainly because they are more threatened by the new learning. This is of value for both the student teacher and the nurse tutor in their new learning situations. Of considerable interest to this study is the view of Cropley (1977). He claims that adults draw from a wealth of personal experience developed through the process of living and the need for adults to use this experience in their lives. The strength of Cropley's views lies in the fact that adults learn best when they are actively involved as learners, just as they would in their homes and daily lives.

8.4 Models of adult learning

Models of learning may influence the adult learning situation. This is conceived in terms of identifying what is to be learned and the appropriate strategies for learning which involves the conscious participation of the learner. It may need to be an educational situation in which the nature and development of the person takes a crucial role.

Ruddock (1972) argues that the adult educator is exposed to many "models" of learning. He claims that there is a considerable pre-occupation with non-directive approaches amongst adult educators. This pre-occupation is understandable as a reaction to its opposite - a directive approach. He argues that methodological monopolism is one risk which is to be avoided. It is the educator's responsibility to choose his methods and establish trust by taking the students into his confidence. This would lead them to a variety of methods and purposes.
Jarvis (1985) suggests that a feature to be taken into consideration is whether the person is the product of the system or the system is the product of the person in it. In the former the person fits into the system as it moulds him (as in pedagogy). In the latter education would allow the person to mature and develop (as in andragogy). He describes the term "education from above" for the former and "education of equals" for the latter. Jarvis argues that education cannot be neutral and that generally a dominant model prevails. Teachers may move from one perspective to another and may not consciously be aware of it. He demonstrates two important points. One is that if nurse tutors are to be developed to take their place in society the distinction of pedagogy and andragogy is crucial because of these distinctive differences as described above. Secondly, he asks those interested in nurse teacher education if they require practitioners who are self-directing or those who conform to "education from above" to carry the nursing profession forward.

8.5 Comment
The literature reviewed in this section identifies to some extent useful views in enabling and assisting the nurse tutors to fulfill their own potential as adults in the chosen role. The contribution which the literature review has made to this study is that there needs to be a balance of approach in "fitting into the system" and allowing nurse tutors to mature and develop. In a context of continuous change one cannot even by unlimited extension of time in the nurse tutor preparation course, kit-out student nurse tutors with sufficient knowledge, attitudes and skills to last them forever. One can try to make
learning an experience from which the nurse tutors can learn how to learn and catch the desire to do so for lifelong education. Methods to assist the awareness of adult potential, the encouragement of active and mutual participation and minimising the insecurity among adult learners may avoid methodological monopolies in nurse teacher education.

9. The Mentor

A detailed examination of the concept of mentor is appropriate owing to its generalised use by the respondents and also for its usefulness to the study. An attempt is therefore made to clarify the meaning of mentor. In doing so, the following are discussed: the concept of mentor; the mentor in nurse education; the advantages of mentorship to the novice, the organisation and the mentor, the selection, demands, role and role description of the mentor.

9.1 The concept of mentor: Attempt for definition

In the field of medicine, pharmacy, architecture, osteopathic medicine, the most competent practitioners have long been used as mentors (Christman, 1979; Mauksh, 1980). The effectiveness of mentorship as a teaching method has been documented in medical literature (Friedman et al, 1979; Harris et al, 1977; Stritter et al, 1975). It is argued that there is no "agreed" definition of the term mentor. The studies reviewed illustrate the authors' own operational definition. For example, the mentor is equated as a role-model who demonstrates desired behaviours and values or preceptor who guides, tutors and provides direction aimed at a specific performance (Speizer, 1981). The concepts of mentor (the person) and mentorship (the
process) has been described by researchers as an interpersonal relationship, an organisational view and as a structural role. These views have relevance to this study because they relate to the nurturance of the nurse tutor, the stability of the school of nursing and the nurse tutor's role development.

9.2 The mentor system in nurse education

Regardless of the reason for using a mentor or in spite of the demands which may occur, the literature review reveals that having a mentor is a positive, worthwhile experience for students, teachers in the school of nursing and the mentors themselves, as described below.

Although British literature concerning mentorship in nursing and nurse education is sparse, American nursing literature claims that mentorship is an effective approach for many nurse education programmes.

The clinical mentor was introduced into American nurse education in the 1960's to meet specific educational objectives (Mahr, 1979; Chickerella and Lutz, 1981; Clarke, 1981). These clinical mentors have gained credibility as effective teachers who have clinical competency and who are able to socialise newcomers, thus minimising the gap between the nursing service and nurse education.

Mentorship has been used to provide quality student learning, decrease "reality - shock" and direct supervision (Crancer, Fournier and Maury-Hess, 1975 and Adams, 1980). Infante (1985) describes the mentor in nursing as a wise and trusted
counsellor, a seasoned professional who counsels the novice in the use of knowledge, skills and attitudes in a given field. Kelly (1978) argues that "we must seek mentors who will provide the professional and personal nourishment necessary for success and that takes commitment of time, effort and caring". She claims that "the personal and professional influence will then expand into more than a nurse's influence and become a nursing influence". Anderson (1962) points out that professional service rests on the relative mastery of professional craftsmanship. The achievement of relative mastery in general concepts inherent in a chosen profession demands that opportunities be made available for the novice to identify and apply elements of that knowledge in the practice setting.

Literature reviewed for this study illustrates the many strengths of mentorship that relate to the "nurse" which may be of use to this study. Focused studies in mentorship relating to the "nurse tutor" were not evident. In-depth examination of literature on the mentor failed to identify a single study which related to the newly qualified nurse tutor in his or her chosen career. In what follows however, the advantages of mentorship in general are discussed.

9.3 Advantages of mentorship for the novice

Infante (1985) states that specific mentor actions include client related activities, appropriate to the knowledge base and skill level of the novice. It is claimed that within a mentorship programme's conceptual framework, discussion of such activities would follow. Mentors would observe aspects of student - client interaction, react to observed data collected,
assess health problems and assist in management plans.
Throughout this relationship the novice is assisted in independent decision-making, self-evaluation and the novice is led into a higher level of functioning without enforcement.

Backenstose (1983) argues that it would provide quality learning, role-socialising, competence and confidence. Atwood (1979) and Mentink et al (1980) highlight the individual needs of novices which are met, the experiencing of colleagueship and assuming more professional accountability.

The limitations of the above studies however, are that they fail to identify conflicts between mentor and mentee which may arise from mis-matching of personnel, the limitations of mentors or the commitment of the mentee. The strengths however, lie in the ability to transfer the principles of mentorship practices.

9.4 Advantages of mentorship to the organisation
Stuart-Siddall and Haberlin (1983) state that the mentors need to develop in the novice the use and understanding of knowledge in a practical way for the benefit of the organisation.

Adams (1980) argues that increased visibility and close collegial relationship heightens professional credibility in an organisation. Backenstose (1983) states that mentorship enhances understanding of the organisational goals, reach mutual goals and promote mutual trust and respect. As a result, mentorship helps to minimise the gap between the novice and the organisation.
The work of Stuart-Siddall and Haberlin (1983) indicates that mentorship does increase communication, enhance organisational health, promote an open climate for learning.

9.5 Advantages of mentorship to the mentor
It has been expressed by Chickerella and Lutz (1981) that mentors gain a fresh insight to their own work role and that their professional stimulation is enhanced. Atwood (1979) argues that creative incentives for the mentor to pursue continuing education for the purpose of updating knowledge is a direct result of mentorship experience. Bergeron (1983) argues that one of the positive aspects in the role of mentorship is teaching-learning. It is challenging and invigorating to have a newcomer ask about things that have long been tangled or lost in one's mind. She states that sharing one's experience in this way is a privilege.

9.6 Selection of mentors
Helmuth and Guberski (1980) argue that a nurse who plans to be a mentor needs a strong educational and experiential background, a special programme of study and the opportunity to work with an experienced mentor.

Atwood (1979) states that not every person could be or should be a mentor to another. She argues that a combination of special, personal and professional qualities are desirable to teach, coach, inspire, enthuse, support and develop the growth of the novice. The novice needs to perceive the mentor as self-assured, independent and confident.
Frieson and Conohan (1980) argue that selection of mentors involves interest and recommendation by senior officers. They claim that interest in professional growth, ability to promote constructive resolution of conflicts and willingness to work with and provide feedback for the novice are imperative for effective mentorship.

9.7 Demands of the mentor
Limon, Bargagliotti and Spencer (1981) single out basic assumptions for a role that involves an intense relationship emphasising teaching responsibilities. They state that the mentor system is not without its stressors. The very nature of the assumptions demand a great deal from the mentor. The role occupant must be skilled in adjusting priorities to allow for adequate and appropriate attention to all aspects of the mentor role. Limon et al (1981) argue that the mentor - mentee relationship itself could be the source of stress. They envisage that the intensity of such a relationship is often given less attention by colleagues and senior officers. Limon, Spencer and Waters (1981) emphasise that given the demands of a relationship that is difficult, intense, a role that involves guidance and support, the preparation for mentorship is crucial. Preparation may go half way to prevent fatigue, frustration and unfulfilling experiences for the mentor.

9.8 A role description of the mentor
This section explores the role description of the mentor. Limon et al (1981) argue that understanding of mentorship is gained through planned, regular communications between the mentor and the organisation. Lack of explicit information can lead to
misplaced emphasis and less than optimal experiences for the mentor and the novice.

Hackman and Lawler (1971) are of the opinion that by role modelling, teaching, supervision and being a resource person, the mentor is provided with an opportunity for professional growth and increased job satisfaction. They claim that the roles are positively associated with motivation and job involvement.

9.9 Comment

Exploration of a wide literature review can always promote discussion. This review is one such example. Although there is no agreed definition for a "mentor" within the specific confines of individual studies, the above overview provides relevant use and valuable insights for nurse tutors.

The literature review failed to locate focused studies on mentorship relating to nurse teacher education. Assuming however, that a novice in any discipline may experience similar fears, insecurity, powerlessness and hopelessness, the principles of the above studies can be transferred to the newly qualified nurse tutors' professional experiences and situations.

The use of mentors for interpersonal, organisational and structural benefits are quoted as important. The literature review has highlighted the need for careful selection and preparation of mentors. The need to develop the personal and professional qualities of mentors which may enhance their
credibility, willingness and commitment to enact their role effectively are described.

9.10 Identified themes from the literature search which will be considered in the empirical study

- The selection of nurses for nurse tutor preparation.
- The nurse tutor becoming established within an adult learning environment.
- The schools as organisations.
- The location of nurse tutors within the organisation.
- Organisational practices and leadership.
- Aspects of professional socialisation.
- The aspects of the role, role-support, mentorship and collegial interaction.
- Intentions and aspirations of the nurse tutor.
Chapter 6

PERSPECTIVES WHICH INFORM THE RESEARCH METHODOLOGY
CHAPTER 6

PERSPECTIVES WHICH INFORM THE RESEARCH METHODOLOGY

Introduction

The purpose of this chapter is to describe the research methodology which was selected for the present study. Through an examination of key components in the existing knowledge of qualitative research using "grounded theory" the researcher believed that this study would be better informed.

1. A qualitative study using "grounded theory"

The present investigation attempted to obtain useful information. The process is closely linked to an informed and rational inquiry. It takes a detailed look at how newly qualified nurse tutors themselves describe their world. It explores the respondents' views of nurse teaching through an analyses of their accounts in their first year as tutors and provides insights into the specific issues.

There is more than one way of examining a research problem. The present study is no exception. In an attempt to get nearer to the views of the respondents this study has sacrificed a uniform and structured approach for a qualitative methodology. This approach has a place in this study because it is complementary to other research methods rather than a replacement for them. This method of investigation does not predict human behaviour, instead it attempts to understand the behaviour. The emergence of findings is inductive.

The decision to use a qualitative approach is taken because it
enables the researcher to understand emerging viewpoints on familiar problems. "Grounded theory" provides a way to generate an understanding of human behaviour. Stern (1980) argues that the strongest case for the use of "grounded theory" is in investigations of relatively uncharted waters, or to gain a fresh perspective in unfamiliar surroundings. It is a form of field methodology which aims to generate issues which explain the action in the social context under study.

Glaser and Strauss (1967) claim that "grounded theory" encourages open-mindedness and stimulates rather than freezes thoughts about a topic. Filstead (1970) argues that the best way to understand a process is to become a part of it because it gives the investigator the opportunity to clarify for himself his actions, feelings and views while acquiring genuine insight into the feelings of others in it. It enables face to face contact with respondents. It exposes the researcher to unfolding events. It allows the respondents to tell their story.

Stern (1980) describes five characteristics of "grounded theory" which may be useful to this study. These are set out below.

1. "The conceptual framework is generated from the data rather than from previous studies although previous studies always influence the final outcome of the work."

2. "The researcher attempts to discover dominant processes in the social scene rather than describing the unit under study."
3. "Every piece of data is compared with every other piece rather than comparing total indices.

4. "The collation of data may be modified: that is false leads are dropped or more penetrating questions are asked as seem necessary."

5. "Rather than following a series of linear steps the investigator works within a matrix in which several research processes are in operation at once. The investigator examines the data as they arrive and begins to code, categorise, conceptualise and to write the first few thoughts concerning the research report almost from the beginning of the study."

(Stern, 1980, p. 21)

1.1 Reliability

In most forms of research, reliability is established through the use of certain procedures for data collection and analyses. In qualitative research these issues are not addressed in the same way but qualitative researchers are sensitive to these issues. Charmaz (1983) notes major problems in addressing these issues, such as lack of language which describes the analyses of qualitative data using "grounded theory" and qualitative researchers relying on terms such as "coding" or "theoretical sampling".

Kerlinger (1973) argues that reliability in quantitative terms address accuracy of a measuring instrument over repeated occurrences. It could therefore be said that reliability is associated with replication. Chenitz and Swanson (1986) argue that qualitative researchers are concerned about central issues
of reliability being questioned because the exact replication is not possible. "Grounded theory" is generated from the investigator's best analyses and this includes his/her skills, time, resources, creativity and analytical ability. No two investigators are identical. It would be more appropriate to say that if one were to apply a particular "grounded theory" to a similar situation, will it work? i.e. permit the researcher to understand and interpret phenomena. Chenitz and Swanson (1986) highlight that the test for reliability in "grounded theory" is its use and applicability in similar settings, in different situations and problems over time. They claim that qualitative research generally avoids terms such as validity and reliability and talk in terms of "evidence" and "credibility". Moreover, the applicability of findings is probably of more value than their reliability.

1.2 Validity

Denzin (1970) uses the distinction between internal validity and external validity as described by Campbell and Stanley (1966) and applies it to qualitative research. In Denzin's terms, internal validity constructs and theoretical labels are used to describe how the variables and propositions are evaluated. He identifies the history of events as being validated by the meaning and importance of events which occurred and are occurring during interviews and document analyses.

Denzin (1970) claims that investigators are aware of and sensitive to how they are seen and treated by the field. Gussow (1964) states that interaction of the investigator should be
valued as data, the effects of which are analysed by the investigator. Denzin also shows that changes in the investigator result from changes in the study and the interactions with the respondents. One method used as a control for the effects of changes is to record changes over time. Keeping memos, personal notes on actions, interactions, subjective states in the field are useful to raise the level of sensitivity of the analyses.

External validity is addressed by the generalisability of the observations to other populations. Accordingly, threat to validity needs to be handled by:

"Demonstrating that the case(s) the researcher studies are representative of the class or units to which generalisations are made."

(Denzin, 1970, p. 200)

In "grounded theory" external validity is handled by coding or categorising to a class by detailed description during data collection. Glaser and Strauss (1967) claim that a "grounded theory" must "fit" the phenomena under study, "have grab" and "work". "Fit" means that categories generated must be indicated by the data and readily applied. "Grab" meaning that theory is relevant to the work people do and "work" refers to the usefulness of the theory in order to explain and predict the phenomena which is studied.

Oleson and Whittaker (1968) argue that eventually substantive theory must correspond closely to the data if it is to be applied to daily situations, make sense and be understood by the people working in the substantive area. They go on to say
that when deciding on the conceptual level of categories the investigator needs to be guided by criteria which would enhance their sensitivity aspect. They argue that substantive theory must enable the person who uses it to have enough control in every day situations. As changes occur, his theory must allow him to be flexible in revising the theory itself if necessary. When no additional data which can develop a category are found the categories are said to be saturated. Data are collected so long and only so long as they add to the development of a particular strategy. The relevance of the above view is that the researcher needs to be sensitive in the collection of data which only enhances the development of the study.

1.3 Method of collecting data
The function of "theory" in this study is taken as giving order and insight to what is or what can be observed. The social world of the nurse tutor is viewed as not made of objects which have intrinsic meaning but the meanings which lie in the actions that nurse tutors take towards these. The nurse tutors' reports of interactions are the basic source of data in the face to face interaction of the social situation.

In a qualitative fieldwork methodology, the way in which the data are obtained constitutes a vital part of the construction of the data. Mills (1959) states that it is during this process that personal preferences for a theory and method emerge and that order is given to theory, methodology and research. This demands variability in the research process and the manner in which the study is carried out does require flexibility and open-mindedness.
In the quest for the most useful strategy of field work method for this study, the large literature reviewed has described interview techniques firmly used in participant observation. Examples of this are the major work of Merton (1968); Becker et al (1961); Kratz (1974); Dingwall (1977); Towell (1975) and Simpson (1980). Although these studies offer useful cues, the chosen method of gathering data in the present study is the "interview". The study accepts the strength of the interview as an interactional encounter as expressed by Kuhn:

"The interview far from being a kind of snapshot or tape-recording, a simple report either of fact or emotional response in which the interviewer is a neutral agent who simply trips the shutter or triggers the response, is instead inevitably an interactional situation."

(Kuhn, H. Manford (1962), p. 194).

It is this "encounter" which may play a crucial part in the field work methodology of the present study. The researcher and the respondent are closely involved in the interview. By getting close to the data the whole approach proceeds inductively, encourages open-mindedness, provides meaning and allows the researcher to understand the nurse tutors' statements from their every-day life. An informal, in-depth and conversational method of interview is therefore appropriate and is the chosen method of collecting data. "Informal" is used to convey the flexible style as stated by Bogdan and Taylor (1975). "In-depth" is used here as discussed by Shatzmann and Strauss (1973) not so that the innermost thoughts of the respondents might be exposed rather it is chosen for its flexibility and potential for allowing unforeseen ideas to be
experienced by the respondent. "Conversational" is used as discussed by Becker and Geer (1957) because it distinguishes a purposeful interview from a social conversation.

Melia (1982) supports the view that the interview plays a crucial part in the field-work methodology. She states that:

"Close involvement of the researcher in the production of the data is as true of the informal interview method of data production as it is of participant observation. The field data produced are handled in much the same way as the field notes from participant observation might be handled."


For the above reasons it has been decided that a qualitative research methodology may provide a greater richness of useful information than a quantitative method. It is therefore appropriate that the "interview" as a qualitative research method be examined in the next section.

2. The interview as a method for collecting data in qualitative research

Some of the most significant contributions to social science knowledge are made by studies which have employed the interview as their central technique for collecting data. As a method for research the interview has certain strengths.

In view of the inductive and exploratory nature of the present study which concentrates on emergent issues, the chosen method of data collection is a particular type interview. It is informal, in-depth and conversational and treated as:
"A face to face interchange in which one person, the interviewer, attempts to elicit information of expressions, opinions or belief from another person or persons."

(Maccoby and Maccoby, 1954, p. 149).

This type of interview is appropriate for the present study because interaction is the basic source of data in face to face interaction.

"Informal" is used to convey the flexible style as described by Bogdan and Taylor (1975). This permits freedom and openness. Interviews being flexible means that the interviewer may adjust his technique to the individual respondent's particular situation. "In-depth" means that the interviewer may explore unusual ideas of the respondent, omit areas which are unapplicable and take advantage of unusual events which may occur during the interview.

Schatzman and Strauss (1973) state that the formal situation may be destroyed as the informal interview takes the form of conversation which is purposeful. The interview then becomes a shared event and conversation implies this property.

In this particular type of interview, it is possible for the interviewer to discuss the nature, purposes and sponsorship of the study with the respondents. This improves rapport with them. As the interview progresses the interviewer is able to understand and control the sequence of questions, omitting those which are not applicable or duplicating those already answered. The interviewer is also able to obtain relevant answers by non-directive probing. He is able to ask the...
respondents about a variety of situations such as expectations, future and past events which other techniques may not be able. The interviewer must be well prepared to make the best use of the available opportunities during an in-depth, informal and conversational interview.

The specific areas of concern which play a crucial part in the "interview" are: gaining access to interview; rapport at interview; the art of questioning and recording of interview data.

2.1 Gaining access to interview
An initial problem when intending to interview people is encouraging them to partake in the research and gaining their co-operation. This was particularly important since nurse tutors from thirty-two schools of nursing were included in the sample. Schatzman and Strauss (1973) recommend that one method of attempting to reduce the refusal rate is by using preceeding letters and telephone calls.

2.2 Rapport at interview
Stouffler et al (1949) claim that optimal rapport is achieved only if the circumstances under which an interview is held are good. They argue that attempts need to be made to select the time of day most suitable for the respondent and in a room where there is no likelihood of disturbance. Although not all questions in a study are affected by the presence of other people many are distracted. The strength of the work by Stouffler et al (1949) illustrate the fact that it is the role-relationships and the change of responses which are affected in the presence of others.
Maccoby and Maccoby (1954) state that almost always the role in which the respondent places the interviewer will have some status implications. As such the nature of the communication between the interviewer and the respondent will be affected. They also indicate that the essential point in role-relationships is that the interviewer must establish a role which is most advantageous. As Sheatsley (1951) argues the interviews need to be conducted with dignity, genuine interest and respect for the respondent, taking the interview seriously yet adopting a manner of friendship. Miller (1957) elaborates the difficulties encountered with close friendships and "over rapport". Hyman (1954) perceives that the informal interview in some instances may be an opening for criticism of an interpersonal nature.

2.3 The art of questioning

In view of the in-depth, flexible and conversational style of the present interviews, the art of questioning seems important. Studies by Cantril (1944) reveal that even what would appear to be minor changes of wording in the questions produce significant changes in the nature of responses. Maccoby and Maccoby (1954) claim that no word means the same thing to two different people, because they would have had different experiences associated with it. Richardson, Dohrenwend and Klein (1965) support the view that the advantage of an open question is to allow the researcher to detect misunderstandings of wordings, level of knowledge and understanding, unexpected frames of reference and cultivate rapport with the respondent. When an open question is used, the interviewer classifies lengthy answers into a set of categories soon after the
interview. The reason that many answers to open question are not useful for analysis is usually because clarity of the required dimension is given little emphasis. This study takes the view of Lasarsfeld (1972) that the question needs to be such that it is fixed in the meaning and not in the wording.

Rogers (1945) favours non-directive probing in open-ended interviews. This study takes the view that cues should in no way influence the direction of the response and this need a great deal of skill by the interviewer. A specific point which needs illustration here is fatigue, encountered by the respondents in interview situations. This is highlighted both by Maccoby and Maccoby (1954) and Rogers (1945) in that the ability to identify signs of anxiety and knowing when to stop has got to be learned. They also argue that when the interviewer is anxious he may be oversensitive to signs of anxiety in the respondent as was experienced in this study. They argue that allowing more time for respondents will reduce responses given with little thought.

2.4 Recording of interview data

Recording of interview data is a central issue for all researchers and this study is no exception. In verbatim note taking, the interviewer attempts to take down the respondent's answers as exactly as possible during the interview. Maccoby and Maccoby (1954) claim that the seriousness of a loss of data depends upon how much data relevant to the study's objective are retained. If the researcher is adequately trained, it would be possible to include the essence of the answers in his notes. They highlight the importance of training to write up
interviews immediately. The strengths of these tactics are immense and have been useful in this study. Schatzman and Strauss (1973) also explain that writing up partial notes enables the recall of fuller remarks by the respondent. A systematic recording tactic which would provide an on-going developmental dialogue for the potential generation of data, selection, timing, sequencing and analysing is illustrated by Schatzman and Strauss (1973). He says that the initial observational notes are statements of the respondents; theoretical notes are controlled attempts to derive meaning; methodological notes remind or give instructions to the researcher. A controlled package of observational, theoretical and methodological notes are stored and retrieved. This is completed by analytical memos which are the core and final set of ideas.

Maccoby and Maccoby (1954) claim that worthwhile research interviews need to ensure the researcher's awareness to specific issues. These are the answers of the respondent to factual events, actual behaviour, to underlying attitudes which govern behaviour, distortions, omissions with the passage of time and that many people are poor reporters even of recent events. Research studies need to view all responses with respect and trust.

2.5 Comment

The above literature has been a valuable and essential source of information to the study. It clarified the decision to use a particular methodology to impose order on the data. By using "grounded theory" it was decided that the nurse tutors would be
able to explain phenomena and the researcher could delve into categories and relationships of their responses. It was decided to conduct "informal in-depth" interviews to enhance the richness of responses which may emerge. In what follows the pilot study is discussed.
CHAPTER 7
THE PILOT STUDY

Introduction

The theoretical perspectives adopted in this study required the use of nominated methodological techniques and the essential purpose of the pilot study was to test whether they could be used in practice and examine whether they could be improved.

The decision to use a qualitative approach was taken because the study needed to be realistic, "grounded" and understood from the nurse tutors' frame of reference (Glaser and Strauss, 1967). The objective was to understand behaviour in the tradition described by Weber (1947) by getting closer to the data. The approach was to proceed inductively as advocated by Glaser and Strauss (1967). It encouraged open-mindedness and allowed the understanding of the nurse tutors' reports about their work and experiences. Issues were then focused as they emerged from individual respondents.

The pilot study took a detailed look at how a small sample of first year nurse tutors (twelve) described their life and work. Their descriptions and evaluations of their experiences provided insights into what it was like to become a nurse tutor. The study made use of an open, flexible and illuminative approach.

1. Methodology

In view of the inductive and exploratory nature of the pilot study which concentrated on emergent issues the chosen method of collecting information was informal in-depth interview.
"Informal" was used to convey a flexible style as recommended by Bogdan and Taylor (1975). "Indepth" was used as discussed by Schatzman and Strauss (1973) not so that the innermost thoughts of the respondents might be exposed rather because it allowed for unforeseen ideas to be described by respondents. "Conversation" was used as described by Becker and Geer (1957) so as to distinguish a purposeful interview from a social conversation. The questions directed to the respondents were not fixed in their wording. They were fixed in their meaning as suggested by Lasarsfeld (1972).

2. The pilot study

In what follows the pilot study is outlined using as its framework the strategies of Schatzman and Strauss (1973).

2.1 Entering

The selection of pilot schools of nursing demanded criteria for suitability and feasibility and suitable tactics. In order to enter the identified schools of nursing required an identity card and a written statement of assurance, concerning the confidentiality and anonymity in the conduct of the study (described in Appendix D).

Having entered the selected schools of nursing, respect for individuals and skillful negotiation were paramount. Good human relations required considerable attention and intelligent regulation.

2.2 Selective sampling

Every newly qualified nurse tutor cannot be interviewed even by
a large research team. Limitations of time and resources indicated that the sample for this pilot study had to be restricted to a small and carefully selected group. In the event twelve respondents were included. During this period the researcher was a full-time employee and was unable to obtain leave for the purpose of research interviews. It was therefore necessary to use annual leave for this purpose. Funding during this particular period was not available. This resulted in selecting schools of nursing within close travelling distance for the researcher.

Selection was also influenced by other factors. There were letters of approval from directors of nurse education and information from the English National Board concerning successful candidates. A criterion which determined who to utilise at a particular school of nursing rather than another was the access given by the director of nurse education. At this stage there were vital issues which the researcher had to work through. One of these included the arousal of interest in the study among the established staff in the school of nursing. Schatzman and Strauss (1973) have made clear that in any human organisation, people stand in different relationships to the total organisation and they view and use it differently.

2.3 Getting organised
When and where to start needed much consideration. In the first instance it was necessary to locate the sites of the schools of nursing. At the outset the decision concerning where to start had special importance because it rested on the relationships which existed within the organisation. Entering the schools of
nursing followed with greater ease once the lines of communication with the school staff were open from the beginning.

2.4 The sample
Out of nineteen schools of nursing within the North Western Region of the United Kingdom, eight schools were included in the study. The selection of the sample was influenced by the interest shown on the part of the directors of nurse education and dictated by the availability of first year nurse tutors within six months of being appointed to their posts.

The student nurse population in the selected schools of nursing ranged from 250 to 505. The nurse tutor population other than first year nurse tutors ranged from 8 to 27. The sample was restricted to twelve first year nurse tutors who had all received their initial nurse tutor training at a local institute of higher education. Eight were female and four were male. The age range was 26 to 40 years.

3. The interviews
3.1 Arrangement for the interview
Members of the sample were informed about the date of their interview in good time. All arrangements were made through the director of nurse education four weeks prior to the interview. This included the setting, time, date and approximate duration of the interview. It was however, necessary for the researcher to be sensitive to the respondents' particular circumstances on the day of the interview. Each confidential interview lasted approximately 1 1/4 - 1 1/2 hours.
3.2 Understanding

At the outset of the interview it was necessary to have some understanding of the interview situation. First there was a need to be a good "role-taker" in that the researcher had to "stand" with each respondent in the latter's relationship to the world. She needed to view it and its associated vocabulary from that perspective. Second there was a need to make a simple comparative analysis of what was heard in one interview against what other respondents in like or different situations had expressed. Third there was a need to apply the researcher's own initial framework for the interview. Fourth, it was necessary to communicate to the respondents that their views were important, acceptable and would be recorded during their interviews.

3.3 Interview schedules

As recommended by Schatzman and Strauss (1973) every effort was made to ensure that the interview schedules aided comparable coverage, content and economy of time (i.e. by using the interview time in a rational manner). The interview schedules were adapted from Taylor and Dale (1971) (see Appendix E). These schedules were used for all respondents. The interviews proceeded in an informal conversational style following the schedules in varying order and not always completing them, depending upon how the nurse tutor responded to the opening stages of the interview and how he or she progressed. Each respondent was encouraged to express the views which he or she thought were pertinent to the study.
4. Recording of the interviews

It is important to devise strategies to get the information down on paper. While doing so one strived for cogency, significance and validity as described by Schatzman and Strauss (1973). This strategy is set out below.

4.1 Observational notes

These were statements bearing upon events experienced principally through watching the nurse tutors and listening to them. These contained as little interpretation as possible. Each observational note was the who, what, where and how of the respondents' experiences.

A tape recorder was not used since it may have created a barrier between interviewer and interviewee. Each observational note which was recorded contained exact words, phrases and quotes from the nurse tutors. These were recorded during the interviews.

4.2 Theoretical notes

Theoretical notes were recorded which represented self-conscious, controlled attempts to derive meaning from any one or several observational notes already recorded at interview. The researcher reflected on the interview experiences and made private meanings on the responses. Second, she interpreted, inferred, hypothesised and conjectured. As new concepts were developed these were linked to older ones as an ongoing process during the study.

182
4.3 Methodological notes
These were statements that reflected an operational act, completed or planned; an instruction to oneself, a reminder, a critique of one's own tactics. Methodological note taking was of immense help in that the timing, sequencing, interview setting and manoeuvring were used to good effect. Complete recording of all notes was done on the day of each interview.

4.4 Packaging
A package of notes for each interview was then prepared for later use. These included a short paragraph of events, inferences made and decisions taken.

4.5 Analytical memos
Inferences were then elaborated in more abstract statements. These became the core of the final sets of ideas relating to each interview.

4.6 Interview file
A summary of each interview was made. This included a fact-sheet giving details of each respondent, the particular school of nursing, education and professional qualifications and previous professional experiences. This method was useful for the analytical searches which were necessary during the study. All interview files were given specific codes and were housed in a locked safe in the researcher's home when not in use.

5. Handling and analysing data
The qualitative data varied in the level of abstraction, frequency of occurrence, relevance and questions central to the
inquiry. They differed according to substance. The analyses of the data involved thinking that was self-conscious, systematic, organised and instrumental. It was an interactive process between the researcher and the data.

Schatzman and Strauss (1973) recommend that the work strategy for analysing data can begin when the first data are obtained from the respondent, after much of the data are obtained or when all the data are obtained. The analyses commenced as the study progressed in order to adjust the interview strategies and to exercise control over the emerging ideas by checking and testing of these ideas. The use of theoretical note-taking was the preliminary analyses.

Fundamental to the analyses of the qualitative data was the discovery of emerging issues, themes, classes, categories of things, persons, events and properties which characterise these. Some of these were shared, common or special issues inherent in the larger nurse tutor group, the sample group of respondents or those identified by the researcher at interview. As the study progressed the emerging issues shifted. The researcher created or changed these as she continued to test data for data. Throughout the handling of the analyses the researcher entered into a kind of dialogue with the data about their efficacy. A linkage resulting in a "story line" then emerged. At this stage it was necessary for the researcher to distance herself from the data in order to enter into a new relationship. This conceptual leverage was used by interrogating the data and engaging in active discussion with colleagues and interested parties in order to test whatever
ideas she may have developed about what the data had to say.

The final result of the analyses resulted in the emergence of twelve categories which served as a framework for describing the substantive issues raised by the first year nurse tutors. These are:

* The route to qualified nurse teaching and the status bestowed by peers.
* The type and number of professional qualifications and the status hierarchy.
* Diversity in the nature of appointment procedures.
* The priority given to induction.
* The under-used and alienated first-year nurse tutor.
* Inter-team conflict and personality clashes.
* The view of clinical staff - "Nurse tutor's role lacks credibility".
* Lack of formalised instruments for in-service guidance.
* The first-year nurse tutors' status within the school of nursing.
* Absence of a job description.
* "In their first year and preparing to leave".
* Insecurity and lack of appraisal.

6. Comment

The pilot study generated emerging issues which offered description and limited explanation. A major study of this kind may give the opportunity for the general applicability of issues and themes which emerged in the pilot study. It may also explore further issues which could contribute to the body of
knowledge relating to the first year nurse tutors.

In order that the above issues could be tested for general applicability a representative sample of nurse tutors was necessary. This lead on to the re-design of the major study which is discussed in the next chapter.
Chapter 8

THE MAJOR STUDY
CHAPTER 8
THE MAJOR STUDY

Introduction
At the completion of the pilot study it was necessary to re-think, re-formulate and design the major study from lessons learned throughout the pilot study. In what follows this is discussed.

1. Re-formulation of the research design and methodology after the pilot study

1.1 Selection of the sample
In order to obtain a representative sample of nurse tutors the major study used a larger number of institutions (schools of nursing), health regions and a larger sample of respondents. The intention to understand the responses of the nurse tutors' experiences during the whole of the first year in post decided on two interview sessions for each nurse tutor (see table 8.1)*

Experience during the pilot study indicated that it took 6 - 8 weeks to organise and implement the research programme in each institution and that only some institutions would permit two visits by the researcher. A large number of institutions needed to be contacted in order to generate a sample which therefore was large enough but, at the same time, of a size which could be accommodated by a single researcher.

* In order to avoid unnecessary interruptions to the reader the tables of this chapter are included at the end of the main text of the study.
The sample in the pilot study were all trained in one institute of higher education and the emerging issues related only to this particular institute. If these issues were to be tested for general applicability it was necessary to use a representative sample whose training had taken place in a number of institutes concerned with nurse tutor training.

The English National Board holds the list of successful candidates and their employing authority. It was therefore necessary that lists were available to the researcher in time to negotiate with schools of nursing. The delay in receiving these lists for the pilot study was inconvenient for the researcher. This prompted the researcher to request the numbers of successful candidates from the particular colleges as well in order to proceed with the study.

The sample for the first interviews consisted of seventy-one first year nurse tutors out of a population of two hundred and one people who qualified as registered nurse tutors in the June of 1986. They had completed one of a number of qualifications including: a one year course in the certificate of education, further education teacher's certificate, diploma in nurse education, post graduate certificate in the education of adults, from a college of higher education or university approved by the English National Board. The sample for the second interview consisted of sixty-six nurse tutors. Five left before the completion of their first year as a nurse tutor. The criteria for the selection of the sample depended on the following:
1. Those who were successful in registering as nurse tutors with the English National Board.
2. Those who were appointed and placed in a school of nursing in the United Kingdom.
3. The access and permission granted to the researcher by the directors of nurse education.
4. The availability of first year nurse tutors who had completed a one year prescribed course.
5. The willingness of the first year nurse tutors to participate in the study.
6. A proportional representation of nurse tutors prepared in each of the nine colleges of higher education and universities.

The researcher experienced enormous goodwill and co-operation from those schools of nursing who participated in the study. Three schools of nursing however, refused access owing to the shortage of staff and organisational changes during this period.

1.2 Composition of the sample
The sample was composed of twenty-five males and forty-six females. Twenty-two of the male sample and thirty-six of the female sample were married (see table 8.2). The greater number in both sexes were married.

1.3 Age range
The ages of the sample ranged from twenty-six to forty-three years. An equal proportion of males and females were twenty-eight years old. Seven males were older than the females (see table 8.3).
1.4 The institutions from which the sample was drawn

Thirty-two schools of nursing in England participated in the major study. These included 10 large schools of nursing in the teaching hospitals and 22 schools of nursing in district general nursing hospitals, which serviced mental handicap and mental illness, children and the community.

1.5 The organisation of the interviews

The pilot study revealed that a single interview only touched the surface of the experiences encountered by the first year nurse tutors. The pilot interviews lacked depth and continuity in that a follow up interview was not pre-arranged and the progress of the respondent was not pursued by the researcher. It was therefore agreed that the major study would include a set of interviews during the first six months of the nurse tutors' first year in post and a second set of interviews in the last six months of the first year. This would be more useful for understanding the nurse tutors' work and experiences.

It was decided that the first round of in-depth interviews would take place during the fourth, fifth and sixth month of the respondents' first post. This allowed them to settle in their surroundings. The first interviews therefore took place between the 1st October and 19th December 1986. The second round of interviews took place during the tenth, eleventh and twelfth month of the respondents' first post. These were held in the months of April, May and June 1987 (see table 8.1).
1.6 Authorisation to interview

The English National Board, the colleges of higher education and universities posted lists of successful candidates to the researcher. A formal letter was then written to the director of nurse education in each school identified as employing a first year nurse tutor (see Appendices F and G). These letters explained the study and gave assurances about confidentiality and anonymity. The researcher was invited to eight of the thirty-two schools of nursing for further discussion with the senior members of staff. Following this, arrangements for individual interviews with the participants were made and these took place with the full support of the director of nurse education in each school of nursing. In each case authorisation to conduct the study was given in writing by the director of nurse education.

The pilot study revealed that the internal communication in schools of nursing varied in quality. In some cases the respondent was aware of every detail concerning the investigation such as the name of the researcher, the statement of the research, date of interview, time and duration of the interview. In other cases this information had not been made available to the respondents. In designing the study it was agreed with the directors of nurse education that duplicate packages of relevant information would also be posted to the respondents. This information was posted directly to the sample in each school of nursing by the researcher.

1.7 Interview appointments

Although interview appointment letters of the pilot study were posted at least a month in advance, some respondents were
unable to keep the interviews for reasons such as forgetting, vacation, sickness, shortage of tutors and bank holidays. In the major study the first letters were posted to the respondents two months in advance, copies of which were posted to the respective directors of nurse education. Letters of re-confirmation were posted to the respondents and the directors of nurse education at least a week prior to their scheduled interviews (Appendix H).

1.8 Interview time and duration
From the experience of the pilot study, it became clear that the respondents preferred a morning appointment for their interviews. Those who were interviewed in the morning appeared less tired and were more receptive. Having taken this observation into consideration when arrangements were being made for the major study, the respondents were requested to indicate the time preference for their interviews in "time of day".

Lessons learned from the pilot study revealed that punctuality of the researcher was vital in order to begin the interview in an unruffled and calm manner. The experience gained from the pilot study suggested that appointments not kept on time caused hastening of the interview dialogue and the need to curtail investigation of potential and emerging issues. In the event each interview lasted from 1 to 1 1/2 hours approximately depending on the individual respondent. Where there were more than three respondents in a school of nursing not all interviews were held on the same day to avoid researcher fatigue. Alternative arrangements were made when a respondent
was on sick leave or on vacation. All interviews took place during the respondents' work time in the schools of nursing between 8.30 a.m. and 4.30 p.m.

1.9 The interview

The researcher conducted seventy-one informal, indepth interviews in the first round and sixty-six in the second round. Each respondent was aware of his commitment to both interviews during the course of the year. The only part of the interview which was constant for the total sample in this study was the following introduction:

"I'm interested about how first year nurse tutors experience their working world. This study is exploratory and will take a detailed look at how you describe it. In doing so I would like to bring the first year of a nurse tutor to a focus and provide insights into what it is to become a nurse tutor. I would be very grateful for your realistic views on this to make the research worthwhile."

Having entered the schools of nursing with authorisation the researcher introduced herself to the respondent, confirmed her identity with her identity card and made the respondent at ease with general conversation as a preamble to the interview. The researcher and the respondent were always provided with welcome cups of tea or coffee by the host organisation. The interview then proceeded in an informal conversational style following a modified schedule for each respondent. Changes were made to the schedule to introduce specific issues which emerged in the pilot study. This was used in varying order depending on the responses of the respondents (see Appendix I). The topics in the schedules were more often raised spontaneously by the
respondents. There were many instances when specific issues emerged repeatedly during the interviews. At such times the researcher did not have to make deliberate measures to introduce particular items.

Ideas which a respondent raised during one interview were tested out in interviews with other respondents if they were worthwhile developing or if the opportunity presented itself. The progression from one interview to the next was very much guided by "grounded theory" generation. That is, in the search for negative cases and testing of hypotheses as advocated by Glaser and Strauss (1967) more rigorous follow-up of emerging trends was carried out. It was often possible to question an articulate respondent further in order that he/she could express deeper meaning to responses, elicit opinion and promote discussion. Most respondents were comfortable with their opinions and more than willing to express these with the researcher. Lengthy discussions led to independent addition to the data by the respondents. These were useful to the study. As the first interviews progressed, data were constantly updated and elaborated so that these could be included in the body of knowledge for the second interview. Emerging themes were identified. These were named in order to be followed through during the second interviews of this study. When no instances of behaviour were identified that did not fit within the previously identified and defined categories, saturation was assumed to have been completed.

1.10 Interview dialogue

Every effort was made in the pilot study to treat each
respondent as an individual. An essential pre-requisite for the dialogue was knowing the respondents' full names, being a good listener throughout the interviews and being sensitive to the needs of the respondents. Experiences from the pilot study indicated that the above attributes paid dividends. That is the respondents were receptive and were willing to speak about their experiences. In re-designing the interview schedules for the major study, it appeared that re-reading each respondent's first interview files prior to the second interview was critical in order to review pertinent information already provided by the respondents and which could assist in offering significant cues in gathering further information.

1.11 Interview distraction
Lessons learned from the pilot study revealed that keeping a certain "distance" from the respondents was essential, initially to maintain a degree of objectivity and detachment to the inquiry. Second, in order to avoid being the "adviser", "peace maker" or "arbitrator" in the school of nursing problems. Third, in order to conduct the inquiry in an unbiased manner.

1.12 Post first interview and second interview
The experience from the pilot study indicated that the completion of an interview was not the completion of the data collection. That is, once the interviews were completed open lines of communication were maintained and skillful negotiation continued. There were many occasions when the researcher returned to the respondents for further information or clarification of their previous responses either in person, by telephone or letter.
2. Recording of data

The experience from the pilot study showed that clear, precise note-taking was an asset. This needed to be followed by an established method of recording as described earlier in the pilot study.

Transcripts of interviews constituted observational notes, followed by theoretical notes which inferred and represented controlled and self-conscious attempts to derive meaning. Anecdotal memos were made wherever necessary. All observational notes were written up by the researcher on the day of the interview to prevent the loss of useful information. Notes of interviews were made on the style illustrated by Schatzman and Strauss (1973). Lessons learned from the pilot study stressed the continued use of codes, colour and symbols which helped with analytical searches. Accuracy in the filing of all interview notes was an essential requirement in handling all data related to the study. This was a critical lesson learned from the pilot study, in that there were times when the notes had not been filed in an organised manner.

3. Handling and analysing the data

The analytic process was grounded in the data - where "grounded" means both interpretation of the data and checking upon that interrogation by the gathering of more data. The major task of the researcher was to code the data into categories and then define, develop and integrate them by linking relationships in both sets of interviews.

The pilot study revealed that conceptual leverage assisted the
entry into new relationships with the data. That means greater consideration was given by the major study to distancing, interrogating the data and discussing the data with colleagues or interested parties.

The first phase of the handling and analysing of data was the discovery of categories. This required asking questions of herself (the researcher) and the data. The questions began at the inception of the research project and continued until the completion of the study. However, the nature of the questions changed in different phases of the research. The questions asked at the inception of the research were generated from the researcher's and respondents' personal experiences in this area, literature reviewed and previous research such as "What is there about my own experience that makes particular data significant for me?". "What is going on in the schools of nursing?". "What does career shift actually mean?". "What is happening to the nurse tutors?"

Another strategy in this phase was breaking the data into specific incidents or facts. Breaking it down was done by reading the data line by line, paragraph by paragraph, looking for incidents or facts. Each was coded as a concept or abstraction of the data. For instance, responses from interviews with nurse tutors "I entered nurse teaching with my career in mind", "Above all my career takes precedence", "Nurse education provides a career structure", are coded under "Career seekers". Since several responses are coded under this one concept, it becomes a category. In this case the researcher coined a term which can be used to describe or explain a
phenomenon observed in the data. The respondents also used concepts. In fact these became important categories in the research. A substantive set of vocabulary provided ideas for a framework for coding. Categories were not abstract in that they lost their sensitivity aspect, yet they were not abstract enough to make it a general guide to the ever changing conditions and situations of the first year nurse tutors.

Categories developed quickly during the early stages of the research. Data for data was compared more so than in the pilot study. An underlying uniformity of phenomena and its emergent concepts was established. It was then possible to compare these concepts with further concepts, the best fit of concepts to the data which indicated was then established.

Categories developed less quickly in the later stages. The reason being while the categories were still emerging, it was important to move into the second phase of the analyses. That is building and saturating the categories. This means that while categories have emerged, the researcher began to add new ones to her repertoire.

Questioning persisted throughout the analyses although they became more directed at building categories once they had been discovered. Questions of this type were: "What category does this incident take?", "Does it fit with a particular category?" "Or is a separate category needed?", "Does a category have to be revised to include it?".

Comparing two or more incidents and observations and looking
for similarities and differences between them was also a strategy employed in this study. This was useful when the researcher appeared to have reached a dead-end somewhere along the analytic process.

Making linkages among the categories was a means of putting conceptual order on the mass of data which had accumulated during the research process. It began to a lesser degree during the second phase of the analysis and became the focus when most of the categories had emerged and developed.

Once the linkages of categories had been built, it was necessary to pull the research together around core categories. The question at this point was "In all these interviews and observations, what was the story-line? - the main pattern or theme that I saw happening over and over again." These are discussed in the next chapter.

4. Overview

This is an exploratory study which looked at how the first year nurse tutors described their experiences. It uses a qualitative method which uses an open, flexible style in order to be realistic, grounded and understood from the nurse tutors' frame of reference. The field work took the form of in-depth informal interviews within a longitudinal design and the way in which data was obtained constituted an important part of the study.

The study began by analysing the perspectives of the respondents in order to elicit the social meaning of their actions. In this endeavour the attempt was made to produce an account of how the respondents saw their situation. The
analyses went beyond this point when analytical concepts which transcend the meanings of the respondents were developed. To a great extent the nurse tutors' perspectives depended upon the researcher's knowledge of the social environment (Schatzman and Strauss, 1973). It is argued that experience in a particular setting for long periods permit this knowledge to develop. The researcher has been familiar with the milieu in which the respondents described their experiences. Having previously worked as a nurse tutor, she was familiar with the "school jargon" and the school organisation in general. In this respect she did not enter the schools of nursing naively. The analysis of dialogue with the sample of first year nurse tutors revealed definitions, descriptions, experiences and aspects of work in schools of nursing. The informality and flexibility of the research methodology allowed the respondents to raise issues which were important to each one of them.

Using qualitative data gathered in the pilot study it was possible to focus on emergent issues as experienced by the small sample of first year nurse tutors. By re-thinking and re-formulating the research design in the light of lessons learned, the major study has scope for greater explanatory powers and qualitative depths to what nurse tutors may experience in their first year in post.

On the basis of constant comparison, this method of handling and analysing data generated the emergence of major issues. It allowed understanding of the diversity of the nurse tutors' activities and goals, the varying internal processes, their relationships to one another and the consequences. In what follows these issues are discussed.
Chapter 9

ANALYSES AND INTERPRETATION OF THE EVIDENCE

Section 1 - Selection and becoming established
CHAPTER 9
ANALYSES AND INTERPRETATION OF THE EVIDENCE

Introduction
This study examines how a sample of seventy-one first year nurse tutors describe, evaluate and respond to their experiences in schools of nursing. These responses are collated into categories and focused as emerging major issues as described in the discussion on methodology in chapter six.

A coherent and simple representation shows how the input into a system undergoes some process of conversion (throughput) and becomes a product (output) (Sugarman, 1975). In this instance the inputs are the student nurse tutors' entry to training, throughput is the process of training and outputs are the qualified nurse tutors as illustrated below.

Simple model:

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>PROCESS</th>
<th>OUTPUTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous career</td>
<td>Training</td>
<td>Probationary year</td>
</tr>
<tr>
<td>Student nurse tutors</td>
<td>Qualified nurse tutors</td>
<td></td>
</tr>
</tbody>
</table>

General introduction to the analyses and interpretation of the evidence
The emerging themes have been organised in the study as a cycle of events which the nurse tutors experienced throughout their first year in post. These are given appropriate titles and include five sections, which are:
1. Selection and becoming established.
2. The organisations and the location of the nurse tutors within them.
3. Organisational practices.
4. The role of the first year nurse tutor.
5. Intentions and aspirations.

In what follows the content in each of the above sections is described.

Section 1 – Selection and becoming established
The study considered that selection of potential student nurse tutors was similar for all. Responses revealed that training institutions varied greatly in their selection procedures. A uniform pattern of appointment was also not practised. Contrary to the initial expectation of the respondents, the transition from college to a school of nursing was a culture shock to most of them. Their expectations failed to match that which they experienced. The majority failed to receive a planned formal orientation as new employees. The nurse tutors were disillusioned, dispirited and disappointed at the beginning of their career.

Section 2 – The organisations and the location of the nurse tutors within them
Part I of this section explores the organisational factors such as the size of the school, the organisation framework, organisational activity and the school climate as they influence the nurse tutors. Part II addresses the nurse tutors' location within the school community and the clinical area.
Section 3 - Organisational practices
This section explores the emerging themes of induction, in-service guidance, role-support, counselling, individual performance review, opportunity to meet peers in a professional capacity, career guidance and autonomy.

Section 4 - The role of the first year nurse tutor
In this section, the respondents' concerns directed towards the acquisition of knowledge, attitudes and skill, their teaching duties and work requirements in the classroom and clinical environment. The nurse tutors' responsibility, the role of the first year nurse tutor in relation to the student body, curriculum, research and the maintenance of standards.

Section 5 - Intentions and aspirations
This section explores the emerging intentions and aspirations which are in part a direct result of their professional experience. It highlights the first year of nurse teaching as the most crucial time when the new tutor will decide to stay or leave the system.

SECTION 1 - SELECTION AND BECOMING ESTABLISHED
The emerging themes identified and described below are included in this section because they are the relevant starting point for the nurse tutors' entry into a new career. The themes are:
1. Career shift
2. Teacher preparation:  2.1 Pre-course preparation
   2.2 Teacher preparation course
3. Appointment and placement
4. Expectation of the nurse tutor
5. Initial orientation.
1. Career shift

Career shift is taken as a salient issue for three reasons. First, the self-evident point that entry to nurse teacher training was a career shift for all the respondents which affected their life chances. Second, the study made an initial assumption that all student nurse tutors' intentions in becoming a nurse tutor may be similar and this proposition must be tested. Third, it is assumed by many that nurse teaching is a vocation (for example, Bendall, 1969) but it was considered necessary to discover whether a vocational commitment was a dominant factor affecting career aspirations.

The responses of the seventy-one nurse tutors indicate that their intentions to embark on a nurse teaching career varied. The pattern of responses are categorised below (see table 9.1).

**TABLE 9.1**

Responses to questions about career shift

<table>
<thead>
<tr>
<th>Responses</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>status seekers</td>
<td>20</td>
</tr>
<tr>
<td>drifters</td>
<td>16</td>
</tr>
<tr>
<td>education seekers</td>
<td>11</td>
</tr>
<tr>
<td>change seekers</td>
<td>9</td>
</tr>
<tr>
<td>career seekers</td>
<td>5</td>
</tr>
<tr>
<td>others</td>
<td>10</td>
</tr>
</tbody>
</table>

The major reasons for becoming nurse tutors for which there is substantial evidence are those seeking more status, drifters,
education seekers and change seekers. There is however, some indication that other factors may be influential. These are "resuming a career", "remuneration", the "reluctant" and "performers".

1.1 Status seekers
This category included twenty respondents who had already worked as clinical nurse teachers. They had experienced what may be termed "a kind of oppression" which reflected low status. It appeared that they were regarded by the nursing profession as "second class" because they were clinical nurse teachers and not nurse tutors. Their career shift was thoughtfully planned by them in order to move away from this situation. Responses contained here include comments such as:

"I'm fed up of being a second-class teacher."
"I don't like the way tutors treat me."
"Clinical teaching is too restrictive."

It is evident that the twenty respondents consciously decided to seek what they saw as a higher professional status.

1.2 Drifters
Sixteen respondents expressed the view that there were no particular reasons which contributed to their career shift. The nurse tutors had not actively thought out a plan for their future. They drifted towards nurse education without deliberate objectives. Extracts of conversation include:

"I suppose I drifted into nurse education."
"I cannot think of any reason why I am in nurse education."
"As I drifted, nurse education came my way."

It is evident that these sixteen respondents did not make a planned conscious effort to enter nurse education. Nurse teaching appeared to be as good as any other route to take and vacancies for nurse tutors were plentiful at the time.

1.3 Education seekers

Eleven respondents followed professional training in the hope of gaining knowledge for its own sake. They had an interest in the understanding of educational principles. They demonstrated excitement and enthusiasm in being involved with the teaching-learning process. Responses include:

"I mapped out my life in education for a long time."

"Education provides the greatest interest for me."

"Education concepts excite me."

"A position in education has given me a valuable way of living."

The evidence suggests that these respondents' decisions to become nurse tutors were based on a belief in knowledge for its own sake.

1.4 Change seekers

For nine respondents entering nurse teaching was a particular change in their working life. It appeared that they were all well experienced in their clinical specialities but were prepared to enter a new role. To some extent they believed that the previous unsocial hours of work stunted their growth and
professional development. The decision to change their career was a deliberate measure to open up new opportunities. Extracts of conversation include:

"I needed something concrete to develop my professional views."

"There was uncertainty in my clinical role."

"Being a ward sister for five and a half years was long enough."

"I needed to change the working environment."

"I was disgruntled in being a charge nurse."

It is evident that these respondents clearly decided that a change of work role was necessary for their personal and professional development.

The less significant reasons for the career shift of the respondents are:

1.5 Career seekers

Five respondents decided that a career in nurse teaching was their ultimate goal. The responses suggested that beyond any doubt, their careers were uppermost in their minds. Responses include:

"I entered nurse teaching with my career in mind."

"Above all my career takes precedence."

"I would leave a school of nursing if I am aware that my career is blocked."

"Nurse education provides a career structure. My intentions are to use the system."
1.6 Others
This category included "remuneration seekers", the "reluctant" and the "performers".

1.6.1 Remuneration seekers
For three people a belief in financial benefits directed their choice of career. Extracts of their conversations include:

"I need money to feed my family."

"I have to pay the bills."

"I had to train as a nurse tutor or go under. I was not prepared to sink."

1.6.2 The reluctant
Three respondents had no intention of becoming nurse tutors in the first instance. They had either been requested to do so or coerced to undergo a nurse tutor training by the director of nurse education. These respondents shifted their careers reluctantly and were successful in completing the teacher preparation course which entitled them to be a "Registered Nurse Teacher". Responses include:

"I had no option. If I were to be employed in the school of nursing I had to be a registered nurse teacher." (clinical teacher)

"After ten years of being a contented clinical teacher I was pressed to do this course by the director of nurse education."

"It was taken for granted by the director of nurse education that I would follow a teacher preparation course."

Those respondents had no control over their career shift to become nurse tutors, the decision was made for them by their superiors.
1.6.3 The performers

This category explains the histrionics of four respondents who experienced a kind of well-being when performing to an audience. They had identified their strengths to some extent. Extracts of comments include:

"I was good in drama school. I like performing to an audience."

"I feel good when I stand up and perform. Others identified that I was good as a performer."

A particular self-identified talent of these four respondents appears to be the basis of their career-shift.

1.7 Overview

The evidence indicates that the choice of career-shift differed among the respondents. The reasons for becoming nurse tutors did not tie up with the vocational reasons of Bendall (1969) for example, there is substantial evidence of "drifters". This information may be of value to nurse teacher educators, i.e. course planners in schools of nursing and colleges of education if nurse tutors are to be encouraged into the nursing profession.

It also suggests that the respondents' career shifts may influence what they gain from a teacher preparation course. The reason for the respondents' career-shifts may also influence their attitudes towards the nurse teacher preparation. The next section examines their pre-course preparation.
2. Teacher Preparation

2.1 Pre-course preparation

Lindsey (1969) claims that the nurse tutors' orientation to teaching should commence with pre-course preparation. This enables the student teachers to be less anxious and gain confidence in their new experiences.

The respondents agreed that pre-course preparation should fill gaps in knowledge and understanding for the clinical teachers (who were already aware of nurse teaching to some extent). It should also provide newcomers to teaching such as ward sisters/charge nurses/staff nurses, with a foundation to build on. Responses revealed however, that the large majority of them did not receive any form of pre-course preparation as illustrated in table 9.2.

<table>
<thead>
<tr>
<th>Pre-course preparation</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent</td>
<td>62</td>
</tr>
<tr>
<td>Minimal</td>
<td>9</td>
</tr>
</tbody>
</table>

2.1.1 Absence of pre-course preparation

The sixty-two respondents who were not exposed to any form of pre-course preparation included the twenty-one ward sisters and three staff nurses who had previously not worked as clinical teachers or unqualified nurse tutors in schools of nursing. They described their entry to the institute of higher education
and the schools of nursing as uneasy and worrying. The respondents expressed their views based on personal experiences as illustrated below:

"I had no pre-course preparation whatsoever. There were no discussions with the director of nurse education or his staff."

"I was poorly prepared, therefore unable to settle or be receptive to the information delivered at college. I was handicapped from the beginning."

"For those candidates who are recruited directly from the clinical area, adequate preparation needs to be made to "think education". It has certainly taken me a long time to orientate myself in terms of education."

"I wish I had the opportunity to visit a school of nursing and spend at least a week with a nurse tutor in order to observe and discuss specific items of concern to me."

The evidence demonstrates that the large majority of respondents received no pre-course preparation and this was a matter of great concern for them.

2.1.2 Minimal pre-course preparation

Nine respondents received minimal pre-course preparation from their directors of nurse education because they requested it, i.e. they had to ask for information and explanation about the course from the directors of nurse education. Examples of responses include:

"I had to request my director of nurse education to discuss the course with me."

"The pre-course preparation I received was approximately 15 minutes."

"All I learned from my director was that the course was difficult and the need for hard work."
The evidence indicates that despite the requests of the student nurse tutors, clear strategies which provided pre-course guidance and direction were lacking.

2.2 Teacher preparation courses

The initial training of nurses generally takes place in schools of nursing. Hence nurses receive their professional training in an environment which is monotechnic in character and not involved in the provision of higher education. The student nurse tutors entered the teacher preparation courses with anxiety and concern. The major concern was that they were unused to the practices of higher education. Their responses may be of value to course planners and directors of nurse education. Lindsey (1961), McGrath (1962), McClendon (1962) and Combs (1965) claim that a teacher preparation course contributes to what gives direction to and what influences the novice in his future career. The issues which the respondents identified are illustrated in table 9.3.

**TABLE 9.3**

Emerging issues in relation to the teacher preparation course

<table>
<thead>
<tr>
<th>Emerging issues</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching practice</td>
<td>71</td>
</tr>
<tr>
<td>Andragogy neglected</td>
<td>12</td>
</tr>
<tr>
<td>Endurance rather than enjoyment</td>
<td>8</td>
</tr>
<tr>
<td>Practice what you preach</td>
<td>7</td>
</tr>
<tr>
<td>Re-vamping the course</td>
<td>7</td>
</tr>
<tr>
<td>Myths of recruitment and selection</td>
<td>5</td>
</tr>
<tr>
<td>Give the teacher what he wants</td>
<td>5</td>
</tr>
<tr>
<td>Multi-disciplinary education</td>
<td>3</td>
</tr>
</tbody>
</table>
The major issues for which there was substantial evidence were "teaching practice" and "andragogy neglected" but there were indications that other issues were important to the respondents.

2.2.1 Teaching practice

(a) The professional placement for the student nurse tutor

McGrath (1962) indicates that teaching practice is undoubtedly the most crucial part of the student tutors' training. This was amply demonstrated by the responses of all members of the sample who expressed a variety of views on aspects of teaching practice. Examples of responses include:

"Effective organisational arrangements for placement of the student teacher is absent."

"A planned programme for teaching practice is not available."

"The question of placement schools is questionable."

"The understanding of the host school of nursing in enabling professional placement is weak."

"The objectives of the college are diffuse and lack clarity."

"The reception and orientation given by the host school to the respondent needs scrutiny by the E.N.B."

"The support given to the respondent by the host school is poor."

"The supervision and assessment of the respondent by the host school is absent."

The selection of schools of nursing for the respondents' practical experience was a result of agreed reciprocal understanding of placement objectives, i.e. specific objectives
for teaching practice were written by the colleges and agreed by the schools of nursing. The practical experiences however, appeared to be unhappy experiences for all the respondents. They restricted the respondents' learning and caused enormous role-strain as illustrated below.

(b) Orientation to the placement school
The respondents expressed their concern at the reception and orientation which they had received during their placements. Extracts of comments include:

"They ignored me."
"They had no empathy."
"The school staff were unhelpful."
"I was isolated in an office."
"I was a nuisance to the rest of the teachers, they were disinterested in me."
"Owing to the poor communications, not all the staff members were aware who I was or what I was there for."

The evidence suggests that planned programmes which took into account the welfare of the new students were lacking in both establishments (the colleges and the schools of nursing).

(c) Supervision during the teaching practice period
Teaching practice is one of the most essential requirements in teacher training courses (Shipman, 1965). Undoubtedly, then, the most critical part of the student teachers' courses is supervision of teaching practice. The student teachers learn the skills by performing with experienced practitioners. This
gives them confidence. The evidence of this study indicates that sixty-two respondents received no supervision while nine experienced a minimal amount of supervision.

**No supervision** - examples of responses included the following:

"Obtaining a placement for teaching practice does not indicate that the school is willing to assist the student nurse tutor."

"The host school was unprepared to receive student teachers owing to the shortage of staff, unstable climate and rigid attitudes of staff members."

"The host school was not quite aware of what was expected of them. They lacked insight and had poor understanding of the objectives which were required to have been achieved by the respondent."

"The liaison between the college and the school was poor."

"The school staff were unable to support me. I survived the experience because of peer-support." (Student tutors from other colleges on the same placement).

"I was made to feel insignificant."

The respondents perceived that some host schools failed to consider supervision as a major concern in the acceptance of students for teaching practice.

**Minimal supervision** - nine respondents received minimal supervision which included the presence of senior tutors during half the allocated length of lesson time. Responses include:

"My senior tutor decided to enter a class during a lesson, remained there for a while and left before the lesson was completed."

"I requested a tutor to listen to the delivery of my lesson."
The evidence suggests that supervision during teaching practice was not a deliberate strategy for the majority of the placement schools of nursing.

(d) Allocation of teaching duties
The workload received by the respondents during their placement was of major concern to them all. The unplanned and unsupervised nature of the practice was illustrated by the following extracts from conversations with them:

"Twenty sessions of teaching per week made me stay up until 3.00 a.m."

"I had to teach lessons which no other member of staff wanted to do."

"They used me as a pair of hands."

"I had to take over the introductory block of student nurses."

"I had to teach any subject the school required."

"My lessons were of poor quality because the preparation time was inadequate."

"Twenty-one hours of teaching time per week made me ill."

It is evident that student nurse tutors were "used" in order to complete tasks rather than being helped to gain experience in supervised teaching practice.

(d) Absence of on-going supervisory programmes
Responses in this study indicated that on-going supervisory programmes were not implemented although this was a requirement of the colleges. It is difficult to know how an assessment can be made by those schools who do not conform to supervisory
requirements. The implications for the teacher trainers are that they may be unaware of the absence of supervision for student nurse tutors during teaching practice. The student nurse tutors may in turn be unaware of their teaching strengths and weaknesses. The above point is argued by Lindsey, Mauth and Groteberg (1959).

The respondents' comments regarding their supervision of teaching practice include the following:

"No supervision, no opportunity for questioning or open discussion but an assessment was made at the end of the placement."

"I had a free hand, no-one supervised me or gave me constructive criticism."

"I had no mentor or facilitator to initiate a placement programme which exercised supervision and assessment."

"I had to request a senior tutor to observe me teach."

"There is every need to make supervision a mandatory item. It appears to me that teaching practice placement is an exercise, a necessary part of the course to survive. So long as one is placed "somewhere" all is well."

Although course planners and lecturers may have aspirations for supervision of student nurse tutors, the respondents in this study failed to experience supervisory programmes in operation.

2.2.2 Andragogy neglected

Although the term "andragogy" is not normal in general conversation, it is used in the present study because this very term was chosen by the respondents throughout the interview.
the first instance the student nurse tutors talked about the concept of "andragogy" because this appeared to be a major theme in their curriculum. They understood "andragogy" to mean the educational process which would allow the person to develop and mature and "pedagogy" which would mould the person to fit into a system.

Nurse educators have begun to incorporate adult learning theory in their work. The view that nursing requires practitioners who are independent and self-directing has been invoked in some colleges as a way of understanding adult learners. Respondents however seem to perceive that adult learning theories needed to have greater application to their lecturers. The following extracts from conversations illustrate the point:

"The concept of "andragogy" was there but it was half-baked."

"There were no advance organisers for topics, lecturers were unable to enthuse adults who had varying experiences and backgrounds."

"Andragogy was a non-starter."

It was also made evident by all twelve respondents that they were not ready to accept new ways of thinking. They were not receptive to new concepts. It appeared that adult learning theory included in the curriculum lacked structure. This resulted in the respondents being unable to grasp new concepts.

Although lecturers assumed that the students were able to handle the nurse teacher preparation courses, responses illustrated that a highly unstructured approach to learning left many of the students with gross difficulties.
The evidence suggests that new ways of thinking and learning are promising but lecturers may need to be aware of individual differences and life experiences of student nurse tutors as adult learners.

2.2.3 Endurance rather than enjoyment
Eight respondents revealed that they had endured the course rather than enjoyed it. Although they were delighted with the prospect of full-time higher education, their expectations were soon deflated on the courses. They explained that "endurance" meant having to "stick to it" because they needed the nurse teacher qualification. The respondents felt that how they were perceived as individuals by their tutors had influenced their experiences. Responses include the following extracts:

"My individual needs were not identified."

"The course was like taking medicine, the only reason one took it was to get better."

"The course does not prepare one to face a nurse education establishment of today."

The respondents demonstrated the fact that colleges of education were unable to raise their level of intrinsic motivation, eagerness, enthusiasm. For eight respondents the colleges had failed to make the most of a wonderful opportunity in higher education, that is to be alive and in tune with the learning process. Comments include:

"College was a bad taste of higher education."
"We were unable to make the most of an exciting opportunity."

"Colleges were unable to motivate or enthuse us."

The above evidence suggests that there is a need for course lecturers to listen and attend to the feedback views of students at course evaluation. This could then be conveyed to the course planners.

2.2.4 Practice what you preach

This category describes how seven student nurse tutors perceived the lectures and lecturers' educational practices. They claimed that the lecturers were "blinded", inflexible, out of touch, outmoded, out-dated and most of all, divorced from reality. The lecturers were unable to handle adults and this resulted in conflict and confrontation with them. The respondents found most lecturers boring. Extracts of conversation reveal the following:

"Stand-up lectures piled on the agony."

"Lectures were not planned with the student nurse tutor in mind."

"Their teaching skills are suspect. They need to go on update courses."

The main factors which appeared to have frustrated these respondents are:

"The lectures consisted of diluted information."

"The preparation of lectures was poor."

"The hand-outs were ancient."
"The course was poorly co-ordinated."

"The lack of clear guidelines resulted in much valuable time being wasted."

Emphasis was made on the irrelevant material covered by guest speakers who delighted themselves with their research studies of vested interest. Sixty-eight respondents made comments like:

"Topics of more value, such as counselling, interview techniques, script marking and creativity could have been covered more fully."

Swinnerton-Dyer (1986) claims that lecturers cannot all be charismatic but they can all be competent. There are plenty of teachers who are not competent because they have simply not bothered to learn the rudiments of how to teach and how to lecture. The evidence in this study suggests that the student nurse tutors found the lecturers disappointing. Powell (1987) states, however, that if we accept that teaching is one of our professional responsibilities then we may have to reject an amateur approach to its conduct.

2.2.5 Re-vamping the course

For seven respondents their individual teacher preparation course was not effective. They thought it should be "re-vamped". It appears that the course was wasteful for some, too short for others and one that could easily be modified to obtain graduate status. The respondents made the following comments:
"A re-think of the curriculum is necessary in the light of current legislation. The course needs to prepare for the 'generic teacher'."

"There is a need to direct the student nurse teacher's thinking process from one of 'caring' to 'teaching'."

"The course holds back those who have a clinical teacher's experience."

"The level of teaching needs to be raised."

"At present there are two base levels of student nurse teacher groups. Those with a clinical teacher's or a City and Guilds 730 Certificate and those without such a professional teaching qualification. Information is watered down to meet the needs of the latter group and this frustrates and demotivates the rest."

"A nurse teacher's course needs to be three years in order to include a clinical teacher and a tutor component which gives a graduate qualification."

The evidence suggests that the teacher preparation courses attended by the respondents failed to suit all student nurse tutors. It may be important to comment, however, that the above responses seem useful in the light of current nurse education reform which gives individual differences and courses a high priority (Project 2000, 1986).

2.2.6 Myths of recruitment and selection

The study assumed that recruitment and selection of potential student nurse tutors were similar for each institute of higher education. Extracts of responses revealed, however, that colleges varied greatly in their recruitment and selection procedures. Although the respondents were not aware of the facts involved in specific selection procedures of colleges, discussion with course colleagues highlighted certain factors
which were not constant for all. These included selection tests, formal interviews, posts of responsibility, eligibility. The student nurse tutors were concerned and puzzled by the standards of the above procedures. They highlighted experiences and observations made by them of their colleagues as direct consequences of such varying irregularity and the unfairness of the system. Examples of responses include:

"Some students were unable to cope with higher education."

"There were students whose physical and mental health deteriorated during the year."

"There were unstable student tutor colleagues whose exposure to student nurses would have harmed them."

"I was an inexperienced nurse tutor not having been exposed to a ward sister/charge nurse post with a narrow knowledge base and stretched to the limit."

"I was a student nurse tutor not ready to receive the kind of learning and study which was required of me."

It appeared that student nurse tutors in this study were at the receiving end of a variety of practices in the selection procedures. The above information may be of value to directors of nurse education and course directors in the quest for quality and standards.

2.2.7 Give the teacher what he wants

Five respondents reported that the nurse teacher preparation course was built on "giving the teacher what he wants" and beyond this, interest and enthusiasm stopped. The following responses illustrate the above point:
"As long as I helped a lecturer with his research my grades were good."

"The lecturers were only interested in receiving the prescribed assignments on time. One could have stayed at home, written up the assignments and submitted them without attendance at college."

"There was unnecessary pressure put upon us to complete assignments. I wish the same kind of pressure was exerted in other sections of the course as well."

"We were treated like children during some sessions, while attempts to make us "think" were reinforced in other sessions."

The respondents perceived that at one end was the college philosophy directed to make them independent, self-directing persons who would think and be responsible for their own learning but at the other end they experienced an incongruous form of education and practice.

The evidence suggests that assignments seemed to overshadow the purpose of learning and teaching. It may be of value for course directors to give attention to the above comments in the practices of self-evaluation and course evaluation.

2.2.8 Multi-disciplinary education

This issue explains the value of the institutes of higher education as perceived by three respondents who were in favour of multi-disciplinary education. It appeared that this was the highlight of their full-time education. Responses include the following:
"Multi-disciplinary full-time education was a growth point in my life. I enjoyed meeting with colleagues from other disciplines. I was able to compare and contrast our practices."

"There is much to be gained from a multi-disciplinary mix. The support is invaluable. It helped my attitudes, methodologies in teaching and cast away my insularity."

The evidence indicates that only a minority appeared to enjoy multi-disciplinary education. It may be that there is much to be done to inform and enthuse nurses generally of the many strengths of such education.

2.3 Overview

The responses in the present section demonstrate, to some extent, the weaknesses which surround the preparation of nurse tutors. They call into question whether these particular courses are indeed accomplishing the ends for which they are designed. The emerging issues illustrated specific problems. In the first instance teacher training colleges practised different selection procedures. The practical experiences encountered by the nurse tutors were generally weak. For instance the orientation to the placement schools was poor. The supervision during the teaching practice period for the large majority was nil. There was no implementation of supervisory programmes for student nurse tutors during their practical experience. Individual differences and life experiences of the respondents had given little attention and many endured rather than enjoyed their teacher preparation courses. The respondents' perceptions of their lecturers were that they needed further training in order to handle student nurse tutors as adults. Not all respondents were happy with their courses.
and suggested stricter evaluation and modifications to them. Only a minority said that a multi-disciplinary approach was useful to them.

Lindsey, Mauth and Groteberg (1959) and Combs (1965) argue that while there is no agreement on the single best way to prepare teachers, the profession must assume responsibility for the specialised college preparation of its members, conducted in the best possible way. Therefore planners of nurse teacher courses may well assess their responsibility for training their future members. There may be a growing case for well thought-out evaluation procedures for nurse tutor preparation courses which adopt a positive commitment to the self-appraisal of lecturers and their performance.

3 - Appointment and placement in a school of nursing

Members of the sample having decided on a career-shift undertook a nurse teacher preparation course. The majority did not receive pre-course preparation. They successfully completed the course and then needed appointments as nurse tutors in schools of nursing. The literature reviewed indicated that school teacher training students followed a clearly differentiated appointment procedure. Secondary school teachers applied for particular posts within secondary schools while typically primary school teachers were appointed to the service of a LEA "pool". Provisional appointments were not confirmed prior to the completion of the course and success in the examination (Duggan and Stewart, 1970).

This study assumed that all newly qualified nurse tutors would
follow a uniform pattern of appointment and placement to their first teaching posts. This was found not to be so. Responses revealed the existence of different procedures in schools of nursing. Responses are categorised so as to focus on the differing ways in which the important procedure of recruiting nurse tutors is conducted in schools of nursing. This may be of some significance for the respondents and the way they perceive their new career.

3.1 Provisional appointment to schools of nursing

Thirty-eight respondents were provisionally appointed to the seconding school and thirty-three were appointed to other schools of nursing. The various ways in which nurse tutors were appointed are illustrated in table 9.4 below.

**TABLE 9.4**

**Pattern of provisional appointment and placement**

<table>
<thead>
<tr>
<th>Pattern</th>
<th>No. of respondents</th>
<th>Seconding school</th>
<th>Other school</th>
</tr>
</thead>
<tbody>
<tr>
<td>On commencement of teacher preparation course</td>
<td>28</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>During term time at college</td>
<td>8</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>While on teaching practice placement (1)</td>
<td>7</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>After teaching practice placement (1)</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>On completion of the teacher preparation course</td>
<td>27</td>
<td>4</td>
<td>23</td>
</tr>
</tbody>
</table>
3.1.1 On commencement of the teacher preparation course

Responses revealed that twenty-eight student nurse tutors from the seconding school were promised nurse tutor posts by directors of nurse education at the commencement of the course. Comments include:

"I was promised a post as registered nurse tutor when I returned from the course."

"I was given assurance of a post in the establishment."

"It was understood that I will have a job here."

"It was taken for granted that a post will be waiting for me."

"It was a foregone conclusion that an appointment will be made."

It appeared that these respondents felt secure having been assured of nurse tutor posts from the beginning.

3.1.2 During term time at college

Eight respondents were provisionally appointed to nurse tutor posts during term time. Five of these were appointed to the seconding schools and three to other schools of nursing. Their experiences are illustrated by the following responses:

"I contacted my director of nurse education while I was at college. From then on it was plain sailing."

"I went to the seconding school and received assurance of a nurse tutor post from the director."

"I applied to several schools of nursing because I got desperate. I was accepted and placed here."
The evidence suggests that some respondents obtained provisional nurse tutor posts prior to completion of the course.

3.1.3 While on teaching practice

Seven respondents were given provisional appointments to their first teaching posts whilst on their teaching practice placement. Of these, one respondent was appointed to the seconding school and six were appointed to other schools of nursing. Comments of the respondents state:

"I was informed by letter that a place was now available in the seconding school."

"I applied to ten schools of nursing. I struggled hard to obtain a provisional appointment."

"I wanted to have peace of mind in order to continue my course, therefore I applied for a post as soon as possible."

It appeared that some respondents were successful in obtaining nurse teaching posts in other schools of nursing during the teaching practice period.

3.1.4 After teaching practice placement (1)

One respondent obtained a provisional appointment after his first teaching practice placement in a particular school of nursing. He says:

"I liked the atmosphere and the open communications. The relationships within the school were sound. They liked me and I liked them. I felt safe and comfortable during teaching practice."
3.1.5 On completion of the teacher preparation course

Twenty-seven respondents were appointed and placed in schools of nursing after the completion of the course. Of these, four were appointed to the seconding schools and the larger group of twenty-three obtained nurse tutor posts in schools of their choice. Responses include:

"I wanted a change. I selected carefully where I wanted to go."

"It's always best to make your pick. I therefore waited until I completed the course."

"I made application to several schools of nursing. This school accepted me."

"I planned to obtain a post in this school for its reputation."

It is evident that the respondents did not experience a clearly differentiated provisional appointment and placement procedure. Uniformity of practice was not evident. Thirty-eight respondents were aware that the acceptance on a teacher preparation course entitled them to be accepted in the seconding schools. Others were not so fortunate. There appeared to be no specific guidelines to indicate when the student tutors could apply for their initial posts. As illustrated in table 9.4 they approached their schools on commencement of the teacher preparation course, during term-time while on teaching practice or on completion of the course. It could be thought that merely "going through" a teacher preparation course entitles a school of nursing to recruit these candidates without a formal selection procedure. For instance, respondents report the following:
"I was promised a post."
"It was understood I would be appointed."
"It was taken for granted that I will return to the school."

The above comments question the standards and procedures of appointment practised in schools of nursing. They also pose the following questions:

(a) "What is it that schools of nursing look for in the recruitment of nurse tutors?"
(b) "Do schools of nursing make a deliberate and conscious effort to treat all potential nurse tutors fairly?"

The implications of this evidence may be of value to directors of nurse education and to nurse education as a whole. The National Health Service employs personnel divisions in all Health Authorities in order to control, direct, guide and monitor practices and procedures of recruitment and selection. This is supposed to ensure a fair and equal opportunity for all candidates. Schools of nursing fall in with all other departments in the organisation but if varying patterns of employment are practised in these schools, it means that candidates are exposed to unfair and unequal chances of selection.

3.2 A formal appointment procedure

Literature reviewed in connection with appointment procedures in school education indicated that teachers were subjected to a rigorous formal appointment system. This was an integral part of the individual's professional career (Lomax, 1973). Within
nurse teaching, however, this appeared not to be so. While respondents were provisionally appointed at different times during training, as illustrated in the previous section, they were also subjected to differing patterns of appointment. The responses are categorised so as to show that nurse tutor appointments were made in different ways. An awareness of these may be of value and benefit to nurse teacher educators in order that they may identify weaknesses, promote control and maintain standards of selection.

Nurse teacher appointments were made in the following ways:

3.2.1 Completion of a formal application form
3.2.2 A formal interview
3.2.3 An informal interview
3.2.4 A chat
3.2.5 A job description

A description of the differing practices of appointment are explained below.

3.2.1 Completion of a formal application form
A formal application form for the post of nurse tutor required candidates to give correct and detailed information on a pro-forma. These applications were completed by the respondents at differing times. Twelve respondents completed a formal application form. These ranged from four who were appointed at the commencement of the course, three during term-time, four while on teaching practice and one after teaching practice. None of the respondents who were appointed on completion of the
course filled a formal application form. These respondents were concerned that they were unable to highlight their strengths on application forms which may have enhanced their chances of success. This evidence would be of considerable value to directors of nurse education in their quest for the best nurse tutors to help the student nurses.

3.2.2 A formal interview

The literature search revealed that a clearly defined appointment system was officially in operation in the National Health Service (N.H.S.T.A., 1986); that a formal interview for the post of nurse tutor in nurse education is by a panel of suitable professional members, an assessor with stringently laid out criteria and procedural rules and functions. But this procedure was not followed by the majority of the schools in this study. Only eighteen of the respondents were subjected to a form of "formal interview". Six of these were appointed on commencement of the course, two during term-time, a further two while on teaching practice, one after teaching practice and the largest group of seven on completion of the course.

The respondents experienced a varying pattern in the formal interview. Four were interviewed by a panel of three professional members; thirteen were interviewed by two professional members; two were interviewed by the director of nurse education. None of the interview panels included a member of personnel division or an assessor. Each interview ranged from 30 to 50 minutes.

The respondents learned of each other's selection experiences
and were disillusioned by the practices in the schools of nursing. Table 9.5 illustrates when interviews were conducted.

**TABLE 9.5**

<table>
<thead>
<tr>
<th>Pattern</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>On commencement of the course</td>
<td>6</td>
</tr>
<tr>
<td>During term-time</td>
<td>2</td>
</tr>
<tr>
<td>While on teaching practice</td>
<td>2</td>
</tr>
<tr>
<td>After teaching practice</td>
<td>1</td>
</tr>
<tr>
<td>On completion of the course</td>
<td>7</td>
</tr>
</tbody>
</table>

When the number of nurse tutors who had a formal interview were considered in terms of their previous post held, the following observations were made as illustrated in table 9.6.

Only those three candidates who previously held staff nurse posts had formal interviews. Although one cannot identify a particular reason, it may be assumed that they were the least professionally experienced and therefore warranted a formal interview.
### TABLE 9.6

<table>
<thead>
<tr>
<th>Total no. of respondents</th>
<th>Position held</th>
<th>No. of respondents subjected to formal interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>Clinical teachers</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>Unqualified clinical teachers</td>
<td>-</td>
</tr>
<tr>
<td>8</td>
<td>Unqualified tutors</td>
<td>2</td>
</tr>
<tr>
<td>21</td>
<td>Ward sisters/charge nurses</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>Staff nurses</td>
<td>3</td>
</tr>
</tbody>
</table>

#### 3.2.3 An informal interview

Typically informal interviews took the form of a "session" during which the directors of nurse education or senior nurse tutors asked a few questions about the candidate for 15 - 20 minutes. Ten respondents had informal interviews prior to provisional appointments to their first teaching posts. Five of these were appointed during term-time at college and a further five during teaching practice. It was difficult, on the basis of responses, to classify the specific areas which were discussed but it appeared that generally the discussion related to ad-hoc themes such as the teacher preparation course and the reasons for becoming a nurse tutor. The respondents expressed their opinion that owing to the limited time that was allocated to the interviews, discussions were superficial in nature.

Although the informal interviews may have been conducted in
flexible ways, evidence suggests that they lacked specific schedules and the consistency of content necessary to monitor standards at interviews. It poses the question: Is the informal interview alone satisfactory in the appointment of a new tutor to a school of nursing? Interested groups may also wonder how standards could be maintained while the content of the interviews are varied with each candidate.

3.2.4 A chat

The largest group of the respondents (forty-three) were provisionally appointed on the basis of a "chat". The respondents described a "chat" as one which mimicked a social conversation. The "chats" ranged from 5 - 12 minutes and had taken place in an office, discussion room, common room or classroom. Generally though, the "chat" was pre-arranged; it did not guarantee that the director of nurse education was always available for the particular respondent. Often a second visit was necessary. Twenty-two respondents had a "chat" with the directors of nurse education or senior tutors on commencement of the course. One respondent was subjected to a "chat" during term time at college. Twenty respondents had a "chat" on completion of the teacher preparation course.

The largest group of respondents was appointed as nurse tutors on the basis of a "chat". It is, however, difficult to understand the criteria on which candidates were selected in these specific schools of nursing. How a "chat" which varied in time and content, could justify the selection of a nurse tutor who will best help student nurses is indeed questionable.
### 3.2.5 A job description

In order to prevent mistaken or misleading expectations, Rogers (1983) argues that it is necessary to provide the newcomer with adequate information about the job. Insofar as orientation to work is concerned, Bennett (1978) claims that a description of the job is important. In the National Health Service, a job description is generally given to all potential staff prior to interview and selection. A written job description, it is claimed, guides the occupant in his post and assists in his future progress. It describes the principal duties, responsibilities and relationships. A job description details the post title, grade, need for the post, objectives and the senior officer who takes the monitoring and accountability role. It also provides the post-holder with a clear job summary. The advantages of receiving a job description is that the post-holder is able to identify his strengths and weaknesses in executing specific areas of his job. The post-holder has the opportunity to return to the job description from time to time and monitor what his actual job is, if he needs to learn more skills and whether specific areas of the job are not being performed by him. A job description is useful during a discussion or counselling session with the mentor. This will enable the post-holder to improve, analyse and internalise his work experience (Mariner, 1984; Smith, 1985).

Six of the thirty-eight respondents who returned to the seconding school of nursing received job descriptions for registered nurse tutor posts. All six respondents were appointed on the commencement of their teacher preparation course.
Ten of the thirty-three respondents who were appointed to schools of nursing other than the seconding schools received job descriptions of their posts. Of these, two were appointed during term-time at college, a further two were appointed on teaching practice, appointment of one was after teaching practice placement and five on completion of the teacher preparation course.

In total, at the first round of interviews, sixteen out of seventy-one respondents had received job descriptions on request. It appeared that one of these respondents needed to know her role as a registered nurse tutor in order to complete a job application form for a post elsewhere. She obtained a copy of the job description from the personnel officer. She then distributed copies to the rest of the nurse tutors in the particular school who had been unable to obtain a copy of the job description even after years of nurse teaching in the same school of nursing.

As indicated earlier, the literature reviewed described the many strengths of a job description. There was also belief within the organisations that a job description is generally given to all potential staff prior to interview and selection. The evidence suggests, however, that this was not so. Experiences of respondents did not match the established procedures of the sample schools of nursing. This is of serious concern both to the nurse tutors and the organisations.

3.3 Overview

Only four out of the sample of seventy-one registered nurse
tutors who received and completed a formal application form were formally interviewed by a panel of interviewers and were issued job descriptions on appointment to nurse tutor posts. Two respondents were interviewed for particular nurse tutor posts but were appointed for different posts in the same school of nursing.

It is evident that the respondents had a better chance of receiving formal application forms if they applied to schools of nursing other than the seconding schools. More respondents were subject to formal interviews or chats with the directors of nurse education as a part of the interview procedure. It was apparent that few respondents returning to seconding schools received job descriptions relating to their particular posts. Clinical teachers and unqualified clinical teachers were least likely to have received formal interviews.

The formal appointment procedure was not followed by the schools of nursing. It was evident that the respondents experienced considerable differences in the way they were appointed to their first posts. These issues were highlighted in order to inform nurse teacher education that there may be serious implications for selectors in their quest for maintaining standards once these appointments are confirmed. Also, this evidence may be useful to those responsible for the review of appointment procedures in nurse education.

4. Expectations of the registered nurse tutors

This section examines the issues concerning the respondents' expectations during the transition period from student nurse
tutor to qualified nurse tutor. The experiences of the respondents are categorised in table 9.7 to illustrate the importance given by the nurse tutors to nominated factors.

**TABLE 9.7**

**Expectations of nurse tutors in their first year**

<table>
<thead>
<tr>
<th>Category</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjective state of distress</td>
<td>71</td>
</tr>
<tr>
<td>Temporal</td>
<td>70</td>
</tr>
<tr>
<td>Role socialisation</td>
<td>67</td>
</tr>
<tr>
<td>Bargaining role</td>
<td>62</td>
</tr>
</tbody>
</table>

4.1 Subjective state of distress experienced by the respondents

Fry (1975) explains that common stressful situations occur in the world of nurse education and these create "felt difficulty" in fulfilling role obligations which lead to role-strain. Goodyear (1980) claims that role pressure leads to anxiety about the way others perceive the nurse tutor's role and uncertainty about the accepted ways in pursuing the development of the role.

Volunteered responses of the sample at both interviews illustrated a subjective state of distress. It appeared that this was at its greatest intensity during the initial period after taking up the first posts. The major issues considered to be of greatest concern are the following:
4.1.1 Uncertainty

All seventy-one respondents experienced a feeling of uncertainty to a varying degree of intensity. This appeared to be a major issue which concerned them deeply. Extracts of their views are stated below:

"I feel quite hopeless in my uncertainty."

"There are so many conflicting ideas about what has to be done. No-one directs you and this brings a dreadful feeling of uncertainty."

"Uncertainty has created a feeling of futility which lurks within me."

"I am uncertain about what I do, how I do and when I do anything."

"I am even uncertain in the things I knew before."

The evidence suggests that the feeling of uncertainty was accompanied by hopelessness. While all seventy-one respondents experienced this feeling, the established staff had not empathised with them. This information may be of value to directors of nurse education in their concern for strategies which could help the transition period of student nurse tutors to nurse tutors.

4.1.2 Disappointment

The respondents had high expectations and expected to be
welcomed into their new surroundings, given advice, support and assistance. The newly qualified tutors saw a need for a system of guidance with the involvement of a designated colleague or colleagues. They expected there would be discussion, preparation and opportunity for teaching observation and "settling in" to their new posts. Responses include:

"I expected warmth and consideration from the senior staff."

"I hoped that there would be a formalised system of introduction."

"I thought perhaps that the staff would like to know about me."

The expectations of respondents not having been fulfilled, they experienced disappointment in their new posts. Responses include:

"I am utterly disappointed. I expected more than this. I feel very let down."

"It is very disheartening. I feel hopeless. To tell you the truth I am quite dispirited."

"It is a shattering experience. You should have the misfortune of going through it."

"I was given to believe there were high standards at interview but I'm disappointed."

It is evident that schools of nursing in this study had not made deliberate preparations to smooth the transition period for the new tutor.

The experience dispirited the expectations of the respondents. They started a new career with feelings of disappointment and
hopelessness. The evidence may be of use for those interested in nurse teacher education in that the quality of transition from college to school of nursing is a major influence on the novice in his future career. It is during this process that expectations of newcomers can be discussed and clarified.

4.1.3 Alienation
At the point of entry to their new posts all the respondents experienced a form of alienation. This was repeatedly highlighted by "emptiness" and "loneliness". Comments include the following:

"I felt alienated from the rest. My self-esteem was threatened."

"The school staff were on home ground. They held the power and they covertly processed a kind of isolation and alienation."

"They made me feel an outsider and were unable to reach out to me."

"The staff are unaware of their indifferent actions which make newcomers feel lost."

Many respondents were not "drawn into" the school of nursing by the established staff from the beginning. The resulting effect was alienation, emptiness and isolation. They identified the insensitivity of the established staff. In considering the total transition process, it may be worthwhile for directors of nurse education to identify not only the needs of the new nurse tutors but the established staff as well. Strategies for improvement could then involve the total organisation.

4.1.4 Stress
All the respondents highlighted the feelings of fear, anger,
hate, self-pity, outrage, withdrawal, which tended to influence their behaviour during the early months in their new posts. Their responses include the following:

"I was so tensed up and could not concentrate."

"The tension was high and I was frustrated."

"The whole situation was traumatic. There was no concern for me. I felt strained and wondered what was I doing here."

"I could not sleep or eat very well. I could weep at any time and developed a kind of fear and worry."

"The thought of coming to work brought on an anxiety state in me. My family noticed a change in me. This embarrassed me."

The evidence suggests that how the nurse tutor felt as a "person" was not given a high priority in the selected schools of nursing. Respondents were unable to fulfill role obligations. They experienced difficulties which resulted in physical and mental tension. The situation did not ease owing to the fact that the schools as a whole were unable to identify and minimise the gaps. This evidence may be of benefit to all concerned with the nurse tutor as a "person". While much attention needs to be made towards the new tutors, there may be a grave necessity to help the established staff towards the understanding of the new tutor's transition period.

4.2 Temporal
The issue of "time" was introduced by seventy respondents during the interview. Their expectations of adequate time to settle-in was uppermost in their minds. Comments include:
"I expected a running-in period but this was not to be."

"There is a big difference being at college and being in a school of nursing. College taught us the theoretical components but one does not envisage the practical issues until they are experienced."

"I believed that time would be allocated to adjust and settle in."

"The time pressure is difficult to cope with. I wish someone could direct me with regards management of time."

"I expected a smooth unruffled period of transition but it's far from it."

The evidence suggests that the majority of the respondents focused on the "settling-in" period as an important factor in orientation. The responses suggest that the nurse tutors needed "time" to settle in but were naturally disappointed. It may well be useful if greater emphasis is placed on the transition period during the teacher preparation course in order that new nurse tutors can minimise false expectations during the settling in time. The schools of nursing may also have much to plan in order to ease the new tutor's transition period.

4.3 Role socialisation

Kramer (1974) claims that role theory is one context through which the socialisation process can be guided but unless there is consensus and clarity of norms, values and behaviours expected within nurse education, it will be increasingly difficult to socialise a new teacher. Infante (1985) states that key behaviours change when the nurse who takes the role of care-giver is socialised into the new role of nurse tutor. This may cause confusion and conflict because the respondents had to
adapt to a school culture as opposed to a college culture or hospital ward culture. Sixty-seven respondents said that they were not active in their own socialisation. They expected seniors and colleagues "to do" certain things for them but received uncertain support from them.

Comments include:

"I don't seem to know what is going on."

"I would like to have someone guide me through school activities and explain how the school is organised."

These respondents seemed almost paralysed and helpless in the organisation.

A "cry for help" was sensed during all interviews. The respondents appeared to be sensitive. They report the following:

"School personnel were reluctant to help."

"I expected my colleagues to have some empathy."

"The school staff had very little thought or consideration for newcomers. I needed support and it was not there. I expected help to get to know my role and the job. I simply wanted anyone to care about me."

It is implied that the established staff were unaware of the needs of the new tutors which resulted in their inability to understand and engage in a form of camaraderie.
All respondents expected a sound interaction network but they were disappointed. The following responses illustrate their concern:

"There is very little interaction among staff members, therefore it is difficult to learn about one's role."

"School staff walk about their business as if no-one else existed."

"I have tried hard to interact with others but it is a two-way process."

Although one would expect schools of nursing to be centres of professional interaction, the evidence suggests this is not so. Responses indicate that the established staff were unaware that their shortfalls in terms of interaction with newcomers and that this may have restricted the role-socialisation of the new tutors.

The respondents expected uniform principles of practice in terms of their institution's modes of communication. Their experiences concerning the lack of verbal and written information are illustrated below:

"I am not included in a communication network as yet but I am supposed to know what is happening in the school."

"I am often not informed of meetings which I am supposed to attend."

"There are communication breakdowns nearly every day but nothing is done about it."

It is evident that strategies which allowed the new tutors to be involved in school activities were lacking and the established staff seem to be unaware of it.
"Learning the ropes" was of pronounced concern for all the respondents. The nurse tutors expected their role to have clarity. The respondents had a specific commitment as to how they should function and expected to be guided into the role of nurse tutor. Extracts of responses include:

"Too many assumptions are made by senior staff that a newcomer is all knowing."

"I expected seniors to show me the way."

The majority of the sample expected to be guided and shown the way by established staff but this was not the case in practice.

Much time was spent by respondents reporting actions by the senior staff which showed lack of concern for the respondents' inadequacies. Comments include:

"I was dumped into class."

"I was thrown in at the deep end."

"There were no explanations about jobs which needed to be done."

"I felt I was not a person anymore."

"It is a different world and is bewildering."

"It is a major position change for me and for what I believe."

It is evident that whatever the intentions of the established staff for the new tutors, the respondents required induction and orientation to their role in the schools of nursing.
The responses revealed a change from nurse to nurse tutor involves a culture shock which needs to be understood by those on "home-ground". Comments include:

"Not being aware of a school climate I was eager to take up post but not any more. The closed environment, the petty behaviour, the cold attitudes do not encourage me to carry on."

"The established staff were unaware of our difficulties in settling-in".

The respondents identified school climates which appeared unwelcome and not conducive to learning. The implications are that if schools of nursing do not promote a learning environment, the National Boards may need to implement stricter controls of monitoring the practices of these establishments.

Role socialisation is an issue that nurse educators could consider and assess its importance for the future. As Bennis et al (1961) argue, the full expression of the teacher's role is contingent upon the organisation that facilitates the use of that role. Thus the organisation should take on the responsibility for the role socialisation of the newcomer. Failure to do so means either isolation of anticipated role expression or an inability to meet the expectations of the person enacting the role.

4.4 Bargaining

Goode (1960) states that generally individuals would like to do what they are supposed to do but an over-demanding system may not allow them to comply with all demands. The individual then moves through role decisions and bargains to meet these demands.
Although all respondents expressed a subjective state of distress, sixty-two respondents endeavoured to make compromises. They believed that compromise would minimise their emotional reaction to incongruent expectations of their new posts. They tried to negotiate and bargain with their seniors and peers in a manner which could promote conflict resolutions. They worked hard to hold on to their interpersonal competency without losing their own values. Responses include the following:

"I tried to talk with my colleagues for a better line of action."

"I tried to explain the way I felt as a newcomer."

"I made a huge effort to make friends."

"I met the staff half way in difficult situations."

"I opened up conversation each time."

"I made deliberate and conscious efforts to articulate my reasoned suggestions in tight situations."

It is evident that these nurse tutors tried their best to make the situation an easier one for themselves but failed to do so.

The implications for nurse teacher education are that there may be some nurse teachers (both new and established staff) who cannot conform owing to particular situations in an over-demanding system. Distress and anxiety of the newcomer may go unnoticed by the established staff as the newcomer tries to make compromises and minimise their emotional stress. The above evidence may be of value to nurse educators in assisting the newcomers through their role decisions and bargains to meet demands.
4.5 Overview

Contrary to the initial expectations of the respondents, the transition from colleges to schools of nursing was a culture-shock to most of them. Their prior expectations failed to match those which they experienced. They expected to be given adequate time to "settle in" to their new role. They expected to be socialised and taken into the "new family" at work. There were many inadequacies and irregularities which resulted in the new tutors experiencing varying forms of distress. Many respondents, however, made compromises and role-bargains but there were others who were unable to do so. The resulting effects contributed to unfulfilled role-obligations and feelings of being let down by the very profession they wished to respect.

Nurse teacher education may be unaware of the major issues which newcomers experience in schools of nursing and many improvements could be made to minimise the rather traumatic transition from college to work. A collaborative effort between schools of nursing and colleges of education may indeed be valuable for the newcomers, the organisations and nurse education.

5. Initial Orientation

McKeachie (1953), Lindsey et al (1969) and Schnau (1973) argue that the success of a first appointment has much to do with the quality of the initial orientation. It is the first step in establishing a trusting, supporting relationship between the new teacher and those within the establishment. Creating an atmosphere which is conducive to open communication and
collaboration is important. Orientation also serves the function of minimising anxiety when undertaking a new experience. By providing a thorough introduction to the organisation it is believed that some apprehension could be alleviated, enabling the senior officer to create a positive and meaningful experience for the new teacher. The respondents, having expressed difficulties in their transition from student teachers to nurse tutors, continued to discuss their views of their initial experiences in getting established.

5.1 Initial orientation experienced by the nurse tutors

This section illustrates the emerging issues of initial orientation as revealed by the respondents. The nurse tutors were concerned about their job role and how they could function effectively. Strong comments from heated conversations include the following:

"First year nurse tutors must demand, I repeat 'demand' an orientation period with the emphasis on role enactment"

"The director of nurse education must be accountable. There has to be an orientation strategy in every school of nursing."

"Please note this down". (Respondent to the researcher). "An unqualified tutor in the school of nursing was requested by the senior tutor to orientate me for the role of tutor."

"How the job is done is yet to be explained."

"I was a clinical teacher prior to this post so the director of nurse education assumes that my experience as a clinical teacher would suffice in order to function as a nurse tutor."

"It appears that deliberate guidance to enact the role of nurse tutor is lacking."

"The senior staff are under the impression that being at college makes one's learning complete."
"The professional/educational training and the practicalities of the role are disjointed."

"You may never believe this but staff members talk of 'this committee' and 'that committee', 'this policy' and 'that procedure' but no-one in the school is able to give me comprehensive information how all the above fits into my role. I spend much time going around the school, knocking on doors and requesting information, much to the annoyance of the staff."

Substantial evidence suggests that orientation to the role of nurse tutor was not considered a priority by senior staff in the schools of nursing. Assumptions were also made by the senior staff in schools of nursing that those respondents who had previously been in clinical nurse teacher posts did not need orientation towards a nurse tutor role. The implications are that nurse tutors who previously were clinical teachers may have been handicapped by not being inducted to the nurse tutor role. They may have also performed skills which were not directed or controlled by the senior staff, much to the detriment of the students and the organisation.

Substantial evidence indicated the absence of formal orientation but there was also some evidence that orientation took the form of environmental orientation (i.e. of structures and buildings). Inappropriate/irrelevant orientation described the orientation which did not fit the needs of the new tutors. Planned formal orientation identified the new tutors' needs and were supported by mentors.

Table 9.8 indicates the pattern of initial orientation. In what follows each category is described.
TABLE 9.8

Initial orientation experienced by the nurse tutors

<table>
<thead>
<tr>
<th>Initial orientation</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absence of formal orientation</td>
<td>45</td>
</tr>
<tr>
<td>Inappropriate/irrelevant orientation</td>
<td>15</td>
</tr>
<tr>
<td>A variety of planned formal orientation</td>
<td>7</td>
</tr>
<tr>
<td>Environmental orientation</td>
<td>4</td>
</tr>
</tbody>
</table>

5.1.1 Absence of formal orientation

Forty-five respondents indicated that there was an absence of a planned, formal orientation programme for the new employees. Extracts of responses include the following:

"What orientation?"

"Orientation was nil. There was no plan or programmes."

"An orientation programme is not heard of in this organisation. They do not understand the concept of orientation."

"Orientation is not thought of seriously. It is given low priority."

"My senior tutor remarked 'Thank goodness you are back'. The work piled on after."

"I was left to find my way. If I had left the school building, no-one would have known."

It is evident that contrary to the belief of the establishments the majority of respondents failed to receive planned formal
orientation as new employees. The respondents emphasised the low priority given to this aspect by schools of nursing and identified it as a major issue which needed to be highlighted. If senior managers are to encourage and recruit newcomers to the profession, retain them for a while and assist them in their professional development, it may be worthwhile for them to give considerable importance to the above evidence from the nurse tutors.

5.1.2 Inappropriate/irrelevant orientation

Fifteen respondents described the inappropriateness and irrelevance of the kind of orientation they had received. They said that the activities hardly met their specific needs as illustrated below:

"I was allocated two days of orientation. I spent the time reading. No-one communicated with me."

"For two weeks I sat around with nothing constructive to do. My needs were not identified. I was allocated to be in the clinical teacher's office."

"I had not worked in a school of nursing for 23 years. My initial orientation consisted of an unplanned month of coming to work with no-one responsible for my welfare. It was a wasteful time."

"5 weeks of wasteful and boring time during which one is disallowed to teach and when peers show cold indifference because one is not helping them in their teaching."

The evidence suggests that schools of nursing had provided initial orientation to the respondents with little or no planning. The orientation which the respondents experienced failed to take account of their special needs. This resulted in frustrated, disillusioned and dispirited first year nurse
tutors. The above evidence may be of use to all schools of nursing whose interest should be to induct the new tutors. Schools of nursing need to identify the extent to which orientation is provided by them and make the best use of the knowledge, skills and training that the new tutors bring to their first posts. The respondents' individual differences needed appropriate guidance and direction to enhance personal and professional development.

5.1.3 A variety of planned formal orientation

Seven respondents received planned formal orientation of varying duration and organisation. Comments include:

"6 months orientation and free to do any work related to the job, i.e. reading, attending meetings, observe lessons of seniors and peers and meeting other personnel."

"1 month of planned orientation which includes weekly counselling sessions with a supportive senior tutor."

"3 weeks orientation and frequent contact with the senior tutor."

"2 weeks planned orientation with guidance regarding the nurse tutor's role and the organisation."

"1 week of planned orientation along with new employees in multi-disciplines and 2 weeks with a mentor from the nurse tutor's team."

The small minority of respondents who did receive planned formal orientation were supported throughout their first year. This is commendable but it is an unbalanced system whereby only seven out of seventy-one respondents experienced what they all should rightfully have received. The majority may have been handicapped from the beginning of their career owing to
inadequate practice. If nurse teacher education is to operate an equitable system of orientation, this information may indeed be of value to all who are involved in its development. It is worthwhile noting that if some schools of nursing could make provision for orientation it may be possible for other schools of nursing to do the same.

5.1.4 Environmental orientation
Four respondents experienced a "kind" of orientation. They elaborate their experiences thus:

"I was oriented towards structures, i.e. buildings."

"Orientation meant going round hospitals."

"Orientation in this school of nursing means getting to be an architect. At the end of it one knows the building sites but not those in them."

For some schools of nursing the concept of orientation related to the site and structures only. As a result four respondents learned the location of other hospitals and departments which seemed useful, beyond this their orientation was nil. Schools of nursing may have to develop their established staffs' practices in the first instance if they are to become able and competent enough to assist the new tutors. In this endeavour relearning of what is understood by the term orientation may be a starting point.

5.2 Initial orientation as a part of the teacher training course
Three respondents reported the following strategies employed by two institutes of higher education:
5.2.1 The respondents participated in an orientation programme for one month in a school of nursing prior to the completion of the teacher preparation course.

5.2.2 The respondents experienced one week of orientation in the school of nursing prior to completion of the teacher preparation course.

(Subject to appointment in both instances).

The respondents commented, however, that schools of nursing were not "ready" for the student tutors, i.e. they did not understand the aim or value of this programme nor did they believe that student nurse tutors were able to grasp much information in the midst of intense preparation for the forthcoming examinations. Strategies of this kind may be useful but require skillful planning and an awareness of their strengths and weaknesses.

5.3 Overview

The majority of respondents were disappointed in the teacher preparation course, their appointments, the formal appointment procedure, their expectations and the initial orientation to a school of nursing. A detailed account of their experiences has been provided for the following reasons: first, in order to do justice to their response which is valuable, important and useful; second, so that their thoughts and views may be conveyed to those concerned with nurse teacher education; third, to highlight the inadequacies and irregularities of present procedures and practices; fourth, so that this information may make a significant contribution towards a training strategy which takes the orientation of the first year nurse tutor as a key issue.
Chapter 9

ANALYSES AND INTERPRETATION OF THE EVIDENCE

Section 2 - The organisations and the location of the nurse tutors within them
CHAPTER 9 - SECTION 2
THE ORGANISATIONS AND THE LOCATION
OF THE NURSE TUTORS WITHIN THEM

Introduction

This section explores the organisations and the location of the nurse tutors within them, which may influence the experience during their first year as tutors.

The nurse tutors saw their organisation as a major factor affecting their behaviour, teaching, attitudes, expectations and future aspirations. They entered their new role with previously constructed images. When the new situation presented itself they suffered when adjusting to unexpected and often disappointing conditions. The "reality shock" stemmed from a disparity between their pre-conceptions and actual experience. The reality of the situation was not exactly what they expected it to be. It was different. The respondents were confronted with unexpected conditions which made them insecure. While learning new values and norms, they adjusted to the established characteristics of the organisations but were concerned about their relationships with seniors and colleagues.

Part I of this section explores the organisational factors which influenced the nurse tutors. The emerging issues are justified by the nature of the responses indicated by the nurse tutors. These are:

* Size of the school
* Organisational framework
* Organisational activity
* School climate
Part II addresses the location of the nurse tutors within the organisations. The emerging issues which were of concern to the respondents include:

- The school community
- The clinical area

Part I - The organisations and their characteristics

Introduction

The thirty-two schools of nursing surveyed in this study were distributed throughout eight Health Regions in England. These organisations differed in size, establishment of staff and students. With reference to the characteristics of the schools of nursing, the size of the sample and the number of schools, the evidence is speculative. What follows is an interpretation of how seventy-one respondents perceived their involvement in the organisation.

1. The size of the school of nursing

The study used twenty-three schools which were considered small (less than three hundred students and pupils) and nine schools which were large (over six hundred students and pupils). In the early months of the respondents' first post, the size of the school mattered for ten respondents who had previously worked in large schools. By the end of the year a further ten who had previously worked in smaller schools were concerned. For the rest of the respondents (fifty-one) the size of the schools caused minimal problems. Although there appeared to be no particular reason for this, it is speculated that these respondents adapted to a new situation with ease. The views of those who experienced a change in the size of schools included:
"It is difficult adapting to a small school. Doors are not readily open for outsiders quite so easily."

"Small schools have a close-knit culture, if you do not belong to the local community or you bring values learned elsewhere, life can be made very difficult."

"The size of the school is overwhelming. One can go through a whole day without conversing with a colleague."

"Large schools as this one have a 'team' approach in the conduct of its activity. Each 'team' operates as a mini-school. It is compartmentalised even to the extent of the friends you can make."

"In a large school of nursing, one gets informed in 'parts' never the 'whole'."

The above evidence suggests that the newcomer may need to make adjustments both in a small or large school of nursing.

Perceived responses of the majority of the respondents suggest that the size of an organisation was not a crucial factor in enabling the newcomers to belong to the 'corporate family'.

2. Organisational framework

All the respondents reported that the posts of responsibility in the sample schools of nursing were organised into a hierarchical authority system. This helped the role expectations of those filling the positions. In this respect schools of nursing may be viewed as bureaucracies with a hierarchy of positions for which they have training and educational standards. The scope of authority of the senior staff over juniors was clearly circumscribed. In what follows the hierarchical order is described.
2.1 The pattern of hierarchical order in the schools of nursing:

The position of the directors of nurse education, assistant directors of nurse education and senior tutors are organised into a hierarchical authority system. The authority of superiors over subordinates has been visible in this study.

The diagram below describes the relationship of the directors of nurse education to their assistant directors of nurse education, senior tutors and 'teams'. It identifies the number of schools who appointed directors of nurse education, assistant directors of nurse education, senior tutors and the allocation of 'teams'.

Different hierarchical structure in schools of nursing:

(a) DNE
   /    \\
  /      \\
ST     ST
   /    \\
Team  Team

(b) DNE
   /    \\
  /      \\
ST     ST     ST     ST
   /    \\
Team  Team  Team  Team

of nurse tutors and clinical teachers each
2 schools

of nurse tutors and clinical teachers each
21 schools
2.2 The nurse tutors' comments on the hierarchical system and how it affected their work

All respondents argued that hierarchical systems as illustrated above should ideally be the most efficient means of exercising authority, control and realising goals. In their experience however, this was not so. Extracts of responses include:

"Although rules and hierarchies were in existence, those rules which pertained to the nurse tutors' personal actions, teaching and administration, were not explained."

"Decisions and actions were governed by formally established systems of rules and regulations but the newly qualified nurse tutors were unaware of them."

Whereas the existence of rules and hierarchical structures of authority appeared to reflect a bureaucratic orientation in the
schools of nursing, informal groups were formed as a reaction against it. An extract of a response is:

"Although there were regularised rules, the individuals who were responsible for their execution showed unreliable behaviour. This created uncertainty among the nurse tutors. Informal groups were then formed partly from psychological and social needs, the need to communicate and consult with colleagues."

The 'pecking order' of the various offices in the hierarchy was demonstrated by a response which states:

"Rationality was absent when one was instructed to perform a specific task. It was suggested that the junior always did it."

The respondents reported that tasks were allocated to them without clear indication of the reasons for doing these or questioning the ability of the nurse tutors at a given time. It was almost a ritual among the established staff that the junior always performed particular tasks identified by them.

The respondents explained that each nurse tutor had a place in the pyramid of authority in their respective schools. The formal hierarchy coincided with the power structure. The respondents described their views:

"Nurse tutors' behaviour reflect their place on the ladder."

"There is acute mutual distrust in the school. Relationships cannot be formed owing to the continuing struggle for power and the accompanying status."

"General interaction cannot take place because there are barriers of power status."
Contrary to the work of Blau (1956) who states that integrative interaction of the work group relieves disruptive anxieties, relationships and good practices; responses illustrate that the consequences of an on-going power struggle contributes to distrust, insecurity and poor relationships.

The respondents perceived themselves as obstacles to the adequate functioning of the organisations because they had not "learned the ropes" to be of any use.

2.3 The nurse tutors' comments on the post-holders and how they affected their work

2.3.1 The director of nurse education

A director of nurse education headed each of the thirty-two schools of nursing. He/she was responsible and accountable for the total training activity of the school and clinical area. He/she had a large number of responsibilities with regard to administration, particularly in the field of policy making, committee work and personnel management. A major responsibility for the director of nurse education was formulating and monitoring the plan of training. The respondents state that the leadership function is vital to the educational environment and the role of the director of nurse education is the most significant in this respect.

Extracts of responses include:

"The director of nurse education is a powerful and independent figure."

"The way the director of nurse education played his role will vary according to the way in which he saw his goals."
"The director of nurse education has a pastoral function."

"The director of nurse education's leadership function is vital to the education environment of the school."

2.3.2 The assistant director of nurse education

The appointment of an assistant director of nurse education was only found in nine schools where the learner establishment was over six hundred (students and pupil nurses). The assistant director's role was perceived by all the respondents as the day-to-day management of educational programmes, management of conflict and integration of school personnel. The nurse tutors reported that he/she played both an instrumental and expressive role.

Extracts of responses include:

"The assistant director of nurse education is a mediator between the director of nurse education and staff. He often acts like the gatekeeper, allowing some of us to get to the director of nurse education and prevent others."

"The role of the assistant director of nurse education is difficult because it is not closely specified."

"Assistant directors of nurse education are middle-men, between the director of nurse education and staff, cliques of staff or between students."

"Assistant directors of nurse education have power to help both sides in a feud."

2.3.3 The senior tutors

Senior tutors were perceived by the respondents as people responsible for groups of nurse tutors and groups of learners.
within their control. The importance of the senior tutor in the day-to-day management was highlighted by his or her authority within the school. There were eighteen senior tutors within the sample schools.

Respondents argue:

"A tutor needs to be trained in leadership and management before taking up post as a senior tutor."

"A senior tutor must convey a positive, effective leadership, a sense of purpose and direction."

2.3.4 Teams

Each team was managed by a senior tutor. A team was composed of a number of tutors and clinical teachers depending on the size of the school. Each team is responsible for groups of learners throughout their training or for a particular phase of the educational programme. This implies that all team members are involved in the planning and implementation of programmes and that each tutor is given responsibility for the organisation and management of specific programmes.

Eighteen "teams" were identified by respondents but they were unclear about the criteria of nurse tutor selection to a particular team. The aims, objectives and a team management guide were not formulated at the outset.

An often repeated response included:

"How one is allocated to a team is secretive and unclear."
A director of nurse education however, viewed the need for 'teams' as:

"Each nursing course within the school aims to produce some degree of uniform ability. Each course takes a group of students of marked variation. It therefore calls for consistent methods and procedures. Working as teams of nurse tutors would routinise the variability of procedures."

3. The organisational activity

The activities of the school as an organisation differ from the activity of the practice setting in a hospital ward, owing to the nature of their specific operational functions. The school activity is mainly based on educational matters while a hospital ward focuses on clinical matters. Although the English National Board (1986) expects the nurse tutors to engage in an educational/managerial role, the respondents were not directed towards their managerial responsibilities. The day-to-day organisational duties were not made clear to them. For many of the respondents the "school business" as they called it, caused anxiety, uncertainty and concern. This affected their ability to function effectively. For sixty-nine respondents concern about the knowledge base relating to the organisational matters within the school caused concern. These included the schools' goals, the clarity of the goals and their acceptance by the nurse tutors, the co-ordination in the school, the spirit, ethos and inter-dependence.

The respondents were worried about how the schools of nursing function effectively. Examples of responses include:
"The goals of the school should be achievable."
"I find the goals of this school unclear."

The respondents sensed that internal strains of the schools were identified too late for effective action. Potential problems were ignored or taken lightly by senior staff. Often the senior staff seemed unable to perceive that problems were imminent. The respondents report:

"Senior management are unable to sense when things are going wrong."

The respondents claimed that poor co-ordination in the schools had allowed the first year nurse tutors to be over-loaded or to be idle, resulting in their ineffective use. An extract of conversation states:

"My colleague in the same school is over-loaded with lessons and here I am with practically no lessons to prepare."

The respondents remarked that their schools of nursing lacked "spirit" and the staff were not "cohesive" as a group. They were not attracted by the organisation to carry on working. Their morale being low, they had no sense of purpose, well-being or satisfaction. Many nurse tutors were intending to leave the organisation. Responses include:

"I feel quite subdued when so many other tutors are unsettled and have intentions of leaving."
"There seems to be no sense of purpose among staff."
"Nurse tutors and senior tutors run around doing their jobs but few interpersonal contacts are made. Relatively few tutors know each other or value each other's personal lives. They only know duties they perform. Little is known of actual feelings."

"It is as if our public selves are under so much pressure and judgement the staff are afraid to take the risk of surfacing our personal lives as well."

The evidence indicates that there was an absence of cohesive work groups. Blau (1956) states that this may lead to inefficiency and poor contribution to common practices. The respondents said that very little inter-dependence was demonstrated in the school. It was evident that only a minimal interaction of staff and outside agencies was seen. An extract of responses includes:

"The staff are insular and they close the school to outsiders."

The evidence suggests that respondents experienced an ailing system within the schools where planned interventions in the organisations' practices and processes may not have been achieved. The aim of their techniques may not have been for the attainment of positive growth and the achievement of the organisation's fullest potential.

Twenty-four of the participants had no prior work experience in a school of nursing. They respond as follows:

"My experience with school activity is nil. It is so very different from the ward situation."
"There are tremendous constraints by not knowing the rules and regulations concerning the school."

"My poor knowledge and understanding of organisation and administrative business of the school has left questions of students unanswered and having to apologise."

"My experience as a clinical teacher has helped me to adapt, but those who entered nurse teaching directly from the clinical area are handicapped."

"Lack of direction, explanation and information about school activity prevents me from functioning effectively and smoothly."

"It is very trying for a new tutor to obtain information about the administration of the school business."

"My senior tutor often tells me that 'the ropes' could be learned later."

"The conspiracy and secrecy about the activity of the school are stumbling blocks for efficiency."

The above evidence suggests that the new nurse tutors were handicapped in conducting their duties and responsibilities owing to the lack of knowledge and understanding of how a school works. This prevented the respondents from functioning effectively.

4. The school climate

The "feeling" which suggests that each school is different in what may be termed its "culture" is difficult to describe. Halpin (1966) claims that personality is to the individual as organisational climate is to the organisation. Social scientists frequently describe this organisational climate as "spirit", "ethos", "tone" or "atmosphere".

The respondents discussed at length issues concerning the
school climate during their first year in schools of nursing. The major issues are categorised in table 9.9 below:

**TABLE 9.9**

*Type of school climate experienced by nurse tutors*

<table>
<thead>
<tr>
<th>Type of school climate</th>
<th>No. respondents 1st interview</th>
<th>No. respondents 2nd interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed</td>
<td>19</td>
<td>37</td>
</tr>
<tr>
<td>Open</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Overtly open with undercurrents</td>
<td>46</td>
<td>17</td>
</tr>
</tbody>
</table>

**4.1 A closed climate**

The respondents expressed the view that the "climate" in which nurse tutors function was important to them. Nineteen respondents at the beginning of their first year and thirty-seven at the end of that year were of the opinion that schools of nursing projected a "closed climate".

The respondents described a "closed climate" as one which was cold, secretive, threatening and of people being "left out". These respondents believed that the senior members covertly obstructed and hindered rather than facilitated the climate. The respondents' needs were not met or satisfied. They were unable to enjoy a sense of accomplishment in the job. They argue that:
"Leadership was crucial in the examination of relationships and the school climate."

They reiterated that those with supervisory responsibility need to have an enabling and helping attitude as their primary role. This may provide favourable conditions in which new tutors could experience personal growth. Their responses suggest:

"The staff are merely going through the motions, unenthusiastic and uninvolved. They appear to be cold and secretive."

"I feel caged up."

"I have no personal space."

"Groups of staff often stop their conversation when newcomers enter their vicinity. Then there is a deathly hush and silence."

As newcomers they found themselves at the bottom of the pecking order in schools where relationships (at least at a superficial level) were fairly well ordered and followed a hierarchical pattern. The respondents saw themselves as outsiders. In addition, they were confronted by groups of nurse tutors whose length of stay at these schools allowed certain unwritten rights. The respondents perceived this group of nurse tutors using terms such as:

"They are like the residents and we are the visitors."

The nurse tutors were quick to elaborate that the "closed climate" was also enhanced by younger nurse tutors who had spent all their professional life (nursing) in a single hospital. A respondent says that:
"In some instances a powerful minority ran the school and small groups crystallised within the organisation."

It was suggested that powerful cliques often imposed upon the directors of nurse education and in the interactive process, effectively stifled innovation and creativity. The threatening climate left the respondents helpless and frustrated.

The above responses indicate that a "closed climate" restricted the newly qualified nurse tutors' development from the beginning of their career.

The data illustrate that there was a shift of nineteen to thirty-seven respondents who experienced a "closed climate" by the end of the year. The speculation is that school practices and attitudes had not changed or that the new nurse tutors had difficulty in integrating into the school as an organisation without help from those within it.

4.2 An open climate
Six respondents in the first set of interviews and a further six in the second reported an "open climate" where morale was high. They felt that their needs were satisfied. They explained that the environment was safe and trusting. The responses include:

"There is a fluid, open exchange of ideas with less pre-occupation with self and more involvement with the process of learning."

"I am free to use my energy in open and less defensive ways."
The information regarding my worth has been communicated to the staff."

"I am involved in higher levels of achievement."

The nurse tutors in this category argued that the directors worked hard, were considerate and had integrity. Opinions of all staff members were listened to by the directors who were kept informed. The respondents were allowed to try out new ideas for teaching methods, there was reciprocal exchange, recognition and acknowledgement.

The responses illustrate that given an "open climate" nurse tutors were free to develop their potential. The shift from six to twelve respondents who experienced an "open climate" may have been due to new senior managers in the schools of nursing who had initiated new strategies, practices and attitudes to assist a kind of openness within the schools. The significance of this is that leaders within organisations can do much to create the climate which they desire.

4.3 An open climate with undercurrents and indifference

Forty-six respondents in the early part of their first year of teaching experienced a climate which overtly demonstrated "open" characteristics but where they sensed undercurrents and indifference. At first they believed that these schools provided an environment conducive for personal and professional growth, but they were mistaken. They discuss contributory factors such as:

"Compartmentalised teams of nurse teachers working in isolation and as camps in a battle-ground."

275
"Nurse tutors who perceived themselves as senior nurse tutors."

The nurse tutors observed that covert and dormant struggles would often erupt and expose inner desires for power and status. They experienced being manipulated by "segments" of the profession and individuals. Examples of the responses include:

"True openness is absent."

"One is constantly alert to prevent being caught in a trap."

"I don't feel safe to work here because no-one can be trusted."

The responses suggest that the practice of working as rival groups rather than a "corporate family" resulted in disharmony and distrust among the total body of nurse tutors. The respondents claimed that they worked in an environment where frequent shelving of decision-making, inability to use opportunity, putting-off, hiving and cancelling scheduled programmes were of common occurrence. An extract of a response illustrates the following:

"Apathy, intellectual inertia, neutrality, absence of opinion and reluctance to initiate emanated from the staff members."

In the second set of interviews one of the above respondents left the particular organisation. The number of nurse tutors who expressed views of an "open climate" with undercurrents had reduced to seventeen. The shift from forty-six to seventeen may have been the reasons of reciprocal understanding of the
particular schools and the respondents as the months passed by. The evidence shows the greater emphasis for deliberate orientation practices in the early days of first year nurse tutors' entry into schools of nursing.

5. Overview
The evidence suggests that generally all new employees need to make adjustments in their place of work be it a large or small establishment. Although the majority of the respondents were able to adapt to the size of the school, they identified practices within it as crucial for their orientation.

Bureaucratic qualities existed in the schools of nursing. It appeared that the hierarchy of positions was governed by known rules. Incumbents were recruited in a more or less regulated way. By this rational method the schools of nursing are able to continue for the purpose which they were set up despite changes in their personnel. In each of the different positions perceived by the respondents there were expectations for behaviour. Although the organisational activity appeared to be purposeful the respondents were not made aware of it by the established staff.

For the majority of the respondents (sixty-one) the constraints of their particular organisation's activities influenced them as nurse tutors. This resulted in their ineffective use, low morale, lack of motivation and lack of purpose. It appeared that the respondents were down-hearted and dispirited as newcomers to a profession.
While the English National Board (1986) claims that the organisational and administrative aspects of the nurse tutors' role need to be developed, schools of nursing in this study did not encourage the first year nurse tutors to achieve this.

The organisational and administrative duties in schools of nursing were unfamiliar to the respondents. Responses suggested that directors of nurse education and senior tutors were unable to provide appropriate programmes which introduced the nurse tutors to the organisational framework and the ongoing school practices and processes. It appeared that the specific needs of the respondents were unidentified; the consequence of which were uncertainty, insecurity and constraints on their actual quality of performance.

Respondents were sensitive to the climate of their particular schools. They believed that the established staff in the organisations contributed to the type of climate they experienced. The respondents became aware that once they learned to feel safe their unease within the schools could be minimised. However, while many nurse tutors were able to adapt to their situation others were unable to do so.

The implications are that initially schools of nursing as organisations may need to carefully examine and diagnose their ability to function. Secondly, it may seem necessary to diagnose their specific problems, identify and clarify their activities, feel the climate in which they function, develop strategies and tactics to introduce change. This is not easy without establishing and maintaining a working relationship.
Rogers and Shoemaker (1971) argue that to a large extent the success within an organisation relates to the commitment of the leadership. The need to be reflective, self-aware and supportive of others seems fundamental for achieving ultimate goals.

Part II (a) The location of the nurse tutors within the organisations

This section explores the general problem of adjusting to and being integrated within a new role which encompassed the nurse tutors' location in the school community and the clinical area.

The emerging issues are set out below and discussed in this section.

1. The school community
   1.1 The status perceived by the nurse tutors and their experienced relationships.
   1.2 Communication within the school community.
   1.3 Office accommodation of the first year nurse tutors.

2. The clinical area
   2.1 A clinical strategy for the nurse tutors.
   2.2 Status and relationship in the clinical area.

1. The school community
   1.1 The status perceived by the nurse tutors and their experienced relationships

This section describes how the respondents perceived their status during their first year in post and their experienced pattern of relationships.
There is substantial evidence to illustrate that the respondents perceived themselves as "junior" because they were made to feel of "lesser standing" by the established staff. Therefore these nurse tutors experienced strained relationships with their colleagues. There is some indication however, that a minority saw themselves as equal and they experienced tolerable relationships as illustrated below in table 9.10.

**TABLE 9.10**

The perceived status and relationships of nurse tutors

<table>
<thead>
<tr>
<th>Perceived status and relationships</th>
<th>No. of respondents at 1st interview</th>
<th>No. of respondents at 2nd interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior and strained</td>
<td>51</td>
<td>29</td>
</tr>
<tr>
<td>Equal and tolerable</td>
<td>20</td>
<td>37</td>
</tr>
</tbody>
</table>

1.1.1 The "junior/strained" relationships

At the beginning of the year fifty-one respondents perceived themselves as "junior"; by the end of the year however, the number had decreased to twenty-nine as they integrated into the system.

Responses include:

"I'm the last in the queue as a matter of course."

"I'm at the bottom of the pile."

"I'm a new boy, struggling to get out."

"I'm the junior and I feel dejected and frustrated."
It is evident that the majority of the respondents experienced a clear line of demarcation between the established staff and the new tutors.

The fifty-one respondents who perceived themselves as "junior" at the first interview and twenty-nine at the second interview, reported strained relationships in their contact with one or both of the following:

(a) the senior tutors

(b) the director of nurse education

(a) the senior tutor
The respondents said that the major factors which influenced their strained relationships were the senior tutors. They perceived some senior tutors as uncaring, unapproachable, inaccessible, insensitive and lacking regard for each other. The respondents were unable to find security and comfort in the senior tutors who were remote and exercised "social distance".

(b) the director of nurse education
The respondents said that the director of nurse education contributed to the strained relationships. They believed he was a lonely figure and his aloofness was presumably to preserve his authority. Expressions such as "boss at a distance" was a typical remark of the nurse tutors. One respondent expresses the view that:

"The director is closeted in the office hiding behind a desk and avoiding contact."
The absence of acknowledgement and recognition by the director substantiated their worst fears, whether exclusion was created by them or the director. For some respondents this resulted in withdrawal, detachment and alienation. Examples of responses include:

"Do I matter so little? Am I worthless?"

"Am I unworthy and deserve no special attention?"

Homans (1962) explains that one of the factors which contributes to effective organisational functioning is the interaction and contact of the principal actor and other actors, such that communication will take place. In this study the new tutors experienced quite the opposite; the principal actor (director of nurse education) avoided interaction. This alienated the respondents.

The nurse tutors said that the cause of strained relationships generally resulted from being:

(a) the "junior" in a specialist post;
or (b) the "junior" as a member of a minority group;
or (c) the "junior" as a member of a "team".

(a) The "junior" in a specialist post

Nineteen of the fifty-one respondents perceived themselves as being "junior". They stated that the strained relationships were influenced by the nature of their posts in specialist areas.
The responses include:

"I thought we were all nurse tutors but I know differently now."

"Relationships are formed in the light of particular teams or specialisms represented in the school."

"I have walked around the school of nursing insulated and psychologically hidden from the glances of other tutors."

"I have entered the staff common room, taken a seat without a hint of acknowledgement from my colleagues."

"I have looked around under and over the living presence of others without making contact with nurse tutors in other areas."

The respondents claimed that the strained relationships were experienced because they were not staff members of the main stream general nursing. These nurse tutors worked in specialist fields, e.g. children's nursing, community, continuing education, mental handicap or mental illness and were perceived by those in general nursing as "poor relations". They comment:

"I'm in psychiatry."

"I'm in continuing education, this makes me feel 'underclass'."

The evidence indicates that although the respondents were nurse tutors not all developed shared values and identities as nurse tutors.

(b) The "junior" as a member of a minority group

For eight respondents in the first interview and five in the second, the tacit feeling of being an Irishman, Scotsman,
Welshman or West Indian under the leadership of English senior tutors contributed to unresolved conflict and differences, resulting in strained relationships throughout the year. Extracts of conversation reveal:

"It's not a black or white conflict, but a white and white conflict."

"I'm a black person in an all white establishment."

The absence of interest in forming relationships, impartiality and lack of brotherhood spelled out for some their innermost feelings. A typical comment made by the respondent includes:

"Overt dislike to you as a 'junior' and a foreigner is never shown but one can sense the covert prejudice of some staff by their cynism."

The evidence suggests that beyond the generic title of "a newly qualified nurse tutor" there are covert attitudes of individuals relative to race or ethnic origin.

(c) The "junior" as a member of a "team"

Ten respondents in the first interview and five in the second interview who were allocated to teams of nurse tutors in schools of nursing experienced many strained relationships outside the teams although they noted a sense of community feeling with team members.

Relationships extended over common values and understanding in those particular teams. The respondents observed however, that jealously guarded information, new ideas, plans, values,
beliefs were held back in the name of loyalty to their own team. This demonstrated the presence of a community within a community. Such barriers made the first year nurse tutors retreat further into their private selves.

The evidence indicates that "teams" which were intended to promote cohesive work groups, contributed to dysfunctional consequences resulting in strained relationships among nurse tutors.

1.1.2 An equal status/tolerable relationship

Twenty respondents during the first interview perceived themselves as being "equal" to the established staff but the number increased to thirty-seven at the time of the second interview. The spirit of belonging to a group afforded the respondents a kind of status as the months passed by. The comments include:

"I was not valued before but I'm a valued member of the team now."

"There is a feeling of belongingness as the months pass by."

The feeling that the respondents were worthy of contributing to the school community was evident by the end of the year. They saw their relationships with the rest of the staff as "tolerable". In the absence of gross problems they were able to endure petty encounters. The respondents took the philosophical view that patterns of interactions were in the constant process of change. The respondents were aware that new nurse tutors had to depend on others "to learn the ropes" for future progress. They preferred to conform in order to avoid conflict.
In their endeavour to be accepted into the new posts, the respondents made deliberate efforts to engage in tolerable relationships with all members of the staff.

Five of the twenty-nine respondents at the first interview claimed that an equal status was given to them at first because they were older. A response includes:

"I am considered a wise guy because of my age. I am therefore included in the normal business of the school. This is embarrassing for me when there is another first year nurse tutor who is not included."

It appears that the established staff equated age with experience, i.e. if one was older, being a newcomer was not taken into consideration.

1.1.3 Overview

The evidence suggests that in the early months of the year those who perceived themselves as being "junior" were dejected and frustrated. These respondents were not identified as being in specific types of schools in terms of size or speciality but related to how the schools were organised in terms of "teams". During the course of the year those who felt they were at the bottom of the pile decreased. The respondents who changed their perceptions of being "junior" were those who actively participated in their orientation and induction in both small and large schools.

The "juniors" who experienced strained relationships being members of "teams" felt that beyond these "teams" they failed
to have equal status in the total organisation. They argued that status across the schools entailed new adaptations for them.

The older/mature respondents indicated that at first respect for their age was an immediate response by most colleagues and seniors. The lapse of time however, revealed the inexperience, inadequacy and insecurity of the new employees. When this was evident the senior staff acted differently towards the older/mature new tutors, i.e. the respondents were perceived as "junior".

By the end of the year the number of respondents who reported an equal status and a tolerable relationship increased. These respondents had empathy from the directors of nurse education, who included the new tutors in the activities of their schools, acknowledged them and allowed them to participate in open dialogue. Examples of responses include:

"We feel safe in this school."
"There is safety in my identity with others."
"There is reciprocal respect, trust and mutual understanding among staff."

The evidence illustrates that only a minority (twenty) of the respondents tolerated their early months of taking up post although the number of respondents increased in the latter months.

As the months passed by, relationships which were strained
decreased steadily. The respondents attributed this to the change of the senior tutors or the director of nurse education. It is implied here that the senior educational managers may have a crucial role to play in the promotion of good relationships from the beginning of a nurse tutors' career. They may have to advocate facilitative styles of management to encourage and support all staff. They may be the key individuals who can make or break the working life of nurse tutors, more so in the early months of newly qualified ones. They hold the key to engage in professional collegial relationships which may not only benefit themselves but the organisation as a whole.

For more than half the respondents (fifty-one) the keeness of attaining a "status" and embarking on its activities was wearing away as they settled into the daily routine of the job. The seniors or colleagues did not make the post interesting for the new employee. This eroded their initial enthusiasm, stifled their motivation and contributed to an unsettled and shifting configuration of their place in the organisation. This study suggests that the respondents' perception of their status and relationships may have serious implications for their subsequent effectiveness. It is therefore necessary for established staff to be prepared to receive and integrate the new tutors within school communities.

1.2 Communications within the school community

The respondents stated that effective communications played a major role in their place in the organisation. Table 9.11 sets out the emerging issues from their responses.
TABLE 9.11
The pattern of communication

<table>
<thead>
<tr>
<th>Emerging issues</th>
<th>No. of respondents</th>
<th>1st interview</th>
<th>2nd interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team organisation</td>
<td></td>
<td>20</td>
<td>27</td>
</tr>
<tr>
<td>How the nurse tutor is perceived</td>
<td></td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>Absence/poor strategies</td>
<td></td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Personal qualities</td>
<td></td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Membership of an informal group</td>
<td></td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Utilisation of available opportunities</td>
<td></td>
<td>3</td>
<td>8</td>
</tr>
</tbody>
</table>

1.2.1 Team organisation

How the school of nursing is organised contributed to the effectiveness of the communication network for twenty respondents at the first interview and twenty-seven at the second interview. The differentiation of "teams" of staff members and how the leadership of these "teams" operated is described by the responses set out below:

"What information we receive and the quality of it depends on whose team we belong."

"Some of us in particular teams are quite unaware of important professional, educational, clinical and managerial matters."

"The team concept does not help effective interaction and communication."

"There is an absence of inter-team communication. Each nurse tutor is at the receiving end of differing types and degree of information. This leads on to the learner nurses receiving information that is dissimilar."
Each senior tutor in a team interprets information in a different way resulting in ambiguous information and poor communication."

"It is now the month of June and our team has not met this year."

It appears that the degree and quality of communication was not constant for all nurse tutors. "Teams" varied in the implementation and execution of their day-to-day procedures.

1.2.2 How the nurse tutor is perceived

How one is perceived at work played a significant part in the communication network. It is believed that some nurse tutors in specialist fields of nurse teaching were not circulated general information which was given to the rest of the school staff. Seventeen respondents at the first interview and ten at the second experienced this situation during the year. Their responses are illustrated below:

"The director and senior tutors fail to see that we are also a part of the school staff."

"I am in a speciality team and I'm perceived by the general tutors as different to them."

"I have yet to receive professional information circulars which the general nurse tutors receive."

"I am not invited to nurse tutor meetings with the rest of the school where general communications take place."

"Although our students (in the speciality) receive general nursing experience, the general nurse tutors and the speciality nurse tutors do not liaise."

"The general tutors receive the specialities as separate professions."
The respondents expressed their view that owing to the lack of effective strategies, policy and control, some respondents were excluded from meetings, circulation lists and day-to-day operations of the school. They held the senior tutors responsible for the deplorable situation. In the absence of clear directions and control systems, making assumptions was the norm. It is evident that some schools of nursing appeared to segregate the nurse tutors who worked in specialist areas other than those in general nursing.

1.2.3 Absence/poor strategies

The eleven nurse tutors said that poor communications strategies allowed inconsistent information given to them. More often there were no strategies at all and important information was not communicated to them. Extracts of comments include:

"Communications in the school are deplorable but the members of the school are prepared to live with no proper communication strategy."

"I have yet to speak with my director in a professional capacity."

"In this school nurse tutors communicate effectively only during a crisis situation because there is no forum to communicate effectively."

"Relevant information is often untimely to be of any use."

"Update information is grossly inconsistent in reaching the nurse tutors."

The evidence suggests that the absence or lack of clear directives/strategies hindered effective communications within schools of nursing.
1.2.4 Personal qualities

Personal qualities of staff members appeared to be a contributory factor in withholding relevant information for ten respondents at the first interview and four at the second. The identified factors were differences in interests and attitudes which contributed to ineffective communication among nurse tutors. A major factor seemed to be the "mood swings" of the senior tutors. Where a senior tutor demonstrated inconsistency, demotivation and disinterest, communications appeared to be ineffective. Responses state:

"Effective communication was not his interest."

"My senior tutor is so inconsistent one never knows what to expect each day. Communications one receives depends entirely on her mood."

"I do not know where I stand. His mood changes so quickly and so often."

The evidence suggests that effective communications depended greatly upon the senior tutor.

1.2.5 Membership of an informal group

Some respondents claimed that if one was lucky enough to have been included in an informal minority group within the school of nursing, the chances of being informed increased a great deal. Ten respondents at the first interview claimed that the informality of such groups enhanced communications. Informal groups included those of similar interest, age, length of employment, particular "teams". Extracts of comments include:

The only time I communicate is when I meet those in the research group."
"Communication is fair in my 'team' beyond that it is nil."

The evidence suggests that belonging to particular work groups may enhance communications.

1.2.6 Utilisation of available opportunities

The utilisation of available opportunities was considered by some respondents as a contributory factor towards effective communication. They argued that a smooth flow in the communication network resulted from effective use of available opportunities and vice versa. Three respondents at the beginning of the year and eight at the end of the year observed this. Examples of responses include:

"The lack of leadership makes platforms for communication a farce."

"There is a controlled and silent presence at meetings."

"None of the nurse tutors contribute to the agenda of staff meetings."

"The inability of the director to control meetings does not enhance the use of the forum for effective communication."

"The quality of discussion in the school does not attract one to participate in it."

Although there were opportunities for communication it is evident that the staff did not use these. One may speculate that the staff did not recognise the usefulness of such forums. The reason for the increase from three to eight respondents could not be identified. More nurse tutors may have lost interest in communicating.
1.2.7 Overview

Responses illustrate the emerging issues which affect the communication network in schools of nursing. These include the organisation of the school, its strategies, personal qualities of members, their membership of informal groups and the utilisation of available opportunities.

Throughout the interviews the respondents discussed the absence of active sharing of professional opinion when interacting with those within the school. Respondents were concerned that they were unable to realistically identify and develop those areas of communication skills which were their greatest assets. They commented that the communication process ignored the awareness and interest of the nurse tutors' perspectives and needs. The respondents gradually recognised the failure of the seniors' authority and influence. The enhanced assumptions which were made by them accentuated their own confusing and contradictory communications. Effective communication would have provided information and enabled feedback during the year.

Those respondents who made deliberate observation of the directors and senior tutors were of the opinion that leadership of senior management needed to emphasise the skills which would have helped the first year nurse tutors to:

"Communicate in professional rather than non-professional modes. This would then enhance negotiating skills."

The opportunity for communication in varied forms is a necessary tool for nurse tutors. The availability and the utilisation of appropriate opportunities could enhance the
communication network. This may in turn promote effective communication skills.

1.3 Office accommodation of the first year nurse tutor

The physical and social environment may influence any teacher joining the organisation and for the new teachers these were key areas where they needed to adjust. Halpin (1963) states that only when the new members settle down in their environment do they begin to feel safe.

The literature failed to identify "office accommodation" as a key factor but it was an emerging issue for new tutors. The respondents talked about the strengths and weaknesses of their respective office accommodation. Table 9.12 illustrates the office accommodation of the respondents.

**TABLE 9.12**

The office accommodation of the respondents

<table>
<thead>
<tr>
<th>Accommodation type</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st interview</td>
</tr>
<tr>
<td></td>
<td>(n = 71)</td>
</tr>
<tr>
<td>Single</td>
<td>8</td>
</tr>
<tr>
<td>Sharing (two)</td>
<td>29</td>
</tr>
<tr>
<td>Sharing (three)</td>
<td>18</td>
</tr>
<tr>
<td>Sharing (four)</td>
<td>3</td>
</tr>
<tr>
<td>Sharing (five)</td>
<td>1</td>
</tr>
<tr>
<td>Sharing (six)</td>
<td>7</td>
</tr>
<tr>
<td>Sharing (seven)</td>
<td>4</td>
</tr>
<tr>
<td>No fixed abode</td>
<td>1</td>
</tr>
</tbody>
</table>
The above table shows that eight respondents were accommodated in single rooms at the time of the first interview and a further three by the time of the second interview owing to the availability of offices. The majority of the respondents had shared office accommodation during their first year in post.

In the second interview when the new tutors were asked how they adapted to their office accommodation the respondents suggested that twenty respondents were settled in the allocated offices but a large majority (forty-six) were unsettled as table 9.13 illustrates.

<table>
<thead>
<tr>
<th>Accommodation type</th>
<th>Interview 2 (n = 66)</th>
<th>No. of respondents Unsettled</th>
<th>Settled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>11</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Shared (two)</td>
<td>29</td>
<td>19</td>
<td>10</td>
</tr>
<tr>
<td>Shared (three)</td>
<td>14</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Shared (four)</td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Shared (five)</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Shared (six)</td>
<td>6</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>Shared (seven)</td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>No fixed abode</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>
How the nurse tutors were accommodated caused them deep concern.

1.3.1 The strengths and weaknesses of single or shared office accommodation

1.3.1.1 Single office accommodation

(a) Strengths perceived by the respondents.

Eight respondents at the first interview and eleven at the second interview were accommodated in single offices. They highlighted the strengths of being on ones own. Their responses centred around freedom, quiet, peaceful environment and personal space which they enjoyed. Responses include:

"This is a great privilege for me. I did not expect to have such a spacious office to myself."

"It's good to be allowed to work without other tutors as barriers or obstacles."

"I enjoy the privacy and personal space this office affords me."

It appears that the type of office accommodation contributed to the nurse tutors' well-being.

(b) Weaknesses perceived by the respondents

The respondents who were accommodated in single offices highlighted the weakness as being left out unintentionally of information and basic verbal and written communication. They state:

"I am constantly forgotten, I might as well not be here."
The respondents also stated that being accommodated in a single office on one's own could delay the active orientation period and the involvement in school business. A comment includes:

"If one is out of the humdrum of things, one remains in the periphery longer than one needs to be."

The respondents recognised specific weaknesses amidst the strengths of being allocated single rooms.

1.3.1.2 Shared accommodation

(a) Strengths perceived by the respondents

The respondents stated that in the initial period of orientation, sharing an office was welcomed in that the feeling of loneliness, fear, helplessness were minimised to some extent. Extracts of conversation include:

"My colleague supported me, talked to me and mothered me during the crucial time. It took away my loneliness and alienation."

"I felt less insecure with someone else in the office during my time of hopelessness."

The responses highlighted the strengths of being able to bounce ideas, share books, lesson plans, thoughts, laughs or moan with the person one shared an office:

"I was grateful for the help my office colleague gave me with the selection of learning material."

It is evident that some strengths were of a personal nature.
Close encounters enabled the respondents to develop a camaraderie with other nurse tutors. An extract of discussion reveals:

"She became a friend, I was not just another tutor. I became a 'person' to her. There was mutual respect and trust. We got to know each other."

It is evident that development of collegiality is enhanced as a result of shared offices within the schools of nursing.

(b) Weaknesses perceived by the respondents

The respondents described disadvantages and weaknesses in the present allocation of office accommodation practised in schools of nursing. They argued that individual differences were not taken into account. The respondents explained the haphazard nature of allocating nurse tutors to office rooms with no consideration to their personalities, idiosyncrasies or interests. They claimed that selection of nurse tutors to specific offices was a "hit and miss" task where new tutors were "thrown in" with established staff. They responded that "the only criteria were a vacant desk and chair". Lengthy discussion reveals the following comments:

"I am always disturbed by the telephone calls to others in the same office or I get involved in conversation merely being in the office. If I don't join in the others believe I'm anti-social."

"There is a lack of privacy for counselling students in a shared office."

"A shared office prevents one from speaking to others on a personal or confidential level. Much time is therefore lost looking for a vacant room."
"A shared office hinders me from managing my time in the best way. I end up taking my work home."

"Often 'traffic' in the office is heavy. This leads to tempers rising and unnecessary conflicts taking place."

The respondents expressed concern for the constant and deliberate effort to control their irritation, temper and sustain patience. This had affected their personal lives. A response includes:

"I work hard at being patient amidst the continuing personality clashes, disharmony, the rumbling of potential argument. But when I go home I erupt like the volcano and it's not good for my family, my work or me."

The evidence suggests that the allocation of new tutors to specific offices is not given much thought by the senior management.

1.3.2 Overview

During the course of the year the respondents experienced advantages and disadvantages as a result of their allocated office accommodation. It is evident that the respondents who were accommodated in shared offices for (four, five, six or seven) persons centred around larger schools of nursing. It is evident that some respondents did change their offices by request owing to personality clashes and resulting stress. Directors of nurse education however, were unable to be of assistance to the rest of the respondents owing to the absence of appropriate accommodation, inflexibility or poor leadership. The situation therefore remained unaltered throughout the first year for some nurse tutors.
This study points out that the issue of accommodation may be of value to the directors of nurse education and indeed to the rest of the school staff. It may be necessary to incorporate deliberate strategies to accommodate the "newcomers" within school organisations in order to give them the best help possible. Careful planning of office accommodation, taking into account the personalities of the new and the established staff may be useful priorities. In the case of single office accommodation it may be necessary for the mentors of first year nurse tutors to plan and implement the involvement of the "newcomers" in school activities. This may avoid isolation, alienation and enhance a sense of belonging to the "corporate" family.

Part II (b) - The location of the nurse tutors within the clinical area

Although the nurse tutors are mainly based in schools of nursing they also have clinical roles. Given the amount of time student nurses spend in the clinical setting, an aim of nurse education today is to produce nurses who have achieved specific competencies in defined areas of clinical practice. This involves the acquisition of knowledge and development of professional attitudes in nursing [Statutory Instruments (1983)]. The nature of the learning environments in which students gain their practical experience is therefore of utmost importance. The UKCC Nursing Rules (Statutory Instrument 873) and the ENB Syllabus (1985) identify the maximum integration of theory and practice as being necessary for the student nurses. In line with this the nurse tutors have an agreed responsibility for a clinical teaching role because learning
opportunities occur in the range of care situations experienced by the learners in the practice setting. Reid (1986) identifies a high incidence of clinical teaching as a major determinant of a good ward learning environment. In the interviews which centred around the nurse tutors' place in the clinical area, a clinical teaching strategy and status/relationships emerged as issues. These are discussed below:

1. A clinical teaching strategy for the nurse tutors

1.1 Formal requirements for the nurse tutor's clinical role.

1.2 Strategies practised by respondents in the clinical area.

1.3 Allocation of time in the clinical area.

1.4 Provision of suitable clothing for wearing in the clinical role.

1.1 Formal requirements for the nurse tutors' clinical role

On taking up their posts as nurse tutors, forty-one respondents had been formally allocated to their clinical role and the link wards *. Thirty of these respondents were directed verbally by the directors of nurse education and eleven others received formal letters from the directors. By the end of the year five more respondents had been allocated a clinical role.

It is evident that schools of nursing did not follow uniform

* Link ward:- an identified hospital ward for which a nurse tutor has been allocated specific clinical teaching responsibility.
strategies to inform and advise the new tutors about their clinical responsibilities (see table 9.14).

**TABLE 9.14**

The pattern of formal requirements

<table>
<thead>
<tr>
<th>Pattern of requirement</th>
<th>Total Interview 1</th>
<th>Total Interview 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal (verbal)</td>
<td>30</td>
<td>31</td>
</tr>
<tr>
<td>Formal (written)</td>
<td>11</td>
<td>15</td>
</tr>
</tbody>
</table>

The respondents stated that generally they were not allocated to link-wards with their specialist skills in mind. At the beginning of the year eleven respondents worked in areas of their specialism while thirty did not do so. At the end of the year the number who were allocated to link-wards related to their specialist skills increased to sixteen because these respondents actively requested to be associated with their speciality.

Thirty respondents were not allocated a clinical role on a formal basis at the beginning of the year. This was still the case for twenty nurse tutors at the second interview. It was reported however, that thirteen of the respondents did work in wards at infrequent intervals on their own initiative.

The pattern of allocation to link-wards suggests that comprehensive decision making which considered the individual nurse tutor's skills, ability and experience was not practised as is shown in table 9.15.
TABLE 9.15
The allocation of nurse tutors to link-wards

<table>
<thead>
<tr>
<th>Allocation of ward</th>
<th>Interview 1</th>
<th>Interview 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist area</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>Non-specialist area</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Non-allocation</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>Voluntary clinical activity *</td>
<td>13</td>
<td>13</td>
</tr>
</tbody>
</table>

* These respondents were from the category "non-allocation".

Five nurse tutors left their organisations by the end of the year.

1.2 Strategies practised by respondents in the clinical field

The respondents argued that clinical teaching is the most vital part of nursing instruction. It is during work with patients that the students develop their understanding of relevant theories and begin to recognise the problems and rewards inherent in nursing practice. They claimed that during clinical work the students became aware of their reactions to patients and ways in which these reactions affect the care they give. Although there is growing recognition of the importance of clinical practice (ENB 1985) and the integration of theories and practices, the respondents practised varying strategies under the umbrella of the clinical role in the absence of specific guidance, a job description or direction. It was
evident from the interviews that the respondents made their own decisions about their clinical responsibilities.

In the absence of advice, guidance and direction from the director of nurse education, the respondents chose to exercise their own initiative which may not have been the best for themselves or for their students in particular instances. It also indicates that individual students may have been engaged in varying kinds and standards of learning in the name of clinical teaching. What was practised depended entirely on the discretion of the individual nurse tutor. There were no prior standards set up which had to be maintained.

The pattern of strategies practised by the respondents are illustrated below in table 9.16.

**TABLE 9.16**

*Strategies practised by the respondents*

<table>
<thead>
<tr>
<th>Type of strategy in the clinical field</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Interview 1</td>
</tr>
<tr>
<td></td>
<td>(n = 71)</td>
</tr>
<tr>
<td>Clinical teaching practice</td>
<td>18</td>
</tr>
<tr>
<td>Counselling</td>
<td>7</td>
</tr>
<tr>
<td>Support</td>
<td>4</td>
</tr>
<tr>
<td>Visit</td>
<td>7</td>
</tr>
<tr>
<td>As and when problems arise</td>
<td>1</td>
</tr>
<tr>
<td>As an outlet</td>
<td>3</td>
</tr>
<tr>
<td>No particular objective</td>
<td>31</td>
</tr>
</tbody>
</table>
At the first interview eighteen respondents assisted the student nurses with their practical clinical work on the wards. They argued for the importance of practice and the application of theory in clinical situations. By the end of their first year seven respondents continued to engage in this pursuit.

Seven respondents at the commencement of their teaching year used their clinical teaching time to counsel student nurses, especially those undertaking their first ward experience. The nurse tutors helped the student nurses in most need at ward level. The number of respondents included in this category by the end of the year had increased to fifteen, because this is what they saw as a necessary part of the job.

For four respondents "support" was the key word. They directed their energies to support students or clinical colleagues who requested it. The number of respondents who gave their support increased to eight by the end of the year because of the demand for support in the clinical area.

Seven respondents could only make "visits" to their link-wards to ensure that "all was well" and as one respondent commented "show our faces and say that we care". The respondents who used this strategy increased to twenty by the end of the year because they interpreted clinical teaching to be what they practised. One respondent in the beginning months and six more by the end of the year used strategies of solving problems in their allocated wards as and when they occurred. The nurse tutors were informed of problems by the ward staff. These respondents interpreted their role as problem solvers.
For three respondents at the first interview and a further six at the second, the clinical areas provided outlets for their stressful and anxious states. The relationships of these nurse tutors with their seniors and colleagues were unsatisfactory. They experienced much strain. To escape from a very strained environment the respondents were happy to go out into the ward. For a large majority (thirty-one) in the early months, particular objectives for entering the clinical field were absent because they did not think that objectives for their clinical input were required by their schools of nursing.

When they were probed about their clinical practice the respondents stated that they had not examined deeply that which they practised in the clinical field. The reasons which were most often mentioned include:

"Lack of time."

"Uncertainty of the nurse tutor role in the school and clinical field."

"The greater emphasis on classroom teaching."

"Lack of direction by the school of nursing."

An emphatic response includes:

"There is only lip-service to the clinical role of the nurse tutor. So long as the seniors are aware that we have some contact at the clinical level all is well with them."

There is substantial evidence to indicate that although forty-one nurse tutors did go to the wards, the practices they were engaged in during their stays on the wards varied and these practices were not monitored.
It may appear reasonable for some that out of a sample of seventy-one tutors, forty-one did go to the wards to perform what may be termed "clinical teaching". This study reveals however that an absence of appropriate clinical strategies for the first year nurse tutors may have resulted in their time on the wards being wasted. It would also seem uneconomical to allow nurse tutors to be used in this way. Clinical teaching strategies when wisely chosen may enrich the education programme. The evidence did not reveal well directed plans to help student nurses get the most from their practical experiences in the clinical situation. Although there are many acceptable ways of performing almost any nursing action, it is helpful for students to have the nurse tutors who give the initial demonstration on the ward to stress one acceptable way of practice while indicating that there are others which students will see being used and which they themselves may use later. There is a need for strategies to be implemented and executed to assist the approach which may be practical and realistic. This may enable nurse tutors and students to practise professionally under the hectic conditions so prevalent in nursing today.

1.3 Allocation of time in the clinical field
Forty-one respondents at the beginning of the year and forty-six at the end of the year received a formal requirement to practise their clinical role as described in section 1.1 but only eleven of them were instructed to monitor specific time requirements in the early months and only fourteen by the end of the year. Specific clinical teaching strategies for nurse tutors were not identified by schools of nursing.
The time requirements ranged from 1 day per week for seven respondents, 1 day per month for two respondents, 4 hours per week for one respondent and any time of the of the day for a further respondent. At the second interview, three respondents were required to spend 2 days per week in the clinical field. Thirty-two respondents who did not receive time directions by the end of the second interview did make infrequent visits to any ward of their choice. The varying patterns are illustrated below in table 9.17.

**TABLE 9.17**

**The pattern of time requirements for the respondents in the clinical field**

<table>
<thead>
<tr>
<th>Time requirement</th>
<th>Total No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st interview</td>
</tr>
<tr>
<td>1 day per week</td>
<td>7</td>
</tr>
<tr>
<td>1 day per month</td>
<td>2</td>
</tr>
<tr>
<td>4 hours per week</td>
<td>1</td>
</tr>
<tr>
<td>Any time of the day</td>
<td>1</td>
</tr>
<tr>
<td>2 days per week</td>
<td>-</td>
</tr>
<tr>
<td>No formal allocation</td>
<td>30</td>
</tr>
</tbody>
</table>

The above evidence shows that there are different clinical teaching practices for nurse tutors in schools of nursing. One may speculate that these clinical practices for nurse tutors are planned and each director of nurse education apportions the clinical time differently but the variance of the clinical time for students makes one question the standards of supervision given to them in the ward area.
1.4 The provision of suitable clothing for executing the clinical role

It is the norm for staff in the clinical situation to be provided with "nurse uniforms" which aid clinical practice, afford comfort to the user, encompass a communal feeling and give protection to both the patient and the nurse. If nurse tutors are involved in patient care in clinical areas it is appropriate to provide them with nurse uniforms. Nurse tutors would then be accepted by the ward staff as part of the caring team.

This study reveals that not all nurse tutors were provided with nurse uniforms. The respondents envisaged that the performance of clinical skills in ward areas demanded appropriate nurse uniforms as opposed to white coats. The number of respondents who received specific garments are illustrated in table 9.18.

<table>
<thead>
<tr>
<th>Type of protective clothing</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>White coat</td>
<td>43</td>
</tr>
<tr>
<td>Nurse uniform</td>
<td>23</td>
</tr>
<tr>
<td>None</td>
<td>5</td>
</tr>
</tbody>
</table>

Of the fourteen respondents who were required to monitor their time in the clinical area as shown in section 1.3 only five received nurse uniforms. This appears to be a relevant issue in
that nurse tutors are required to perform their clinical duties but are handicapped by not receiving appropriate clothing. It also suggests that schools of nursing may not have given adequate thought to the actual practice of clinical teaching although they demonstrated interest in it. The respondents who were given white coats were disgruntled about their use. Typical responses are:

"White coats are restrictive and uncomfortable to work in."

"In a white coat one is mistaken for a technician or doctor who visits the ward."

"Dressing up in a white coat by its very nature allows the clinical colleagues to perceive the nurse tutor as an 'outsider' and contribute to the enhancement of weak relationships."

The provision of white coats may suggest that the respondents are not required to engage in clinical activity on the wards because white coats are also worn during lessons in schools of nursing. The non-provision of nurse uniforms may indicate however the lack of thought given to this particular important clinical role of the nurse tutors.

1.5 Overview

For most nurse tutors allocation to link-wards failed to take into account their specialist skills. Practice of clinical skills by nurse tutors on the wards decreased as the year passed by.

The number of respondents who counselled and supported student nurses increased. "Visits" tended to increase in number. The
nurse tutors spent more time in solving problems and used the clinical area as an outlet for their emotional state. At the first interview, thirty-one respondents had "no specific objectives" to enter the wards but at the second interview they had worked out a strategy for themselves.

The nurse tutors who were required to keep a time schedule did not achieve it because the clinical role of the nurse tutors was seen by the respondents in widely differing ways in the absence of direction. Hence the reason for the type of strategy they adopted. One pressing problem facing nurse education today is that of determining how much clinical practice is necessary and what exactly nurse tutors practice in their clinical capacity. Although there is general consensus among nurse educationalists that the amount of clinical practice formerly provided by nurse tutors is necessary, they have by no means agreed upon the length of time required as a standard. In this way the student nurses' clinical experience could be made more useful.

Although the respondents were required to have a clinical role, the provision of suitable clothing was denied for most of them. The respondents argued that appropriate clothing was necessary for the proper execution of clinical skills.

2. Status and relationships in the clinical area
Within the clinical situation how nurse tutors and ward staff see one another is important for understanding the relationships and status of the first year nurse tutors. Fretwell (1986) among others claims that good interaction
between teaching staff and the clinical staff favours better learning. She argues that openness, warmth and trust are essential ingredients to promote a receptive learning environment.

The respondents experienced varying types of relationships with the ward nursing staff which related to the status bestowed on the respondents by the ward nursing staff as illustrated below in table 9.19.

**TABLE 9.19**

**Bestowed status of nurse tutors by ward nursing staff and their associated relationships**

<table>
<thead>
<tr>
<th>Bestowed status by ward nursing staff</th>
<th>Associated relationships</th>
<th>No. of respondents</th>
<th>1st interview</th>
<th>2nd interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Visitor&quot;</td>
<td>Weak</td>
<td>37</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>&quot;Intruder&quot;</td>
<td>Negative</td>
<td>26</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>&quot;Friend&quot;</td>
<td>Strong</td>
<td>8</td>
<td>18</td>
<td></td>
</tr>
</tbody>
</table>

2.1 Bestowed visitor status and experienced weak relationships

Thirty-seven respondents at the first interview and thirty-nine at the second said that they were seen by the clinical staff as a "visitor". In this study a "visitor" is an outsider and not one who is a part of the host ward. As one staff nurse had remarked to a respondent:

"You are not one of us."
The nurse tutors said that the visitor status accompanied weak relationships with the clinical staff because they demonstrated a clear line of boundary control.

There is substantial evidence to illustrate that clinical teaching strategies for nurse tutors adopted by schools of nursing may influence their status and relationships on the ward area. The responses include:

"Infrequent visits to the clinical area do not enable us to make for professional relationships with ward staff."

"We do not belong to the ward, therefore one is always considered a visitor."

"Weak relationships result in poor communications."

"The visitor status is often experienced by most of my colleagues."

2.2 Bestowed "intruder" status and experienced negative relationship

Twenty-six respondents at the first interview and nine at the second felt that they were seen by the clinical staff as "intruders". In this study an "intruder" was someone who encroached without welcome or right.

The respondents explained that an intruder status accompanied a "negative relationship". Their comments are illustrated below:

"I am unable to form any professional relationships with the ward staff."

"The ward staff suss me up whenever I go to the clinical area."

"There seems to be barriers all the way."

"They don't relate to me as a professional."
The respondents explained that they were looked upon as personnel who thrusted themselves on the ward uninvited, disorganising a smooth work flow.

2.3 Bestowed "friend" status and experienced strong relationship

For eight respondents at the first interview and eighteen respondents at the second a "strong" relationship developed during the course of the year. They stated that personal qualities, consistency, frequent entry to the wards and being available for the clinical staff earned them the respect of being credible. A repeated response is illustrated below:

"One needs to be available for the ward staff at the end of a telephone line or by physical presence."

It appears that informal relationships within the organisation assisted the interaction of some nurse tutors and clinical staff.

A "strong" relationship accompanied the status of "friend". The special meaning of "friend" in this study included being loyal to the clinical staff, giving support, information, answering queries about students with regard to educational, professional, clinical, managerial and personnel matters. The respondents were pleased to execute such a role in the best way they knew how. But this status also brought with it specific problems which unsettled the first year nurse tutors. They experienced the occasions when enforcement to cover up for mistakes of clinical staff, shortfalls in standards and
clinical practice were the expectations of those in the clinical field. The respondents viewed the experience with unease. An extract of discussion includes:

"The clinical staff would like to hire the nurse tutor as a defence lawyer and guarantee to win the case at whatever the cost."

The nurse tutors' relationships with ward staff however friendly, accompanied unease and uncertainty. The "meaning" and "role" of the nurse tutors were untrodden areas for the ward staff.

2.4 Overview

The interview data suggests that the respondents were consciously aware of the clinical role of the nurse tutors from the beginning. They also considered the issues which facilitated the liaison with their clinical counterparts. Responses reveal that more participants actively developed a "strong" relationship with ward staff as the year went by. Some respondents however, were subjected to being "sussed up" or "weighed up" conveying negative relationships. As the year passed, weak relationships with an accompanying "visitor" status increased because nurse tutors did not change their strategies and were not assisted by their seniors to do so.

The evidence suggests that status and relationship in the clinical field went hand in hand and were inseparable. The respondents were of the opinion that once they experienced particular relationships and accompanying status it was
difficult to view the situation in a different way. The evidence suggests that good relationships were built gradually and to this end they had tried.

The respondents argued however that many contributory factors exercise their control in an ever-changing clinical environment. To alter one would be to affect another. At a personal level the respondents actively involved themselves to improve relationships with clinical staff and hopefully change their bestowed status in the clinical area.

It may be useful for schools of nursing and indeed the educators of all nursing staff to note that the bestowed status and the accompanying relationships may have affected the standard of care which was provided by the respondents. It therefore addresses the issue that continuing education of nurses cannot be avoided or taken lightly. Stubborn attitudes may be the result of inadequate knowledge and understanding of what the other man is trying to do. Therefore closer liaison of both ward and school staff seems essential for the interest of nurse education.
Chapter 9

ANALYSES AND INTERPRETATION OF THE EVIDENCE

Section 3 - Organisational practices
CHAPTER 9 - SECTION 3
ORGANISATIONAL PRACTICES

Introduction

This section explores the specific themes related to organisational practices which had influenced the nurse tutors and were of concern to them during their first year in post. The order in which the themes are addressed may give the reader some continuum in relating to the organisational practices experienced by the first year nurse tutor. In what follows the themes are identified and discussed. These are:

* Induction
* In-service guidance
* Role-support
* Counselling
* Individual performance review
* Opportunity to meet peers in a professional capacity
* Career guidance
* Autonomy

1. Induction

1.1 The absence of planned formal induction programmes for the first year nurse tutors

Discussion took place in exploring the nurse tutors' knowledge and understanding of the induction process as they perceived it and related it to their own experiences. In doing so, it was necessary to ensure that the meaning given to the term "induction" was reasonably constant for all respondents. The researcher introduced the term induction in order that the respondents had similar knowledge and understanding.
The respondents having understood the term induction, described their experiences. The issues emerged from their responses as described below.

The respondents did not experience planned, formal induction programmes during the first year of nurse teaching. A planned formal induction in this study means that a programme of this nature is incorporated into the total staff development strategy and forms an integral part of the education of the nurse tutors. Written information of the programme which includes the purpose, goals, objectives, monitoring, feedback are known to the nurse tutors well in advance of the implementation of the programme.

The absence of scheduled time for induction, the means to achieve prescribed objectives and the monitoring of objectives were reported by the respondents as non-existent. The respondents emphasised the need for structured core induction programmes with specialist areas for particular nurse tutors in the absence of job descriptions. Examples of responses are:

"A planned formal programme would highlight the role obligations of the nurse tutor."

"We were let down by senior management and colleagues because they allowed us to muddle through the first year which prevented a smooth transition to our role as nurse tutors."

The absence of planned, formal induction programmes throughout the year strengthened the need for some respondents to actively negotiate, bargain, argue or be vocal in order to fulfill their own objectives. Responses include:
"How induction programmes were implemented depended on the commitment of senior staff members."

"The entire school is an arena of weapons in this conflict and the first year nurse tutors had to plough their way through conflicting actions."

The respondents stated that formal induction programmes required planned strategies and funds. They say:

"A formal programme may enable supervision and monitoring of progress."

"The attendance on a formal, planned induction programme would not depend on the numbers of staff in post at a given time as it happens now."

"A planned formal programme may discourage the whims or vested interests of senior staff and conflicts within 'teams' of staff members."

The following responses highlighted the need for formal induction programmes to look into management skills:

"We need to be informed of education management skills along with clinical and professional aspects of our role."

"Management skills are necessary for us yet this is given low priority in formal induction programmes."

The respondents discussed their concern for the little commitment given to induction practices in schools of nursing. They say:

"Programmes alone are inadequate without preparation, commitment and willingness of the leaders."
"The established staff are apathetic concerning induction."

"We are handicapped owing to the inequality of opportunity given to us. It stunts our personal and professional development and may eventually restrict our rightful place in nurse education."

The evidence suggests that from the point of view of the new tutors, the induction of the first year nurse tutors was not taken seriously by schools of nursing. This surely must concern staff responsible for nurse teacher education as a whole.

1.2 The provision of informal induction programmes

'Informal' in this study means that the induction programmes did not form a part of an organised strategy. There are no written purposes, goals or objectives to be achieved. They showed a diversity of preparation, time, activity, fulfillment, supervision and the general quality of standards as experienced by the respondents.

Twenty respondents received informal induction. Of these seventeen were new employees to the organisation. Five of these respondents received informal programmes after many requests, negotiation and active protest. The respondents were anxious and stressed about the above issue, that they were hesitant to discuss the strengths of the programmes. An informal induction programme ranged from 2 hours in total for one respondent to 2 weeks for ten respondents and intermittent spans of time for eight respondents.

The seventeen new employees to the organisation described their
requested programmes as irrelevant and inappropriate for their needs. The responses are:

"In most instances the programme merely focused on an act of obligation and a response to a specific request by the senior staff. Beyond this there was little thought given to induction of the newly qualified tutor."

"What induction we received was not related to the needs of the tutors."

The inability to involve the newcomers in their own programmes disappointed the respondents. Extracts of responses include:

"It appeared that some senior staff were reluctant to allow us to learn."

"The senior staff gave me the impression that induction was a pitiful favour and not a right."

The fifty-one respondents who did not experience formal or informal induction programmes perceived their situation with dejection and frustration. They responded vehemently about their position as illustrated below:

"Beyond the proper induction of the first year nurse tutor lies the induction of the director and the senior tutor where the awareness is made that leadership is not restricted to parts of the job but to its entirety."

"Induction is non-existent in our school."

The evidence suggests that where some form of induction was practiced it amounted to a mere exercise. Consideration for the individual was absent. This seemed to go against the philosophy
of the E.N.B. (1988/63/MAT Section 12 appendix 1) whose guidelines clearly identify the induction experiences required by the newly qualified nurse tutors.

1.3 Overview

During the first set of interviews the researcher asked each respondent if they were aware of a specific circular produced by the English National Board concerning the induction year of the newly qualified nurse tutors, i.e.

"Guidelines on experience for newly qualified teachers of nursing, midwifery, health visiting and district nursing."

(June 1986, circular 1986/36/B.F. E.N.B.)
(now superseded by 1988/63/MAT, E.N.B. Section 12, appendix 1).

One out of seventy-one nurse tutors was issued with the above circular along with her job description at the time of appointment. During the second set of interviews, nearing the end of their first year of teaching, this question was asked once again. Although seventy respondents made requests for this particular E.N.B. circular, it appeared that none of them received it by the end of the year.

The evidence suggests that generally induction was not taken seriously by schools of nursing. The majority of respondents however were not prepared to get out of favour with the senior staff by reacting against established practices. As a result they settled down and conformed but were frustrated.
2. In-Service Education

The term in-service education in this study means that it is the regular acquisition, consolidation, re-affirmation and extension of knowledge, skills and attitudes.

Typical responses of sixty-eight nurse tutors are:

"Acquaintance with principles of organisation and administration changes in local and national policy."

"Acquaintance with curricula and research developments."

"Extension of nurse teacher education course with supplementary courses."

"Understanding the new relationship between the teacher and the taught."

"That which enables us to develop knowledge, skills and procedures in the process of teaching."

The respondents were aware that they were no longer able to rely upon the nurse teacher preparation courses to achieve either personal, career or nurse-tutor objectives. The respondents argued that they needed to update their knowledge and understanding instead of conveying obsolete and inaccurate data to their students. The need for in-service education for nurse tutors was highlighted by the majority (sixty-eight) with for example, the following comments:

"To stimulate my intellect."

"To increase my job satisfaction."

"To enhance my promotion prospects."

"To gain graduate status."
"To increase my professional awareness and insight."

"To improve my skills within the classroom and clinical areas."

The respondents expected that their experiences in the schools of nursing would include some of the above but varying patterns of in-service education were identified in the establishments. These are:

1. The provision of **ad-hoc** non-school based in-service education
2. The provision of informal school based in-service education
3. The absence of in-service education
4. The absence of formal, planned in-service programmes.

**2.1 The provision of ad-hoc non-school based in-service education**

During the first six months, six respondents experienced **ad-hoc** non-school based in-service education. This number increased to sixteen at the end of the first year as illustrated in table 9.20. The reason for the increase in the numbers from six to sixteen respondents is that the first year nurse tutors generally do not attend courses at the beginning of their new job but latterly may have been selected to attend in-service sessions on the discretion of the senior officers.

The nurse tutors reported that the reasons for attending specific programmes in their particular schools depended on the following:
1. Team decision
2. Director's decision
3. Inability for any other nurse to attend
4. No particular reason
5. Interest of the senior tutor
6. Request by the respondent.

Table 9.20 below illustrates the attendance of the respondents at ad-hoc non-school based in-service programmes.

<table>
<thead>
<tr>
<th>Type</th>
<th>at 6 months</th>
<th>at 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Educational</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Managerial</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Clinical</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>6</td>
<td>16</td>
</tr>
</tbody>
</table>

It appeared that the first year nurse tutors attended professional and educational courses purely by chance. At the end of the year professional courses increased in the absence of those with a clinical dimension or a greater input to managerial courses. This was not a planned effort on the part of the school.
The respondents were disappointed at the lack of policies within schools of nursing to assist them in their continuity of learning in all areas. Comments of the respondents include:

"There was no choice in course attendance."

"There was no preparation, attendance on a course was a matter of luck or chance."

"The absence of a policy and strategies for in-service education hindered a consistent plan of development and training for the respondents."

"Development of new knowledge and understanding does not seem important for the established staff."

"It appears that in-service education is not considered relevant for nurse tutors."

"There are no criteria for the selection or attendance to a particular in-service course or study days, one has to attend when instructed to do so."

The absence of policies or criteria resulted in the exposure of the respondents to a diversity of study days or half days not always the most timely, needed, appropriate or relevant for their stage of development. Responses include:

"Some courses were a waste for my stage of nurse teaching."

"I should have information appropriate to my situation."

"We failed to identify our own problems clearly and expected naively for senior management to identify our needs and select the appropriate course for us and it failed."

The unsystematic approach to in-service education resulted in specific topics being used in isolation and the frequent
failure to match the course objectives with the needs of the respondents. When courses did match the respondents' particular needs and were of potential value the nurse tutors were not able to implement specific ideas in their schools which were brought from the course. The respondents comment as follows:

"Such courses were unable to take into account the varying school contexts."

"The principles could not be transferred to the present schools."

Feedback from a course was generally not requested by the director or senior tutor.

"Senior staff were uninterested in feedback or evaluation of the course."

The value of attending an in-service study programme was discussed.

All seventy-one respondents said that:

"Members from varying backgrounds add to the total in-service experience of teachers. Getting away from the school encouraged a more detached view of our own practice. We could also appraise our existing skills, methods and knowledge base."

"Attendance on an in-service study day motivates us once again."

The respondents expressed concern over the unsystematic, unplanned and indifferent approach to in-service education given by schools of nursing. The nurse tutors were unable to understand the reason why a mode of in-service education could not focus directly on a core curriculum content. All nurse
tutors suggest the inclusion of the following content:

"Counselling, marking scripts, questions, examination paper setting, interviewing, recording student files, assessment and management of time."

The nurses indicated that in-service education is their right and collaboration of all concerned with nurse teaching was imperative.

Suggestions of respondents include:

"In-service education is not an optional extra as most school personnel leads one to believe. It is a right."

"There is a need for closer collaboration and joint responsibility of the statutory bodies, course organisers, the school of nursing and the nurse tutors."

The evidence shows that ad-hoc non-school based programmes were the result of the absence of a deliberate policy for in-service education. The respondents who were able to attend these programmes did not appear to see their relevance. It is implied that schools of nursing may be wasting scarce resources and not be aware of them.

2.2 Provision of informal school-based in-service education

Twenty respondents received informal school based in-service guidance at the beginning of the year. This number increased to twenty-two by the end of the year as indicated below in table 9.21.
TABLE 9.21

Attendance of respondents at informal school based in-service programmes

<table>
<thead>
<tr>
<th>Type</th>
<th>at 6 months</th>
<th>at 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Educational</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Clinical</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Managerial</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20</td>
<td>22</td>
</tr>
</tbody>
</table>

The above mentioned in-service education programmes took the form of 1 day of half-day periods organised as "workshops", "discussion groups" or "information giving".

The opportunity for the twenty-two respondents was only available for reasons of continued and persistent requests to senior management by the nurse tutors. Fulfillment of these requests however did take time depending on other organisational activities which took precedence or the willingness of the directors to take action.

Extracts of responses include:

"The requested information or advice was too late in coming to be of most value or use to us."

The informal in-service guidance, however useful, was inconsistent and not timely."
"The quality of the advice depended on the person giving it."

Evidence shows that informal advice was not constant for all the respondents.

2.3 The absence of in-service education (formal and informal)

At the end of the first year of being nurse tutors, twenty-eight respondents did not receive any form of in-service education. These respondents were dejected and frustrated. Their comments include the following:

"I was told that there was no necessity to be on an in-service programme because I had only recently returned from college."

"I'm being ostracised for being on a Cert. Ed. Course."

"There is no in-service education. It would be many years when I'm able to develop my role as a nurse tutor."

"The concept of in-service education is given a very low priority in the present school, hence the lack of it."

The in-equality of opportunity and a total lack of in-service education for twenty-eight respondents has been identified by the responses. The reasons as explained by these nurse tutors indicated that senior management did not see the relevance of in-service education for those who have just completed a teacher preparation course. The reason being that the respondents already had a year's information. This has to be of serious concern not only for nurse teacher education but for nursing as a profession in the future. It appears that the
whole concept of personal and professional growth of nurse tutors needs to be discussed more fully in order to benefit nurse education.

2.4 Absence of planned formal in-service programmes

None of the seventy-one respondents were involved in formal planned in-service programmes which formed an integral part of staff development and the needs of the nurse tutors. All the respondents discussed the absence of consultation with seniors not only of what the year could hold for them in learning their role but the absence of inquiry of what was learned in their year at college and the deficits which may have arisen.

The nurse tutors said that planned formal in-service programmes were important for the following reasons:

"We need to keep pace with new developments therefore in-service education is necessary."

"In-service education includes extension of knowledge. We also need to re-affirm and consolidate our knowledge."

"We need to acquire new knowledge on a regular basis to acquaint ourselves with curriculum, research, organisational activity, new methods, new aids, technology and practices."

"In-service education can help to extend the nurse teacher preparation courses."

"It would help us to understand our new relationship with colleagues, seniors and student nurses."

The evidence suggests that the nurse tutors were aware that the basic knowledge which they acquired at college was not adequate to sustain them throughout their professional career. It
appears however, that the total concept of planned formal in-service education has been rated lightly and given low priority by schools of nursing.

The concern for the professional development and growth of newly qualified tutors was not seen to be evident in this study. The nurse tutors were hindered from receiving the required and appropriate knowledge which may have enabled them to execute their present practices more effectively.

2.5 Overview

A systematic formalised planned in-service education for the first year nurse tutors was not a part of the strategy exercised in the schools of nursing in this study. Interview data show a progressive increase in both the ad-hoc non-school based in-service programmes and informal school based programmes attended by the respondents. Evidence suggests that attendance on these programmes was not deliberately planned but a "hit and miss" situation.

The evidence illustrates that in both formal and informal in-service programmes, managerial and clinical aspects scored least. It may be that the nurse tutor's role is seen by the senior officers only as education/professional - rather than managerial and clinical as well. This has serious implications in that the nurse tutor's role has a profound managerial and clinical input yet schools of nursing appear not to take it as major components of the nurse tutor's role.
Lomax (1987) claims that few teachers are ever evaluated as being ineffective because of a lack of essential subject matter and knowledge requiring in-service education. The implications of this view are that a vast majority of nurse tutors who are judged as ineffective, may need specific in-service education which have long gone unnoticed by their seniors.

3. Role support

One of the most important provisions for people facing up to change is to ensure that they have some sort of support network. In what follows the research describes how newly qualified nurse tutors entered their schools of nursing with previously constructed images and expectations. The respondents belonged to two specific groups as far as work experience in a school of nursing was concerned. Those who had been previously exposed to a school of nursing in a work capacity and those who lacked this experience as illustrated below in tables 9.22 and 9.23.

<table>
<thead>
<tr>
<th>Work role</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical teacher</td>
<td>35</td>
</tr>
<tr>
<td>Unqualified clinical teacher</td>
<td>4</td>
</tr>
<tr>
<td>Unqualified nurse tutor</td>
<td>8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>47</td>
</tr>
</tbody>
</table>

TABLE 9.22

Previous work experience in a school of nursing
TABLE 9.23

No exposure to a school of nursing other than nurse training

<table>
<thead>
<tr>
<th>Work role</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward sister/charge nurse</td>
<td>21</td>
</tr>
<tr>
<td>Staff nurse</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>24</td>
</tr>
</tbody>
</table>

For both groups the first year was crucial. They expected their superiors and colleagues to impart knowledge while at the same time, provide support. Emerging issues from both sets of interviews indicate that only a minority had a high degree of role support from a mentor, a small category received minimal support on request and the large majority experienced a less supportive attitude from seniors and colleagues as illustrated in table 9.24 and described below.

TABLE 9.24

Degree of role support

<table>
<thead>
<tr>
<th>Support</th>
<th>at 1st interview</th>
<th>at 2nd interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>High degree</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Minimal on request</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Absence of support</td>
<td>60</td>
<td>55</td>
</tr>
</tbody>
</table>
The number of respondents in each of the categories set out above remained unchanged - except that five respondents in the "absence of support" category left the organisation by the end of the year.

3.1 High degree of role support from mentor
Throughout the year six respondents received a satisfying degree of support from their delegated mentors. They made room for alternative ways and behaviours to be explored, ways that they may or may not be employing but those which may be self-fulfilling, creative and self-actualising for the respondents. Unanimous agreement of the mentors demonstrating their special qualities such as being decisive, competent, ability to take risks, showing empathy towards the respondents and ability to motivate were perceived by the nurse tutors.

Examples of responses include:

"My mentor has personal and work confidence."

"My mentor is persistent, diligent and has desire to excel in everything she tries to do."

The evidence suggests that recognised competencies of the mentor were placed in high esteem by the six respondents. They were inspired by a carefully planned mentorship.

3.2 Minimal role support on request
Although some schools of nursing failed to exercise deliberate direction as far as role support was concerned, they were prepared to listen to requests from the respondents. Five
respondents received minimal support. Their responses were suggestive of the numerous requests they made in order to fulfill their needs.

"I had to request for support each time. After a while I was so embarrassed."

"I have to make deliberate requests each time because my seniors are insensitive to my needs."

"In a task centred approach to a nurse tutor's role, requests for support can become the norm."

Although one would believe that being 'open' for requests allowed opportunity for support, it created embarrassment for the respondents. In time nurse tutors stopped making requests for support in order to avoid being embarrassed.

3.3 Absence of role support

The absence of role support was reported by sixty respondents during the first interview and fifty-five respondents in the second. Their disappointment, anguish and frustration occupied lengthy discussions. The emerging issues are described to illustrate the concern and the importance given to them by the respondents. These are:

3.3.1 The philosophy of the schools of nursing

Twenty-one respondents indicated that they were unaware of the school philosophy. Extracts of responses include:

"It is hard to believe if this school has an identified philosophy on role support. If there is I do not know it."
"There is a tacit assumption in the school that the first year nurse tutor is supported. I shall assure you that we are not."

The evidence suggests that the respondents recognised the inability of the schools to project their philosophy concerning support. The implications are that until the philosophy of the schools deliberately include the support network for nurse tutors, the present system may continue.

### 3.3.2 Absence of a support network in schools of nursing

Sixty respondents clearly recognised the absence of a support network system in their schools of nursing. The most common response includes:

"The inconsistent role support system in the school lends itself to the absence of support for the new tutor."

The respondents were quick to identify the inconsistencies of the role support practised in the schools of nursing. It seemed clear in the first instance that the absence of a philosophy relating to role support contributed in full to the lack of guidelines for a support network in the schools of nursing.

### 3.3.3 The directors of nurse education and senior tutors

Sixty respondents expressed their view that effective leadership from seniors was absent. They perceived that where an effective leadership style was not evident, the newly qualified nurse tutor was stifled, demotivated and ignored. They focused on seniors who were unable to bring new
challenges. They highlighted the selection and preparation of the D.N.E. and senior tutor, the absence of leadership, help, guidance, sensitivity and empathy. Examples of responses include:

"The selection of senior management is questionable."

"There is a great need to prepare the director of nurse education and the senior tutor for their supportive role before they take up post."

"The aloofness of the director of nurse education is incredible."

"The director of nurse education does not set the tone concerning support. He is so very distant."

"This statement may appear exaggerated but it's true. My director of nurse education is not a leader."

All the respondents recognised that the absence of effective leadership had contributed to much of the respondents' lack of role support. This is of crucial importance to all involved in nurse education. It is implied that unless the leadership is examined and changes made lack of role support may remain.

3.3.4 Sickness of senior staff

Fifteen respondents described that they were left unsupported during illness of senior staff. The often reported response includes:

"Support was inadequate and often impossible owing to the high degree of sickness among senior staff."

Owing to the absence of a comprehensive role support net-work the respondents were not supported during their senior tutor's
sickness. The absence of a clearly identified support network had contributed to much of this situation which led to first year nurse tutors being left to muddle through their practices and problems.

3.3.5 Unsettled senior staff

For fifteen respondents the unsettled senior staff caused a problem. The pre-occupation of these senior staff about their own welfare prevented them helping the first year nurse tutors. An example of their comments includes:

"The unsettling actions of senior staff such as their constant search for new posts in other schools, prevents them helping in our welfare."

The unsettled staff created for the respondents a wider gap for role support. This situation was unavoidable because they too were stressed and anxious. The implications are that unless the organisations examine their practices with a wider vision, i.e. look into other related factors which contribute to role support, the absence of support for first year nurse tutors will perpetuate.

3.3.6 Change of management style

Eighteen respondents identified that where there was a change in senior management, either at director of nurse education or senior tutor level, the absence of support changed to the provision of support. Responses include:

"Where there is a change of senior management in a school, there is hope for the new nurse tutor."
"The change of senior management and the accompanying vision helped the whole situation to improve."

The respondents were able to recognise differences in management styles which enhanced support for them, as a result of change in senior management. This implies that the management style does contribute to the support strategies employed by the organisation.

3.3.7 Personnel within the school of nursing

All respondents described that personnel within the organisation were unable to give support to them. Their responses are illustrated below:

"An inbuilt high degree of social distance is ever present."

"Poor interactions and communications do not contribute to role support."

"When there is conflict among school staff time does not allow for support of the junior members."

"The formative days of the first year nurse is constantly emphasised. We make a special effort to care about our nurses yet we do not transfer the same principles to the first year nurse tutor."

"Intelligent, bright, young nurse tutors whose intention is to develop are actively ignored, stifled and brought to a halt."

The evidence suggests that the interactions among the school staff contributed to some degree in the unsupportive period of the first year nurse tutors. It may well be possible that the established staff are unaware of their role in enabling a conducive environment for the newcomers.
3.4 The mentor

The interview data revealed that the role support experienced by sixty respondents in the first interview and fifty-five in the second was not a fulfilling one. Each respondent suggested a need for a person who ought to take on this role. Some respondents coined the title "mentor", others labelled the word "preceptor" whilst the rest used "role-model". They believed that such a person could guide them through their first year. Their varying experiences of role-support are illustrated below:

"Several first year nurse tutors in one school of nursing receive different levels of support from individual senior tutors."

"The director of nurse education is my mentor, but I have only met him once."

"The mentor role is only a concept in the eyes of senior staff for the benefit of the English National Board."

"The hierarchical structure of the school and the accompanying power does not allow a mentor relationship."

"Being a senior tutor does not mean that one is a 'mentor'."

"I had to change my mentor owing to a mismatch."

"The senior tutor who is also the mentor can make or break you."

"My mentor is unprepared for his role. It's quite out of his depth and insensitive to my needs."

"I believe the duties of the mentor need to be monitored throughout the year. This could then be used in conjunction with appraisal for the mentor and mentee."

"My mentor is constantly unavailable for me."

The respondents suggested the following criteria for a mentor:
"Need to be a mandatory post."

"Need adequate professional experience."

"Need a person who is able to motivate, enthuse and be sensitive to the needs of others."

"Need to be available for the nurse tutor."

"Need to be carefully matched with the nurse tutor."

The evidence suggests that the word "mentor" is used loosely and some senior staff and first year nurse tutors may not clearly understand the concept. It may be worthwhile that open discussion and debate take place generally to have full benefit for those who are involved in this professional relationship.

3.5 Overview

The data suggests that those respondents who received a high degree of role support enjoyed a smooth transition and a sound role relationship with their mentors.

A major issue which emerged from the responses to both sets of interviews was the absence of role support for the majority of newly qualified nurse tutors. The study also identified that the staff who supported the respondents at the beginning of the year continued their support throughout the year. Similarly, the staff who refrained from giving support in the beginning continued their lack of support until the year was out.

The evidence suggests that making changes can be stressful and learning to cope with a new job demands necessary support. The implications for nurse teacher education are that, without support newly qualified nurse tutors may become tired and
dispirited, fail to see their responsibilities and give up in despair. It is therefore necessary for the directors of nurse education to recognise that obstacles to change are sometimes obscure. Often people on their own will not think through the implications of the changes they face. They will get stuck and be frustrated because they have not anticipated the problems. Support is the best way to deal with such situations.

4. Counselling

An emerging issue which centred around the discussion of support for the newly qualified nurse tutor was counselling. In this study counselling is defined as help which is offered through a relationship of trust. The person being counselled is helped to talk, to understand, to clarify and move in specific ways towards more effective work and living.

The work of Rogers (1969) and Egan (1986) are described below because the respondents themselves introduced their work during the interviews. They valued the usefulness and practical aspects of the framework and made comparison with their present experiences in the school of nursing.

Rogers (1969) states that genuine concern, empathetic understanding and warm acceptance are fundamental to helpful counselling. Genuine concern is characterised by consistency and congruence. It is the opposite of rigidity and defensiveness. It is communicated both verbally and non-verbally. Honesty in the relationship will also indicate genuineness. A genuinely concerned person is likely to be accepting rather than judgemental. The counsellor acts as a
facilitator, providing the relationship which helps the person to grow. Empathy is a special quality related to understanding. Rogers (1969) claims that perceiving the reality which exists for the other person is empathy. Egan (1986) has developed a useful model of helping which is widely used in counselling training in Britain. The model of the "skilled helper" is applicable to several educational, managerial and counselling situations. The model is criticised for its linearity and for its emphasis upon outcome in behavioural terms. But Egan (1986) emphasises that the model is interactive. Although it is presented in a linear way it can be used as a framework and modified to meet the needs of the helper and helped.

The patterns of counselling experienced by the respondents during their first year of nurse teaching were exposed to a constant comparative analysis during the interviews. The result of these responses are categorised. The major issue for which there was substantial evidence is the absence of counselling but there is also some evidence that other factors are involved as set out below.

**TABLE 9.25**

*Pattern of counselling experienced during the first year of nurse teaching*

<table>
<thead>
<tr>
<th>Counselling</th>
<th>at 1st interview</th>
<th>at 2nd interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open door</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>On request</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Formal counselling at periodic intervals</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Absence of counselling</td>
<td>60</td>
<td>50</td>
</tr>
</tbody>
</table>
4.1 Open door

For six respondents an "open door" policy was exercised by the directors of nurse education and senior tutors. An "open door" policy was perceived by the respondents as the ability to meet with the senior staff without any restriction. The senior staff were open to listen to the newly qualified nurse tutors which allowed greater flexibility and opportunity in the counselling procedure. This pattern continued throughout the year. By the second interview a further four respondents had been exposed to this type of counselling practice as a result of new management practice. Typical responses are:

"The director was available when we needed him."

"Constraints were rare and excuses of unavailability were absent."

"The senior staff made us feel good."

The evidence suggests that the provision of time for the nurse tutors to express their thoughts and feelings was appreciated by them.

4.2 Counselling on request by the nurse tutors

Two respondents in their frustration and desperation of not having been counselled by the director requested him to do so. They actively initiated the move much to the disapproval of the senior tutors. The respondents decided that their needs were not adequately met and it was time to correct shortfalls. Their comments include:

"The lack of sensitivity projected by the senior tutor enforced me to seek advice."
"I was at my wit's end. I had to see the director of nurse education."

Contrary to the reviewed literature of Penfold and Meldon (1969) and Combs (1965) it was evident that the senior staff were unable to understand human feelings, emotions and the needs of the respondents. More specifically the process of empathy, sensitivity and viewing the respondent as a person were overlooked. These are serious shortfalls if one considers a humanistic approach to nurse teaching.

### 4.3 Formal counselling at periodic intervals

At the beginning of their first year three respondents experienced formal counselling at periodic intervals. They perceived themselves fortunate and were grateful for the opportunity. By the end of the year one more respondent had experienced this pattern of counselling. A typical response states:

"We are the lucky ones. This opportunity allows us to share our feelings, anxieties, receive advice, clarify problems and issues and generally get to know how we are doing."

Three of the respondents in this category were counselled once a week for the first six months and fortnightly thereafter during the year. One respondent was counselled once a month during the latter half of the year.

The evidence suggests that a planned and deliberate strategy for counselling nurse tutors which provided direction, guidance, care and concern for them was not in operation.
4.4 Absence of counselling

The majority of the respondents (sixty) were not counselled up to their first interviews. Fifty of these nurse tutors at the second interview were still to have this experience. They believed that a policy which would enable them to meet with senior staff was unavailable. The researcher's interviews with some respondents presented a catharsis, because they had not been exposed to "person to person" talk about their role before. Their lengthy and often emotional responses reflected the lack of interest shown in the teacher as a "person", leadership, staff development, the counselling process and the nature of support which the respondents required. Extracts of responses include:

"The director and senior tutor need to be accountable for their support role. At present there is only lip-service."

"So long as a nurse tutor is available for work how he feels does not matter."

"We have noted the many times that senior staff have attended counselling courses but nothing of this is fed back or practised in the school."

"There is no true dialogue about the concept of counselling. What is often discussed is disciplinary counselling."

"Newly qualified nurse tutors are given the role of personal tutor to many student nurse groups. Although there is no written role description about this function, the very nature of this role extends to counselling the student nurse. We therefore feel very uncertain, insecure, anxious about our own role, that counselling student nurses seems a farce. We have had no counselling advice or training but are expected to fulfill such an important function."

"Directors and senior staff are insensitive. They do not realise that nurse tutors also need support, care and concern if they are to give the best of themselves."
"The senior staff do not believe that essence of counselling in education is to let the student nurse share his anxieties and perplexities. This principle should be transferred when the nurse tutor is considered."

If the nurse tutors are expected to be in touch with and respond appropriately to the emotional and educational needs of their students and to share their anxieties and perplexities then the nurse tutors will need support, care and concern. As a profession we do not appear to spend a lot of time or energy on caring for each other. Perhaps we could think more deeply about the basic truth that we cannot truly care for others unless we ourselves are also cared for in our professional lives.

4.5 Overview

The respondents' expressed opinions remained unaltered during the year. Discussion revealed that they were deprived of opportunities as far as support was concerned. Their need to be accepted as a member of the organisation, respected, trusted and valued as a person had been ignored. Responses reflected the need to be understood, believed, to have personal space and to have an awareness of the new experience. Their needs also revolved around the ability to clarify, reflect, interact and feed-back opinion. The respondents expressed disappointment on being let down by the profession.

The evidence suggests that generally counselling was not identified as a fundamental skill worth incorporating within the activities of schools of nursing. The disappointment of being let down by the profession may imply that the nurse tutor as a "person" is far from being considered. It may be necessary
for the schools of nursing to initiate deliberate action so that counselling is taken up as a skill which needs training and development. Rogers (1969) implies that counsellors are not born, they need to be trained.

5. Individual performance review
Throughout the interviews the respondents expressed their concern regarding their individual performance as teachers. They argued that a systematic process of regular on-going discussion between seniors and subordinates was lacking. They stressed the need of being fully aware of the tasks they were required to carry out. They mentioned the absence of regular feedback on their performance. The responses are focused on key issues in the present section. These are:

5.1 General assessment of performance
5.2 Supervision and assessment of teacher knowledge, attitudes and skills.

It is recalled at this point that the D.H.S.S. (1986) claims that people work more effectively if they know what is expected of them and receive feedback on how they perform. If performance reviews are to be done well, they must be based on openness between the reviewer and the job holder. Metcalfe (1985) states the principle of performance review as:

"To have as the prime focus the analysing of recent and current performance with a view to identifying strengths and weaknesses in order to set specific performance objectives which will enable the subordinate to develop now."
The majority of the respondents in this study however, did not experience the openness of a performance review because this was not in general practice in schools of nursing.

Table 9.26 illustrates the issues emerging from the responses made by the nurse tutors in describing their individual assessment of performance.

TABLE 9.26

Pattern of assessment experienced by the respondents

<table>
<thead>
<tr>
<th>Assessment</th>
<th>No. of participants</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>at 1st interview</td>
<td>at 2nd interview</td>
</tr>
<tr>
<td></td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>General assessment of performance</td>
<td>6</td>
<td>65</td>
</tr>
<tr>
<td>Supervision and assessment of teaching skills</td>
<td>3</td>
<td>68</td>
</tr>
</tbody>
</table>

5.1 General assessment of performance

During both sets of interviews, the respondents discussed their uncertainty concerning their general performance as nurse tutors. At the first interview, which took place between the fourth and sixth month of being in post, sixty-five respondents had no form of assessment concerning their general performance. Extracts of comments include:

"I had no positive or negative assessment."

"It is very demotivating when you don't know how you are getting on."
"I feel it's a let down. No-one seems to care."

"I would like to know my strengths and weaknesses."

"I would like to know if my knowledge, attitudes and skills come up to the expected standards."

"When there is no feed-back one assumes it's bad."

At the time of the second set of interviews, fifty-three respondents were unaware of their general assessment of performance. They were unable to pick up courage to question the seniors how they were progressing. In the absence of praise, their morale appeared low. One respondent had requested an end of the year progress report, to which no responses had been made by the director of nurse education at the time of the second interview. Six respondents were subjected to a general assessment of performance in the early months of appointment. Of these, three respondents were assessed weekly by their senior tutor. Examples of responses include:

"It is incredible. I feel so good to be in this school. I'm really taken care of."

"I'm amazed at the interest shown."

"I experience a very supportive programme. I am constantly aware of my strengths and weakness. There is a considerable amount of direction."

Two respondents included in the group experienced a "form" of assessment by the director and senior tutor. This occurred informally in the kitchen and canteen respectively. Their responses include:
"I felt something was better than nothing."

"I'm glad it was a positive assessment of performance, if not I would have been cross."

The sixth respondent in this group was provided with a self-assessment booklet of objectives in which she was requested to assess her own performance, the outcome of which she discussed with her senior tutor. An extract of conversation includes:

"The responsibility is mine to a great extent. I have to be actively involved in my own assessment of performance."

At the time of the second interview, thirteen respondents were exposed to a "form" of assessment. The three respondents who already had a weekly assessment during the early part of their first year were now subjected to a fortnightly "meeting" with their senior tutor. Two respondents were assessed by the senior tutor in response to requests by them. The respondent who was involved in self-assessment with the aid of an "objective booklet" completed the annual review by the end of the first year. One respondent received a written assessment report after discussion about her performance with her senior tutor. Seven respondents had a short discussion with their senior tutors.

All but one respondent viewed the assessments as useful. On reflection, they believed that the assessment identified their strengths and weaknesses, motivated them to a degree and assisted them with future goals. The nurse tutor who was in disagreement with the views of the others perceived the assessment situation as:
"A false experience where I was good all-round and had no room for improvement."

At the end of the first year none of the respondents in this study were assessed by directors of nurse education.

The evidence suggests that the general assessment of performance is essential for nurse tutor development. Without it there would be no criticism of received views, standards, no development of skills and no hope for the advancement of nurse tutors. Unfortunately, despite its centrality in the daily work of nurse tutors, assessment of performance had not been viewed as a professional activity in this study.

5.2 Supervision and assessment of nurse teaching knowledge, attitudes and skills

For sixty-eight respondents at the time of the first interviews there appeared to be no supervision or assessment of their teaching knowledge, skills or attitudes either by the directors of nurse education or the senior tutors. Typical responses are:

"I desperately wanted to be assessed. I'm so worried that I am unable to ask for one."

"I haven't been supervised or assessed but my director of nurse education has the cheek to say that I will have a formal appraisal at the end of the year."

"There is no policy for supervision and assessment of classroom skills in this school."

"The absence of negative or positive feedback has caused much anxiety among nurse tutors."

"Assessment of teaching skills needs to be mandatory not only for the first year nurse tutor but all tutors."
At the time of the second interview, sixty-two respondents were not supervised or assessed in their teaching skills during the year. These respondents were dejected and unsettled. They constantly worried about their ability, standards and accountability but the senior staff had assumed that all was well.

Three respondents in the early months have been supervised by their respective senior tutors in the classroom situation. Two of these respondents were requested to hand in their lesson plans. Their complete lesson was observed which was followed by a discussion and written report. Included in the report was a constructive criticism of the total teaching/learning situation. Examples of responses include:

"The supervisor was overpowering at first but it was very helpful."

"I gained many helpful cues and hints."

"I feel somewhat confident now."

"I am now able to correct my inadequacies and minimise gaps of weaknesses."

One of the three respondents who was supervised and assessed was subjected to this because she requested the senior tutor to "sit-in" on her lessons. Responses made by the respondents are as follows:

"I felt I had right to know how I was faring after 4 months in the school."

"Although my senior tutor observed my lesson, there appeared to be no framework with which she assessed me."
"I do think that supervisory techniques need to be learned from the first year. If I am to be a senior tutor one day I would certainly hope that my ability to supervise is an improvement on my senior tutor."

At the end of their first year the two respondents who were already assessed in the early months experienced an "end of the year" assessment. The respondent who made requests for assessments received supervision and assessment without further requests. A fourth respondent was subjected to a formal supervision and assessment by an assessor from a local Polytechnic as arranged by the director of nurse education. This particular nurse tutor had no previous supervision from his own senior tutor or director. It was evident however, that none of the four respondents experienced a progressive assessment procedure which included a discussion of the lesson preparation and plan, observation in the classroom situation, a critique by the assessor and a follow-up discussion and report.

5.3 Overview

Both sets of interview data suggest that the majority of respondents had not been subjected to a strategy which called for periodic and/or end of the year supervision and assessment, either in general performance or in teaching skills.

Extracts of responses include:

"Inequality of opportunity makes a mockery of teacher preparation, standards and costs."

"It is time that supervision and assessment are made mandatory. This would not help the juniors but enlighten senior staff when to assess, what to assess, how to assess and why to assess."
The evidence suggests that the respondents were handicapped owing to the lack of feedback, reach and understanding between the directors/senior tutors and themselves. The implications are that they were unaware of what was expected of them. Initiating specific strategies in schools of nursing to facilitate critical reviews may enhance the exploration of the nurse tutor's job, problems, constraints and difficulties. Essentially it would provide an opportunity for negotiating and clarifying the nurse tutor's role within the context of the organisation.

6. Opportunity to meet peers in a professional capacity

The respondents were of the opinion that it was important to meet with peers in order to understand how schools work. They argued that social relationships of teachers form an important part of being a teacher.

The respondents were of the opinion that the opportunity to meet their peers from other organisations was a source of role support during the first year. But this was only possible during work time owing to family circumstances and travelling distances. Emerging issues from their discussions centred around:

6.1 The absence of opportunity to meet peers
6.2 Minimal opportunity

6.1 The absence of opportunity to meet peers in a professional capacity

As illustrated in table 9.27 below, fifty-two respondents
during the first interview experienced an absence of opportunity to meet peers in a professional capacity. This reduced to forty-six in the second interview. The contributory factors for the absence of opportunity are illustrated below.

<table>
<thead>
<tr>
<th>Reason</th>
<th>No. of respondents at 1st interview</th>
<th>No. of respondents at 2nd interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of time</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Attitudinal</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Non-attendance at seminars</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Insularity</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Economy</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Geographical location of school</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Shortage of staff</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>52</td>
<td>46</td>
</tr>
</tbody>
</table>

6.1.1 Lack of time

Twenty respondents were of the opinion that the inability to meet peers in a professional capacity was the lack of school time. It appeared they were faced with an enormous workload which made it impossible to make other arrangements. Responses revealed that a few respondents tried to liaise with peers in other schools of nursing but were not successful.
Comments include:

"My workload was such that it was impossible to make time to meet my peers."

"There was no allocation of time in school time to meet peers."

At the time of the second interview "lack of time" seemed to be the response of eighteen respondents.

Two nurse tutors refrained from responding about the "lack of time" at the second interview. It was evident that time was not allocated during school hours to meet peers in a professional capacity. One may speculate that this was not considered an important issue for first year nurse tutors by the senior staff.

6.1.2 Attitudinal

For ten respondents during the first interview and a further ten during the second, rigid attitudes of senior staff were obstacles which clearly prevented them from meeting with their peers during school hours. Requests made to the senior staff had all been ignored. Responses include:

"Suggestions are ignored no matter where one would wish to go."

"The negative attitudes of the seniors are obstacles in our way."

It is difficult to suggest the exact reason for the absence of opportunity due to attitudinal reasons but one can speculate that seniors do not see the reason for others in positive peer relationships.
The evidence suggests that values and attitudes of established staff which have developed over many years can rarely be changed. These however needed to be modified.

6.1.3 Non-attendance of staff at conferences and seminars

At the first interview three respondents claimed that attendance at meetings, conferences and seminars would enhance their opportunity to meet with peers. At this stage these respondents had not participated in any such event. An example of a response includes:

"If first year nurse tutors had a planned, professional, educational programme, it would enable them to attend seminars and conferences. Such activity would be a wonderful opportunity to meet others in a similar situation."

At the end of the year one respondent expressed the above view. Two respondents did meet with peers not as planned attendance at seminars but as having to "fill in" for absent seniors. They were the substitutes at the seminars.

The evidence suggests that the concept of professional development was lacking in some schools of nursing. The senior staff as a whole failed to see the meeting of minds as a unity of purpose.

6.1.4 Insularity of staff

At the first interview the insularity of staff in their respective schools prevented nine respondents to meet with their peers in other schools. Any suggestions of the respondents were
not tolerated. The number of respondents who experienced this view of senior staff however, decreased to two by the end of the year. An example of a response includes:

"The staff members in the school are somewhat insular. They appear self-contained and settled in their own ways. The constraints are such that one would not even suggest an idea for fear of confrontation."

The evidence suggests that actual activities of real nurse tutors who worked in real situations and grounded in experience were not taken as relevant for the established staff in the schools of nursing. It appeared however, that the respondents in this study may have influenced them to a degree. Only two nurse tutors did not change their earlier views.

6.1.5 Economy

For economic reasons visits of any kind were kept on a low key in particular schools although high priority requests were considered by the senior staff. Three respondents at the first interview stated that the opportunity to meet peers in a professional capacity was given a low priority in the organisation. In a time of economical crises such suggestions were shelved. For one respondent economic reasons continued to be the reply of senior staff each time throughout the year. Two respondents used their own monies for transport in order to meet their peers in other organisations.

Generally, knowledge may be legitimated by being relevant to the needs of those who use it. In these schools of nursing however, economic concern had taken precedence over the needs of the nurse tutors.
6.1.6 Geographical location of the school

The location of the schools, particularly the outposted ones, experienced a disadvantage in that they were not easily reached or not in proximity to other schools. Five respondents perceived this at the beginning of the year. By the end of the year however, only two were of this opinion. These two respondents did not have their own transport and were dependent on public transport for their travel. The rest (three) used their own cars for travel to other schools of nursing.

The nurse tutors who were employed in outposted schools may also have necessitated peer support but the respondents in these very schools had experienced difficulties meeting their peers.

6.1.7 Shortage of staff

Two respondents perceived that "shortage of staff" was a persistent excuse by the senior staff for any request. They often replied to suggestions in the following way:

"We will not be able to spare you this time."

"But this same response is repeated each time."

The evidence suggests that in the absence of a planned orientation programme, meeting peers in a professional capacity was not a relevant issue for the senior staff's consideration. One may speculate that "excuses" have been the result of the lack of planning.
6.2 Minimal opportunity to meet peers
At the first interview nineteen respondents were of the opinion that there was minimal opportunity to meet peers in a professional capacity. This opinion increased by one more respondent at the end of the year. They claimed that suggestions relating to meeting peers were more likely to be taken up if it was a team approach, group pressure or vested interest of senior tutors. Examples of responses include:

6.2.1 Team approach:
"Opportunity is there if arrangements could be made as a team. Individual arrangements are met with suspicion."

"Team suggestions are always taken into consideration even if it is a weak one at that."

6.2.2 Group pressure:
"When one tutor requested to meet with other nurse tutors it was declined, but when a few of us pressurised them we were authorised to go."

6.2.3 Vested interest of senior tutor:
"If a senior tutor has an interest in a particular subject and it also happens to be yours, then there is a minimal chance in achieving your objectives."

At the end of the year although twenty respondents claimed that a minimal opportunity to meet peers was available only thirteen used it as illustrated in table 9.28 below. The evidence suggests that in some instances group pressure may have assisted the meeting of peers in a professional capacity, yet when the opportunity was available, nurse tutors failed to use
it. Although there is no specific reason, one can assume it may have been due to frustration, despair and gradual disinterest having to wait for months to pass by for a positive answer.

**TABLE 9.28**

The number of respondents who were given minimal opportunity to meet with peers in a professional capacity and the number of respondents who utilised the opportunity

<table>
<thead>
<tr>
<th>1st interview</th>
<th>2nd interview</th>
<th>Utilisation of opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of respondents</td>
<td>No. of respondents</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>20</td>
<td>13</td>
</tr>
</tbody>
</table>

6.3 Adaptive behaviour in promoting opportunity to meet peers

The respondents explained that it has always been good to meet one's peers out of work time but commitment did not allow much opportunity all the year round. Thirty-two respondents however had organised peer support groups who met socially. This afforded them a forum in which they could allay anxieties, fears, share experiences, motivate each other, keep abreast with new information and future events of note. An extract of responses includes:

"It's amazing to know the high level of professional discussion which takes place during such an occasion."

The respondents also described how they used their own strategies to converse with their peers when situations in
their respective schools were intolerable. A telephone call to a peer often eased their minds. Typical comments include:

"The thought of sharing my problem even on the phone took a load off my mind."

"I telephone my friends when I am at my wit's end."

"The telephone is a god-send. We moan and weep. It's good to know that you are not the only nurse tutor who has problems with the school."

"A telephone call to my peers 're-charges' me. This helps me to carry on."

The evidence suggests that the respondents needed ways of sharing their problems, anxieties and experiences. These respondents succeeded by lateral thinking (De Bono, 1982).

6.4 Overview

The evidence suggests that the respondents in this study were not subjected to a systematic plan to meet their peers in a professional capacity. As stated by Hargreaves (1972) the nurse tutors are a part of the formal organisation, each tutor has his place in the pyramid of authority. The implications are that the schools of nursing in the present study may not consider that a collegial community is of great importance to nurse teacher education in general. This notion provides a potent argument for examining the interpersonal transactions which occur among nurse tutor colleagues in schools of nursing and their opportunity for professional development.

7. Career guidance

While the respondents agreed that career guidance was professionally essential, they were given to believe by
senior colleagues that this was not an essential requisite so early in their career. The respondents were criticised by older colleagues for putting their own study further ahead of the process of settling down and fitting into a new community.

The respondents discussed at length the issues concerning career guidance during their first year of teaching. The varying issues which emerged are categorised below.

**TABLE 9.29**

The emerging issues concerning career guidance

<table>
<thead>
<tr>
<th>Type of career guidance</th>
<th>No. of responses at 1st interview</th>
<th>No. of responses at 2nd interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absence of deliberate measures for career guidance</td>
<td>62</td>
<td>47</td>
</tr>
<tr>
<td>Minimal guidance on request</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Informal career guidance by colleagues</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Self-initiated guidance</td>
<td>71</td>
<td>66</td>
</tr>
</tbody>
</table>

7.1 Absence of deliberate measures for career guidance

The absence of deliberate measures to give guidance on career development by the directors of nurse education or the senior tutors was perceived by sixty-two respondents at the beginning of the year and forty-seven respondents at the end of the year. Their responses include:
"Career guidance is not seen as a part of the role and responsibility of senior staff."

"The pre-occupation of senior staff in their own career guidance leaves little time for nurse tutors."

"Staff development and career guidance are not seen as a supportive role by senior management."

"Senior staff appear to be inadequate in their knowledge about careers and their development."

"Senior staff are insecure to advise others owing to their own inadequacy about careers."

"The absence of strategies do not allow for career guidance as a supportive measure for the newly qualified nurse tutor."

The responses suggest that there is substantial evidence to indicate the absence of career guidance. It reveals the low priority which has been given to professional development of nurse tutors by the schools of nursing in this study.

7.2 Minimal career guidance on request

For four respondents at the first interview and a further five at the second, career guidance was only available on request by them. The respondents stated that senior staff responded to specific requests by the nurse tutors. An extract of a comment includes:

"I was undecided at the end of my consultation whether the D.N.E. was ill-equipped with the information I required or if he deliberately restricted access to relevant information."

The respondents argued that a veil of secrecy reigned in the school whenever questions relating to career guidance were brought up. The respondents were made to feel uncomfortable,
uneasy and eventually it stifled their motivation. They comment:

"You feel less elated making an exit from the D.N.E.'s office than when you entered it."

"Career guidance poses a threat to senior tutors."

The general feeling among the respondents was that they needed to take an active part and explore further fields in the interest of their future career. One respondent comments:

"You either decide to sink or swim."

Although the evidence suggests that career guidance was available on request, a commitment which incorporated career guidance as a professional activity was absent in some of the schools of nursing in the study.

### 7.3 Informal career guidance by colleagues

For five respondents at the first interview and a further five at the second, informal career guidance by other nurse tutors appeared to be a necessity. They received varying career advice by team members. How these colleagues' careers had shaped appeared to influence the respondents to an extent. Although this kind of discussion motivated them somewhat the lack of mutual respect and trust for one another resulted in the rest of the school members being aware of one's discussion. Extracts of responses revealed the following:

"Informal guidance is alright but it has its limitations."
"Advice from two colleagues may be quite contradictory and this could unsettle you. I find that discussion about how another nurse tutor's career has taken shape gives food for thought. Their circumstances however may have been quite different to yours."

"Informality may have its advantages but in minutes others in the school know your intentions and interests."

Although informal career guidance may have strengths it appears that the respondents required help from an independent person whose integrity and confidentiality could be formally assured.

7.4 Self-initiated guidance

It was clearly made to be believed that the respondents in this study were in need of support concerning their careers. In view of the minimal support they received the respondents started to become active in their professional career. Individually and collectively they approached institutes of higher education in order to pursue with a degree. This action had been taken quite independent of the host organisations. Their approach was self-initiated with a view to professional development.

Excerpts of responses include:

"Time and again I have requested advice on particular courses. Each time I'm "fobbed off". I cannot take it any more."

"I have no response to my questions here. I therefore contacted particular colleges and obtained the information I required. I had patience for 2 months concerning this request."

"Experience in this school so far informs me that the director of nurse education is unable to be supportive or influence me. I therefore made an appointment with my college mentor."
"There are no clear directions from senior staff. They are unable to show you the way so you got to find it somehow."

"I hope to plan my own career without waiting for someone else to do it on their terms."

"In the absence of support from seniors, I have taken the initiative. This has helped my personal growth."

The evidence suggests that patience ran out for all the respondents and they succumbed to using their own initiative in seeking career guidance.

7.5 Overview

The evidence suggests that the majority of nurse tutors received no career guidance but they actively requested professional help. It appeared that development of careers was not a high priority in the schools of nursing. The nurse tutors were hesitant to present their case to their own seniors. It is implied here that major professional decisions in nurse tutor education may need to take into account the provision of career guidance, advice and support at an early stage of the new tutors' professional lives.

8. Autonomy

During both sets of interviews the word "autonomy" emerged as part of a response from all discussions with nurse tutors. The respondents were of unanimous opinion that the term "autonomy" was understood by them as opportunity for sharing professional opinion, participating in professional activity, freedom to be creative, given trust and respect, provision for openness and being able to take an active role in decision making. The
The investigator noted all those respondents who expressed "no autonomy" and those who used the words "minimal", "limited" or "with restrictions". During the interview the respondents were asked further questions. The collated data demonstrated that seven responded in the negative while fifty-nine expressed a minimal, limited or restricted autonomy as table 9.30 below illustrates.

**TABLE 9.30**

<table>
<thead>
<tr>
<th>Emerging pattern</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>No autonomy</td>
<td>7</td>
</tr>
<tr>
<td>Minimal/limited/restricted</td>
<td>59</td>
</tr>
</tbody>
</table>

**8.1 No autonomy**

The responses centred around specific areas such as the following:

"I am not allowed to make decisions."
"There is little praise for creativity."
"Creative thinking is brought down by senior staff."
"Specific sections of the profession are suppressed because they have no autonomy."

Those nurse tutors who were previously ward sisters/charge nurses perceived their role as stifled by the considerable amount of limitations and restrictions put upon them as nurse
tutors in schools of nursing. While enforcing barriers in the execution of their new role and their place in the organisation, the absence of guidelines and orientation made the situation less favourable. The responses illustrated that there was a lack of opportunity to convey a nurse teaching image conducive to the reality of the expanded autonomy of the job. The respondents stated that they needed to bring out the self-trust and self-assuredness which were buried in them.

The absence of autonomy was perceived by those respondents who were appointed to a "generalist" role but who previously had considerable expertise in a "specialist" field. The responses include:

"The lack of a conducive climate for effective communication contributed to shortfalls of sharing professional opinion. This resulted in the inability to assess their own modes of communication in sensitive areas of negotiation."

"The strategies for identifying and fostering rapport with key individuals in the hospital and community were sparse. Therefore productive dialogues with these personnel were minimal."

"Important conversation took place under stressful conditions."

Professional people vary greatly in their skills and knowledge. The seven respondents who experienced lack of autonomy were no exception. One may assume that their career shift was a result of the changes affecting the degree of autonomy. This new role was difficult for the nurse tutors. The schools of nursing may not have taken "career shift" as a significant aspect of the nurse tutor's transition to a new role and its associated effects on their autonomy.
8.2 Minimal/limited/restricted autonomy

Responses included in this category are:

"The autonomy that could be exercised depended which senior staff was in charge."

"Schools of nursing fail to create a truly autonomous environment."

The respondents perceived that given only a minimal opportunity to participate in specific committees, either in the context of the nurse tutor network or in a multi-disciplinary forum, hindered or prevented them in learning new behaviours and testing them. They argued that a systematic staff development programme which afforded opportunity of this kind would assist the profession. Moreover, it would minimise the fear in taking risks and enable the respondent to a fuller realisation of their potential and make them feel actualised as a member of a profession. The nurse tutors would then be able to take their place in the organisation with confidence. The expressed feelings of the respondents conveyed their concern for the deeply held attitudinal patterns of senior staff who not only pushed autonomy to the background of the nurse tutors' vicinity but hindered them from being ever developed during their time as nurse tutors.

There was substantial evidence to indicate how nurse tutors exercised reasonable autonomy depended on the established senior staff. It was evident that the occupants of senior positions were not aware of the professional autonomy as it affected the respondents in this study.
8.3 Overview

The evidence of this study suggests that the respondents valued their autonomy from their early days as nurse tutors. But they were stifled owing to the restrictions imposed upon them. This study views that new tutors' contributions to the profession may be equally good as experienced tutors. The tutors' contribution to the life of a school of nursing arises from their skills, insights and attitudes towards their professional autonomy. Schools of nursing may well need to initiate deliberate measures to re-examine their school practices in order to promote an autonomous environment for their staff and students.
Chapter 9

ANALYSES AND INTERPRETATION OF THE EVIDENCE

Section 4 - The role of the first year nurse tutor
CHAPTER 9 - SECTION 4
THE ROLE OF THE FIRST YEAR NURSE TUTOR

Introduction
Role theory helps to explain the socialising process. It provides one context through which this process can be studied. It is helpful as a way of analysing and understanding the role differences between the nurse and the nurse tutor.

The socialisation process which re-directs nurses from care givers to teachers was often difficult for them. They needed guiding into their new role and required role clarification and positive guidance by a role-model or mentor. During the process of moving from nurse to nurse tutor, their formerly acquired and practised behaviours changed. They experienced role-conflict and confusion in adjusting to the newly acquired role which they expected to be eased through orientation.

The interview data suggests that "role" is a term which also carries meaning for respondents, it is more than a construct employed only by social scientists.

A typical response was:

"The interaction with the established staff was poor, we therefore did not learn the proper role of the nurse."

The newly qualified nurse tutors believed that they were more than teachers in the narrow sense of transmitters of knowledge. The respondents argued they occupied multiple roles which required proper preparation. They said that the preparation for
the assimilation of newly acquired goals require a change in knowledge, skills, values and attitudes. The replies directed attention to the following issues:

* Poor acquisition of knowledge, attitudes and skills.
* Teaching duties and work requirements in the classroom.
* Teaching duties and work requirements in the clinical environment.
* Role responsibility.
* The student body.
* Curriculum.
* Research.
* Maintenance of standards

1. Poor acquisition of knowledge, attitudes and skills

The respondents did not experience a smooth transition when developing the abilities to perform the duties of their role. Extracts of comments include:

"The worry of teaching new areas of work is threatening."

"I am tensed up in case of making mistakes."

"It's almost one year, I still feel ill-equipped to teach."

The respondents thought that the new tutors were expected to accumulate a great fund of knowledge, skills and attitudes with which they must become familiar. They must then learn to teach in desirable ways. The respondents claimed that a major emphasis was on the delivery of information but they found it disturbing that little attention was paid to these areas. The
emerging issues which contributed to their inability to acquire the necessary knowledge, skills and attitudes are illustrated below in table 9.31.

**TABLE 9.31**

*The contributory factors in relation to the poor acquisition of knowledge, skills and attitudes as a first year tutor*

<table>
<thead>
<tr>
<th>Contributory factors</th>
<th>1st interview</th>
<th>2nd interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discrepancies of seniors</td>
<td>68</td>
<td>63</td>
</tr>
<tr>
<td>Sarcasm and erosion of self-esteem by seniors</td>
<td>68</td>
<td>63</td>
</tr>
</tbody>
</table>

1.1 Discrepancies of seniors

Sixty-eight respondents at the first interview and sixty-three at the second reported that they experienced frequent discrepancy between what they considered a good nurse tutor felt, thought and did and what they observed other senior tutors doing. Extracts of comments include:

"I have yet to have a discussion about the knowledge content of my lessons with my senior tutor."

"Each senior tutor conducts herself so differently, it's hard to know which one to follow."

"There appears to be no 'teaching pattern' to follow."

"Each nurse tutor seems to do what she wants. No-one monitors her. Some have lesson plans, others do not."
"I compared four sets of lesson plans of the identical lesson given to similar groups of student nurses. There appeared to be a large difference. I was confused."

Confronted with the choice of doing the best for the student nurses and the organisation, versus what was best for their own survival in the organisation, the respondents experienced a great deal of stress and anxiety.

1.2 Sarcasm and erosion of self-esteem

These nurse tutors were aware that attitudes were a vital aspect of teaching from the beginning. They thought that the seniors would demonstrate a basic respect for the respondents' specific anxieties and concerns. They expected that the senior staff would foster a feeling of self-esteem. For the respondents however this was not so. Sixty-eight of them at the first interview and sixty-three at the second experienced some form of sarcasm and an erosion of self-esteem by the seniors. Responses include comments made by the senior tutors to the nurse tutors:

"You don't expect to be spoon-fed here."

"There is no time in this school to take new tutors by the hand."

"You just got to get on and be useful here."

"You are not in college now. We have to earn our living."

To some extent the nurse tutors seemed to understand the individual differences of the seniors and tolerated their experiences of nursing schools. To this end they were partially
unruffled, but in their struggle to learn occupational knowledge, attitudes and skills, they argued that these seniors were a significant force which hindered their progress.

1.3 Overview

The respondents envisaged meaningful learning encounters with their seniors but were disappointed with the poor role-relationships they encountered. How the nurse tutors were perceived by their seniors affected them. The respondents were dejected. The nurse tutors' role expectations were incongruent with their experiences in the schools of nursing. They expected guidance and reinforcements in their knowledge, skills and behaviours from their seniors. They hoped for a demonstration of basic respect and dignity for the individual. Instead of sharing the goals of the new setting and reference groups, the nurse tutors experienced the feeling of being depreciated and worthless.

2. Teaching duties and the work requirements in the classroom

Lengthy discussion with the nurse tutors centred around how their skills were utilised in the organisations. They used specific terms to explain their responses. These terms are defined and used as follows:

(a) heavily used - illustrates the great amount of work allocated for the respondents;

(b) under-used - illustrates the inadequate amount of work allocated to the respondents;

(c) specialists - relates to nurse tutors who are appointed to a specialist post in order to teach students who are undergoing a specialist course, i.e. psychiatry, paediatrics;
(d) *generalists* - relates to nurse tutors who are appointed to teach students who are undergoing a Registered General Nursing course.

Table 9.32 illustrates the utilisation of the respondents during the first year.

**Table 9.32**

<table>
<thead>
<tr>
<th>Utilisation of the respondent</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st interview (n = 71)</td>
</tr>
<tr>
<td>Specialists - heavily used</td>
<td>19</td>
</tr>
<tr>
<td>Generalists - heavily used</td>
<td>25</td>
</tr>
<tr>
<td>Generalists - under-used</td>
<td>27</td>
</tr>
<tr>
<td>Generalists - heavily used in areas unfamiliar and under-used in the specialist field</td>
<td></td>
</tr>
</tbody>
</table>

2.1 Specialists

Nineteen respondents in the specialist areas of nurse teaching experienced a heavy work schedule at the beginning of the year. This was due to there being fewer numbers of teaching staff in specialist areas as opposed to the general areas. The respondents stated that their previous knowledge and practical experience in the specialist fields enabled them to get through a difficult period. A typical comment was:

"We are heavily used but at least most of the work relates to the specialist subject. This makes lesson preparation somewhat easy."
Other respondents in this category were used heavily in their specialism owing to specific circumstances. Extracts of responses include:

"There is no-one else to teach this subject."

"I am the only nurse tutor with the specialist knowledge. My senior tutor is not the specialist in this field. I am therefore put through the mill."

It seems worth noting that the work requirements of specialist nurse tutors also included clerical work, the responsibility for organising courses and being the personal tutor for the students undertaking the speciality. Clerical work and organising courses were not undertaken by the respondents in the general field.

2.2 Generalists

In the general division, twenty-five respondents were heavily utilised and twenty-seven were under-utilised at the beginning of the year. By the end of the year forty-eight respondents were heavily utilised in areas unfamiliar to them and the same respondents were under-used in their specialist fields of knowledge and skill. Responses include:

"My senior tutor has no idea of what I am best at."

"It's so frustrating, the allocation of lessons is mishandled."

"I'm a 'generalist' unable to feel good in having to teach a vast array of topics."

"It's incredible, my skills are wasted, but I am unable to do anything."

"My senior tutor is aware of my specialist subjects. I obtained a degree qualification in it but she engages and pays an outside lecturer."
"I teach a varied number of subjects, many of them are new to me. I have no practical experience and this is threatening. Often the student nurses have more practical experience than the tutor."

Many respondents (forty-eight) expressed the view that they had borrowed lesson plans from other tutors owing to the lack of preparation time. In retrospect however, they were dissatisfied because the particular lessons failed to reflect their own intentions and objectives of the lesson.

The respondents also experienced having to stand-in for those nurse tutors who were absent or sick and being 'told' to teach any level of class or subject. For the first year nurse tutors whose background was continuing education or community nursing and who were presently in a "general" post, there were considerable uncertainties. They failed to receive guidance or supervision about the level of general training nor had they observed another tutor in practice. Most of all these respondents were unfamiliar with the general curriculum for student nurses.

It was evident that there has been a misuse of the respondents' ability, skills and previous professional experience. This may have been the result of the lack of comprehensive strategies which also takes into consideration the new nurse tutor as a valuable asset.

2.3 Overview
Specialists were "heavily utilised" in the specialist posts and during the twelve month period this pattern remained constant.
The respondents stated that their specialist skills were identified and used owing to the nature of their particular posts. The "generalist" respondents who demonstrated being "heavily utilised" and "under-utilised" became "heavily utilised" in all unfamiliar areas of work and "under-used in their specialist skills" by the end of the year.

The "generalist" respondents experienced anxiety and frustration because they were unable to teach the subject area in which they had expert knowledge and experience. It appears that the school system failed to recognise the tutors' individual differences, strengths and weaknesses. As a consequence the student nurses may have not received the highest standards of teaching.

It is of value for nurse teacher education to note that the "heavily used" first year nurse tutors in specialist areas may require support, guidance and direction from senior colleagues although their work may only be confined to a specialist subject area. Simultaneously, the nurse tutors in general subject areas who are "heavily used" may require time and preparation to learn and consolidate unfamiliar subject areas. Inadequate time for preparation, guidance and learning may not only promote poor quality and standards in teaching but produce newly qualified nurse tutors who are likely to suffer from role-strain. The nurse tutors whose specialist skills were "unused" in schools of nursing are cause for concern by all whose interest is nurse education. The inability to execute their prescribed role resulted in the respondents experiencing role deprivation and conflict. The absence of mentors or role-
models contributed to their role-strain and the frustration within the role. The above issues call for appropriate planning and procedures which may incorporate the recognition of individual skills and ability in the policies of the organisation. Most of all questions about the supply and demand of nurse tutors are raised. There may be nurse tutors within the organisation who have particular skills which are not used yet the school of nursing may be spending large sums of money recruiting extra tutors for the same purpose.

3. Teaching duties and work requirements in the clinical environment

The issue of teaching duties and work requirements in the clinical environment is relevant to this study because the present system of preparing nurses requires that most learning takes place while the student nurses give direct care to patients (E.N.B. 1987).

Although creating teacher/practice links with clinical areas is the policy of the E.N.B. (1987) in reality such links are variable with some nurse tutors being more involved than others.

The respondents suggested that the intentions of the organisations to strengthen the integration of theory and practice did not hold true for them. The nurse tutors experienced major differences in their allocation to link-wards and the clinical schedules. The issues which emerged are:
3.1 The allocation of link-wards for the first year nurse tutors

3.2 The pattern of clinical work schedules performed by the first year nurse tutors.

3.1 The allocation of link-wards for the first year nurse tutors

The data show that the distribution of allocated link-wards varied with each individual tutor as indicated below in table 9.33.

<table>
<thead>
<tr>
<th>Number of wards</th>
<th>Number of respondents</th>
<th>1st interview</th>
<th>2nd interview</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(n = 71)</td>
<td>(n = 66)</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>nil</td>
<td></td>
<td>30</td>
<td>20</td>
</tr>
</tbody>
</table>

A large minority (thirty) at the first interview and twenty at the second were not allocated link-wards.

It is evident that the allocation of link-wards varied within each school of nursing. Not all the respondents had similar
numbers of link-wards throughout the year. The evidence indicates that:

(a) E.N.B. policies are not being implemented in all schools of nursing;

(b) Not all nurse tutors are directly involved with the clinical situations and the problems and issues which they bring about;

(c) While some tutors were not allocated link-wards, others were allocated four wards. This poses the question of the degree of direction and guidance given to nurse tutors who have a high commitment to the clinical situation;

(d) It also poses the question that if direct links about clinical care are not available, how does this affect the nurse tutor's insight into her role in teaching about patient care?

3.2 The pattern of clinical schedules experienced by the first year nurse tutors

Teaching duties and work requirements varied for each respondent.

Table 9.34 illustrates the pattern of work schedules.
TABLE 9.34
The pattern of clinical work schedules experienced by
the first year nurse tutors

<table>
<thead>
<tr>
<th>Pattern of clinical work schedules</th>
<th>No. of respondents at 1st interview (n = 71)</th>
<th>No. of respondents at 2nd interview (n = 66)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absence of teaching duties and work requirements</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>Minimal</td>
<td>26</td>
<td>35</td>
</tr>
<tr>
<td>Substantial</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>High</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Non-committal</td>
<td>12</td>
<td>6</td>
</tr>
</tbody>
</table>

3.2.1 Absence of teaching duties and work requirements in the clinical area

Twenty respondents at the first interview and nine at the second did not perform clinical teaching duties owing to the lack of time. This number decreased by the end of the year owing to changes in the individual school policies.

The responses include:

"It is quite impossible to fit in clinical work with the amount of classroom teaching one is required to do."

"Clinical teaching is not taken seriously. Teaching duties are concentrated in the classroom."

"The school of nursing is located 3 miles away from the hospital. It just isn't possible
to travel to the link areas. If I performed a clinical role more time would be spent on the road."

A clinical role for the nurse tutors may not have been seen as a deliberate policy in particular schools of nursing but this view did change when policies were reviewed as the year passed by. Moreover, allocation of link-wards did not mean all respondents did perform clinical duties.

3.2.2 Minimal work schedules

Twenty-six respondents at the beginning of the year experienced minimal work schedules. (Minimal is defined in the study as infrequent, inconsistent and diffused). The respondents were of the group of nurse tutors who expressed having no objectives for entering a ward area for their work requirements. At the end of the year this group increased to thirty-five as a result of changes in the senior staff. The specific reasons for the minimal work schedules given by the respondents included the infrequent entry to the wards, the degree of clinical work in the wards at a given time, the approachability and attitudes of the ward staff. The minimal work however included ad-hoc clinical teaching, counselling and support. Extracts of conversations include:

"Work-load depended on who was in charge of the ward at a given time of the day."

"Work-load was dependent upon the specific day of the week."

It appeared that the nurse tutors' time commitment to the clinical work schedules was inconsistent owing to the attitudes
of staff and the availability of what the nurse tutors were allowed to do in the clinical area.

3.2.3 Substantial clinical work schedules
Throughout the year the eight respondents who experienced a substantial clinical work schedule continued to do so until the end of the year. (Substantial is defined in the study as clear strategies, directions and consistency of work-load). All the respondents were from the group who received a firm direction for clinical duties from their director of nurse education. Their responses reveal the following:

"We are consistently and actively involved in the ward."

"The ward staff and I liaise well. Arrangements are always made for a student nurse to work with me at a given period."

"Clinical teaching is uppermost on my mind during the allocated date on the ward."

"Student nurses are aware that there is a continued presence of the nurse tutor on the ward at frequent periods of the week. They look forward to it."

"Student nurses often say how glad they are to be supported by nurse tutors unlike what their friends experience."

Deliberate strategies and positive direction by directors of nurse education resulted in job fulfillment for these respondents.

3.2.4 High clinical schedules
Five respondents at the first interview and eight respondents at the second perceived their clinical work-load as high. (High is defined in the study as including precise directives for clinical supervision during a prescribed post-registration
This group consisted of those who had received a firm directive for clinical teaching as a strategy and those who were engaged in the supervision of students in continuing education courses. Views expressed by the nurse tutors are as follows:

"By the nature of specific courses in continuing education, the nurse whose post is in this field has a high degree of practical skills to teach, observe, guide, supervise and monitor."

"Practising clinical skills is very satisfying but the nurse tutor in the clinical area is more often used as a pair of hands during shortage of their own staff."

The evidence suggests that it may be necessary to orientate the ward staff about the clinical role of the nurse tutor. This may modify the ward staff's attitudes towards the purpose of the nurse tutor's clinical role.

3.2.5 Non-committal responses

Twelve respondents at the beginning of the year were vague, reluctant and non-committal in their response towards the subject of "clinical work schedules". (Reluctant and non-committal in the study means that there is a kind of apathy and inertia about the clinical role). The numbers reduced to six nurse tutors by the end of the year. A particular reason for this was not identified but one may assume that they began to understand that clinical work was a part of their role. The responses, however vague, were thoughtfully stated as follows:

"It is difficult to assess my clinical work because I am unable to make comparison of my work with other nurse tutors."
"Each nurse tutor has a different strategy which she exercises on the ward. Each person's clinical activity varies. Owing to the unclear and somewhat diffuse clinical role of the nurse tutor not all of them work on the same principles."

It is evident that the clinical role for the nurse tutor has not been taken seriously, implemented and monitored by all the schools of nursing. This may be the reason for the vague responses.

3.3 Overview
At the end of the year the proportion of respondents who had no clinical work schedule decreased. Those who had a minimal work schedule increased, the number of respondents who experienced a substantial and high work schedule remained constant. The nurse tutors who appeared to be non-committed shifted their response at the end of the year to a minimal or high work schedule. One may assume that the changes in responses resulted from the awareness of the nurse tutors' clinical role in the course of the year.

Although the E.N.B. policy (1987) requires that planning and preparation for teaching in the clinical area should be established by schools of nursing, evidence from this study suggests that schools of nursing did not employ strategies which incorporated the commitment of time, effort or the quality of clinical practice for nurse tutors.

4. Role responsibility
The issue of role responsibility is relevant in this study in
order to illustrate the experiences of the respondents within their newly acquired role. Responses revealed that this responsibility varied throughout the year. The variation may result in unequal opportunity for the professional development of the nurse tutors from the beginning of their career.

4.1 Pattern of role responsibility

Interview data revealed the varying patterns of role responsibility experienced by the respondents throughout their first year. The major patterns for which there was substantial evidence were "a high degree of delegated responsibility without guidance or supervision" and "an absence of delegated responsibility" but there was also an emergence of other factors as illustrated below in table 9.35.

**Table 9.35**

<table>
<thead>
<tr>
<th>Pattern of experienced role responsibility</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st interview</td>
</tr>
<tr>
<td>A high degree of delegated responsibility without guidance or supervision</td>
<td>32</td>
</tr>
<tr>
<td>Absence of delegated responsibility</td>
<td>21</td>
</tr>
<tr>
<td>Taking on self-initiated responsibility</td>
<td>9</td>
</tr>
<tr>
<td>Delegated responsibility with guidance</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
</tbody>
</table>
4.1.1 A high degree of delegated responsibility without guidance and supervision

Thirty-two respondents at the beginning of the year and thirty-five at the end of the year experienced a high degree of delegated responsibility without guidance and supervision from senior officers. It is believed that this slight increase was due to more assumptions being made by the seniors of the respondents' knowledge, ability and skills. Extracts of comments include:

"One is delegated responsibility without question."

"It is a tacit assumption on the part of the seniors that the nurse tutors are knowledgeable in whatever the task."

"Tasks are delegated without any objective in mind. No explanation is given to limitations, restrictions or ability."

"When the senior tutor is at meetings most of the time there is no alternative but to complete tasks which are delegated but not supervised."

The nurse tutors were not given the opportunity to discuss their ability to perform particular skills which they were allocated. It appeared that lack of communication between the seniors and the first year nurse tutors which hindered effective negotiation between them.

It appeared that often the nurse tutors' knowledge base and understanding were barely sufficient to carry out specific tasks effectively. This resulted in the poor quality of work. The degree of discontent was demonstrated by the following responses:
"Assumptions are constantly made that one knows all aspects of the role. The role of the nurse tutor is unclear and no effort is made to clarify it."

"The senior tutor is unaware of my needs, strengths and weaknesses. I am yet another nurse tutor who 'has' to know all. To question why, how, what or when goes against the grain and is an indication of failure."

The evidence suggests that an absence of formal strategies for the delegation of school work lead to assumptions being made by senior staff. This resulted in lack of supervision and poor guidance. A majority of respondents appeared to have "muddled through" their first year feeling unable to approach their seniors.

4.1.2 Absence of delegated responsibility

Absence of delegated responsibility was experienced by twenty-one respondents at the beginning of the year and thirteen by the end of their first year. The change in senior management along with reviewed strategies reduced the numbers in this category. The new directors of education assisted the respondents to work through specific strategies which enhanced the nurse tutors' responsibility.

Comments include:

"Absence of delegated responsibility makes the job boring."

"The new tutor was not considered able to be a part of the school."

"Organised strategies failed to enhance a well thought-out and fair distribution of work with a view to develop staff."
"First year nurse tutors appeared to be in everyone's way."

"We have not been delegated to particular areas or jobs for which we can take responsibility."

The evidence suggests that weaknesses of senior management and an unequal opportunity for professional development may have hindered the development of newly qualified nurse tutors because they work without deliberate direction.

4.1.3 Taking on responsibility (self-initiated)

Nine respondents initiated their own role responsibility in the absence of delegation by senior staff. Throughout the year these respondents continued their self-initiation towards particular tasks in the way they knew best. This did not mean that they were knowledgeable and were aware of the extent and limitations of their actions. They had a previous clinical teacher experience and stated that specific roles of the nurse tutor were "opportunities not to have missed taking on". Comments include:

"We waited too long as clinical teachers. When the opportunity comes, we take it."

"There is no point in waiting. No-one really cares."

Although one may commend the nine respondents who took on responsibility on their own initiative, it may be that the lack of guidance could have reduced the effectiveness of their role and the quality of their work. Senior officers may also have assumed that the respondents understood the job at hand because
they had clinical teaching experience but this may not be so. In these circumstances the nurse tutors may be restricted in their professional development and handicapped in the future.

4.1.4 Delegated responsibility with guidance

For six respondents throughout the year, delegation of responsibility with adequate information, explanation of the nature of the task, its extent and limitation were the order of the day. These respondents experienced great satisfaction in their work role. The opportunity to work their way through a task and learn the aspects around it with the guidance of mentors helped them to gain confidence. Extracts of comments state:

"Those of us in specialist areas are given more responsibility than those in general areas."

"It is too good to believe, we are given direction and support."

"We have excellent guidance."

It is evident that formal strategies in specialist areas which included the delegation of responsibility to newly qualified nurse tutors paid dividends.

4.1.5 Other

4.1.5.1 Taking on responsibility and being delegated responsibility

Three respondents experienced delegation of role responsibility to a degree during the year, but they were confused about the inconsistency of the delegation. As a result these respondents took it upon themselves to be responsible for areas of work which were not already delegated to them. A typical response is:
"At times there is considerable time given towards the aspects of our role, at other times it would not matter how we coped with a situation. We made our own decisions owing to the uncertainty."

The evidence indicates that a few respondents were left in a state of confusion and uncertainty owing to inconsistent directions from seniors.

4.2 Overview

Nurse tutors were delegated responsibility by senior staff without much recognition that they were newly qualified staff. This attitude increased as the year passed by. Some respondents also stated that first year nurse tutors who worked in specialist areas, such as sick children's nursing, mental handicap nursing, mental health or continuing education, were delegated far more responsibility than their counterparts in general nursing.

The respondents were of the opinion that this was prevalent in areas where the senior tutors were away from direct teaching responsibility (i.e. at meetings), more so than others when the senior tutor was unqualified in the specialism or when the first year nurse tutor was the only other tutor in the particular nursing speciality.

The respondents who were "taking on" responsibility of their role were from the group of clinical teachers who remained eager and active in their professional development. They believed that the lack of responsibility in their present role as nurse tutors resulted in considerable boredom. These
respondents claimed that they were used to far more responsibility as clinical nurse teachers in their previous posts.

Both groups of respondents who were previous ward sisters/charge nurses and the clinical teachers were aware of the loss of responsibility and decision-making as nurse tutors in the first year. At the end of the year more than half the respondents worried about how the many dimensions of the role would fit together and reflect their position in the school of nursing. It emerged that those respondents who "took on" responsibility engaged in self-direction while the rest appeared to wait for some form of induction. More than half the respondents were of the opinion that a coherent development programme and planned strategies were dependent upon the leadership of the directors of nurse education whose commitment was paramount.

A respondent says:

"The inequality of opportunity which is in existence around the country with its extreme experiences of work exposure for the first year nurse tutor makes career development quite a mockery."

The evidence suggests that a planned induction programme which takes "role responsibility" as a major issue for discussion and action is vital for the benefit of the newly qualified tutors. In such an endeavour the active leadership and commitment of the directors of nurse education and senior tutors seem invaluable.
5. The role of the first year nurse tutor in relation to the student body

How the student body perceived the first year nurse tutors, their relationships with the respondents and the problems during the first year of teaching was included in both sets of interviews. The nurse tutors were anxious to know how they were received by the students and indeed how they interacted and performed as teachers. Their lengthy discussions mentioned the following issues:

* The student nurses' perception of the respondent;
* The relationship of the respondent with individual student nurses;
* Teaching problems during the first year in post.

5.1 The student nurses' perception of the respondents

How the respondents thought that they were perceived and received by the student nurses was of considerable importance to them. Thirty-three respondents reported that generally the student body was unaware that a particular tutor was newly qualified (see table 9.36). They highlighted the fact that the introduction of the new teacher to her class was not the usual practice in their schools. The first year nurse tutors also failed to introduce themselves as newcomers to the students. Those student nurses who were previously known to the nurse tutors in previous posts such as ward sisters or clinical nurse teachers in the same hospital, appeared to be less anxious in the class-rooms. For the rest of the respondents, the initial encounter with the students seemed overwhelming and traumatic. Examples of responses include:
"Student nurses in my class were unaware that I was just out of college. They expected me to know all their queries."

"I spent my time apologising for not being up to date with the students' past school and clinical experience."

"I was appointed as the introductory group course tutor. When the new student nurses needed specific information and explanation about specific aspects of the system, I was inadequate to face the questions."

"It is a nightmare and a matter of survival. Students have no idea about the tutor's work experience. To the 'student body' a tutor is a tutor. They make no allowances for one's weaknesses or inadequacies."

The evidence suggests that the new nurse tutors' introduction to the students poses a question for discussion by schools of nursing. Clear strategies may avoid insecurity and promote a smooth transition into the classroom. Table 9.36 illustrates the pattern of introduction of new nurse tutors to student groups and their awareness of the new tutors.

**TABLE 9.36**

*The introduction of the new tutor to the classroom*

<table>
<thead>
<tr>
<th>Responses</th>
<th>No. of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not introduced to the student nurses</td>
<td>62</td>
</tr>
<tr>
<td>Introduced to the student nurses</td>
<td>9</td>
</tr>
<tr>
<td>Student nurses aware that the respondent is a new tutor (previously known)</td>
<td>38</td>
</tr>
<tr>
<td>Student nurses unaware that the respondent is a new tutor</td>
<td>33</td>
</tr>
</tbody>
</table>
5.2 The relationship of the respondents with the student nurses

Relating to student nurses appeared to have given some respondents a sense of satisfaction. The thirty-three respondents who were allocated to specific groups of students at the first interview and thirty-six at the second appeared to be more satisfied in their work role than those who were not delegated groups of student nurses, as illustrated in table 9.37.

**TABLE 9.37**

Allocation of respondents to groups of student nurses and their perceived relationships

<table>
<thead>
<tr>
<th>Allocation to no. of groups of student nurses</th>
<th>Perceived work relationship with student nurses</th>
<th>No. of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1st interview</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2nd interview</td>
</tr>
<tr>
<td>2</td>
<td>Good</td>
<td>30</td>
</tr>
<tr>
<td>3</td>
<td>Good</td>
<td>3</td>
</tr>
<tr>
<td>None</td>
<td>Fair</td>
<td>38</td>
</tr>
</tbody>
</table>

In situations where camaraderie and collegiality were lacking the first year nurse tutors turned to their student nurses to extend their professional relationships. In circumstances where relationships with other nurse tutors were strained, the respondents formed a closer bond with the student nurses. For some first year nurse tutors these good relationships acted as stimuli. Extracts of responses include:
"When my relationships with colleagues are stifling I talk to my students. They are my only saving grace."

"The only solace is that the students are with me."

"I am happiest when I'm with the students."

"I feel the students are on my side. This makes one feel better even when things are not going right for one."

"Teaching ad-hoc lessons each time does not contribute to forming a good relationship with students."

"I cannot get to know the students because I have a new class most of the time."

5.3 The teaching problems during the first year in post

The emerging problems were characterised by the confrontation with the class and the school. For most of the nurse tutors it was the first time they had been responsible for groups of student nurses. An extract of a response indicates:

"If I make mistakes there will be consequences but there is no-one to help me."

They felt lonely and inadequate as nurse tutors. Lengthy discussions described the nurse tutors' problems at the beginning of their teaching career such as:

"Unfamiliar subject matter."

"Lack of flexibility in handling the subject matter."

"Unfamiliar with the existing knowledge of student nurses."

"Organisation of teaching/learning activities in mixed ability groups."
"Establishing guidelines and rules to maintain an acceptable working climate."

"Dealing with uninterested and unmotivated students."

"Personal ability and performance."

The responses suggested the total sample of nurse tutors experienced similar problems but they received little help from their seniors. The respondents had the feeling that they were ignored by the established staff or made clear that the seniors had to overcome such problems too.

5.4 Overview

The above issues and data illustrate that the transition from student nurse to nurse tutor was not easy. Besides, how the new tutor coped seemed to have been of no interest for the established staff. Getting to know the student tutors more closely filled a gap which the established staff should have taken on by befriending the nurse tutors in a professional manner.

The above evidence may be of value to nurse teacher education in order to negotiate and change established organisational strategies. This may well benefit both the students and the first year nurse tutors.

6. The first year nurse tutor's role in the curriculum context

Discussion on curriculum concerns resulted in the expression of much anxiety and stress for the respondents. Emerging issues in the early months remained as major issues at the end of the year. Curriculum issues are of relevance for the following
reasons. Following the Nurses, Midwives and Health Visitors' Act 1979, the U.K.C.C. and National Boards were established. One of the main functions of these two organisations was to establish and improve the standards of training. In conjunction with its role, the E.N.B. issued a specific circular (E.N.B. 1987/28 MAT) "Approval procedures for courses in nursing, midwifery and health visiting". This document outlines the main educational issues which need to be considered in the preparation of courses. The E.N.B. guidelines on experience for newly qualified teachers of nursing, midwifery and health visiting and district nursing (June 1988) also require that newly qualified teachers should work under the supervision of an experienced teacher for a period of at least one year in the areas of curriculum development and course submission.

The E.N.B. requires directors of nurse education to consider curriculum development as a group task. Nurse tutors are also required to undertake training on curriculum updating and planning so as to prepare them for the theoretical and practical issues in curriculum innovation. E.N.B. circular (1986) 16.ERBD addresses the need for all schools of nursing to develop policies for continuous assessments. They require curriculum planners to take account of this.

Skillbeck (1975) claims that curriculum developers should pay due attention to their own situation and that teaching methods must take account of situational factors. Stake (1972) suggests that curriculum evaluation should take into account the differing views of all those involved in teaching the students.
In the future nurse tutors are likely to be more involved in validating and revalidating courses. This means that they will be involved in scrutinising a proposed course and deciding whether it is of an approved standard for a specific award. It is therefore necessary for nurse tutors to discuss with the directors of nurse education how internal validation takes place. The E.N.B. claims that the quality of student learning needs to improve so as to improve the standards of client care. The general consensus of the E.N.B. is that closer collegiality, involvement and guidance among staff and those of other organisations could enhance curriculum development (E.N.B. 1988/13/APS).

**TABLE 9.38**

The major issues of the first year nurse tutors' role in the curriculum context

<table>
<thead>
<tr>
<th>Emerging issues</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st interview</td>
</tr>
<tr>
<td>Lack of involvement, guidance on curriculum matters</td>
<td>41</td>
</tr>
<tr>
<td>Utilisation of an old and new curriculum (concurrent)</td>
<td>22</td>
</tr>
<tr>
<td>Poor philosophy of the curriculum</td>
<td>8</td>
</tr>
</tbody>
</table>

The following responses illustrate how the nurse tutors viewed
their role in the curriculum context. The major issue for which there was substantial evidence was "the lack of involvement given on curriculum matters" and "the concurrent utilisation of an old and new curriculum". There was however some indication that "the poor philosophy of the curriculum" was an emerging issue as illustrated in table 9.38.

6.1 Lack of involvement and guidance on curriculum matters

Forty-one respondents at the first interview and thirty-nine at the second were of the opinion that they were excluded from being involved in curriculum matters. They reported that much of their anxiety stemmed from the lack of guidance by the directors of nurse education and the senior tutors. Examples of responses include:

"My lessons do not follow a theme. I have to teach topics."

"Only those tutor members who are in the curriculum development group are aware of the total curriculum."

"The director has yet to understand that the first year nurse tutor could contribute to curriculum development."

"Fixed time-tables with one's initials or names neatly typed or printed against 'topics' is the name of the game."

"There is no formal route through which suggestions can be considered in this school."

"There is little or no assistance with question setting, marking, interviewing or counselling students."

"Often school 'block programmes' are prepared by the senior tutor or another tutor in isolation."

It was evident that the respondents had little involvement in
curriculum matters in schools of nursing. The lack of responsibility given to first year nurse tutors so far as curriculum was concerned made them feel uneasy and practical experiences of students were left unanswered. The reason being a lack of sufficient knowledge base on such matters.

The respondents who were posted to specialist areas were delegated responsibility with clear guidance and preparation in course submissions and approval. They stated however, that senior tutors were under the impression that a college course of one academic year prepared nurse tutors for all aspects of their role. They expressed concern that the absence of timely guidance and support resulted in many mistakes which could have been avoided. In the case of specialist first year nurse tutors, they did have the opportunity to involve themselves in curriculum matters but without adequate preparation for the particular task. This suggests that curriculum matters appeared to be of little importance to those schools of nursing.

6.2 Concurrent utilisation of old and new curriculum

For twenty-two respondents at the first interview and eighteen at the second the concurrent usage of old and new curricula caused role conflict and uncertainty. It was believed that changes in legislation (E.N.B. 1986) required schools of nursing to submit a changed curricula in all fields of nursing. Many schools had worked rapidly and their submissions had been approved by the English National Board while others were currently pursuing this task. For nurse tutors in their first year, added difficulty in adapting to the curriculum in the first instance was made difficult by adjusting to two
curricula. Comments include:

"It was quite confusing to teach according to one curriculum for one class and change to another for the next."

"Teaching in terms of different curricula resulted in a poor performance."

The new ways of thinking and learning with altered modes of assessment confronted the first year nurse tutors with insecurity in adapting to their job. The concurrent use of two different curricula may have been unavoidable but guidance and support throughout the year may have assisted a smooth adaptation to the curricula.

6.3 Poor philosophy of the curriculum

Eight respondents during the first interview with the researcher expressed their belief that schools of nursing adopted what may be termed a poor philosophy of the curriculum. This hindered the respondents' knowledge about curriculum matters and their role in this context. They claimed that inadequate knowledge and understanding combined with the inertia of established staff resulted in "muddling through" the curriculum. They stressed the need for a sound knowledge base for those senior staff whose responsibility it was to lead the new tutors. Examples of responses include:

"The college gave much importance to the curriculum but school curriculum is so disappointing."

"It's a hotch-potch, patching up and filling in curriculum which works in isolation that I see."
"There appears to be no theme in the curriculum I am asked to teach."

Newly qualified nurse tutors are understood to have received information and explored curriculum matters at the colleges of education but the school curricula did not match up with what they had learned previously.

6.4 Overview

Throughout the year many first year nurse tutors taught particular subjects independent of the whole curriculum. This had caused the respondents much concern. They had a lack of opportunity to develop their knowledge in curriculum matters.

An extract of a response states:

"Ability counts little when the opportunity is unavailable."

The nurse tutor's interpretation of the above response means that although one may have ability to learn, if there is no opportunity to learn, one may not reap the full benefits of education.

The evidence suggests that first year nurse tutors were handicapped as a result of their lack of involvement in planning the curriculum. It appeared that the schools of nursing were not complying with E.N.B. requirements for the first year nurse tutors' induction. It may be of value for educational managers when implementing induction programmes for the first year nurse tutors, to take deliberate measures to ensure their active participation in the curriculum. It may be
worthwhile involving the newcomer in curriculum development groups from the start in order that their contribution could be made useful and worthwhile.

7. The first year nurse tutor's role in research

Although the notion of research-mindedness is a normal term understood in nurse education and the curriculum of nurse tutor preparation courses, it failed to present itself as an emerging issue at the first interview. At the second interview however, the respondents discussed their research role as nurse tutors. The issue of a research role for the first year nurse tutors is of relevance in this study for reasons discussed below.

Although Florence Nightingale pronounced the need for nursing research over a hundred years ago, official recognition that basic nurse education should include research appreciation was recommended only in 1972 by the Committee on Nursing (1972). Over the last decade the D.H.S.S. (LeLean 1980) and the U.K.C.C. and E.N.B. (1987) have argued that research activity is necessary for nurse education. They suggested that nurse tutors need to be able to utilise research findings in their teaching, encourage nurses to promote inquiry in their work and assist research in clinical practice. The E.N.B. (1987) also claim that nurse tutors who have recently trained will have had a research component in their teacher preparation course while others will need to undertake research courses. It is of interest to this study however, to point out that E.N.B. (1988/63/MAT) guidelines for newly qualified nurse tutors do not include research in a planned in-service education programme.
Table 9.39 below illustrates the pattern of the first year nurse tutor’s involvement in research activity in this study.

**TABLE 9.39**

The respondents' involvement in research activity

<table>
<thead>
<tr>
<th>Research activity</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>No involvement</td>
<td>53</td>
</tr>
<tr>
<td>Involvement</td>
<td>13</td>
</tr>
<tr>
<td>Own research project</td>
<td>2</td>
</tr>
<tr>
<td>Aspect of student nurse curriculum</td>
<td>11</td>
</tr>
</tbody>
</table>

7.1 No involvement in research activity

Fifty-three respondents had no research involvement in their role as nurse tutors. Extracts of comments reveal:

"Research is not an objective in the curriculum."

"In such a traumatic year it is hardly likely that we can take on research."

"Research is not a popular word in this school of nursing."

"Research does not appear in the curriculum."

The respondents in this group were led to believe by their senior staff that research is an 'optional extra' and not given high priority in the curriculum. Comments include:

"We only speak of research in passing."
"We have an interest group for research within the hospital but the school staff don't attend meetings because none of the school staff are committee members."

The pattern emerged that research was not considered a major aspect in the nurse tutors' role within the schools in this study. A response includes:

"The D.N.E. and senior tutor are unenthusiastic about research. When I decided to carry out a small inquiry with the students my senior tutor declared that my time is valuable and needs to be taken for worthwhile endeavours. As a result my motivation is stifled and I gradually lost interest."

7.2 Involvement in research activity

Thirteen respondents claimed that they participated in research projects in the first year of teaching. Two respondents completed small projects during the year, one of which was on "self-awareness" and the other on "communication". Their studies came from their schools' philosophy to promote and influence research activity. Eleven respondents were involved with research as a part of the student nurses' curriculum. This included the direction, supervision, support and presentation for assessment. The respondents stated that their research role kept them alert, up to date, shared information and sharpened their skills. These respondents however, were unable to carry out their personal research projects owing to the lack of time.

The respondents reported that many schools of nursing failed to implement a research strategy and that professional educationalists have only paid lip-service to it by publishing circulars, reports, attending conferences and presenting
papers. Beyond this the nurse tutors argued that the research ethos had failed to seep through to where it mattered. They were concerned that teacher-preparation courses failed to motivate student nurse tutors to actively involve themselves in research but most of all the respondents' concern was the directors' inability to understand that research is an integral part of the curriculum. The respondents stated however, that this negative attitude was taken because many senior staff had no research training or experience themselves.

7.3 Overview

Although there has been a great deal of effort and interest to strengthen the research base in nursing, evidence in this study suggests that schools of nursing had failed to foster the spirit of inquiry and encourage their new tutors to involve themselves in research activity. One would hope that the omission of research in the E.N.B. (1988) guidelines for the newly qualified nurse teachers' year of supervision is a slip of the pen rather than a deliberate act. If it is deliberate omission it is a serious one in that nurse education needs research to enhance its standards. The spirit of inquiry and a critical awareness of research activity in nurse teaching enhances professional self-development. It improves practice, student learning, has an effect on other nurse tutors and the wider school community. It may be of value for those interested in the continuing professional education of the first year nurse tutors to include research as an integral part in their programme and ensure that its implementation is given credibility.
8. The role of the first year nurse tutor in the maintenance of standards

At the beginning of the year the respondents spoke of the word "standards" loosely. As the issue emerged with each interview it was necessary that the researcher and the respondents agreed on the meaning of "standards".

"Standards" in this study is therefore taken as:

"Professionally agreed levels of performance appropriate to the nursing profession which are reasonable, understandable, useful, measureable and achievable."

(R.C.N. 1986)

The respondents highlighted the point that as first year nurse tutors it was necessary to be inducted into the setting and maintenance of the appropriate standards of practice. The discussions however, centred around the constraints and difficulty which hindered the pursuit of excellence. Both sets of interviews illustrated the issues which hinder the maintenance of standards in their present schools of nursing.

These are:

"A lack of leadership and control", "poor communications and interactions" and "the differences in the interpretation of established rules and principles" as illustrated in table 9.40.
TABLE 9.40
The emerging issues which hinder the maintenance of standards

<table>
<thead>
<tr>
<th>Issues</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st interview</td>
</tr>
<tr>
<td>Lack of leadership and control</td>
<td>30</td>
</tr>
<tr>
<td>Poor communication/interaction</td>
<td>21</td>
</tr>
<tr>
<td>Differences in the interpretation of established rules and principles</td>
<td>20</td>
</tr>
</tbody>
</table>

Five of the respondents who had contributed to the issue of leadership and control left the organisations at the end of the year.

8.1 Lack of leadership and control

Thirty respondents at the first interview and twenty-five at the second reported that the major factor which influenced the first year nurse tutor's role in the maintenance of standards was "lack of leadership and control". Where there was no leadership the standards appeared to be poor.

Examples of responses suggest:

"The poor direction and inconsistencies of the director of nurse education worries me."
"The appalling decision-making ability of the director of nurse education makes me wonder how leaders are selected."

"It is difficult to maintain standards when the director constantly 'passes the buck' and is unavailable for us at whatever time of the day."

Respondents claimed that groups and individuals who were ill-prepared to receive planned changes, needed further induction in order to be receptive and apply new challenges in relevant situations. The respondents argued that failure of the directors of nurse education and senior tutors to identify the nurse tutors' weaknesses and act accordingly had inclined not only the first year tutors but the rest of the teaching staff to 'muddle through' and lower the standards.

The respondents experienced an absence of effective and appropriate systems of monitoring and control. They were disappointed at the laisse-faire operations at all levels in the hierarchy. The respondents' concern was not only for their role as first year nurse tutors but for the nursing profession as a whole. Extracts of responses include:

"No-one knows how a director or senior tutor or indeed a tutor manages his time."

"How do I know if my work is educationally sound without a monitoring and control system."

"We fail to have an on-going audit appraisal system in this school of nursing."

It appears that particular strategies for monitoring standards of procedures and practices were not the concern of some nurse leaders.
8.2 Poor communication and interaction

The respondents perceived that effective communication enhanced the maintenance of required standards. Twenty-one respondents reported that poor interactions and communications within the school resulted in low standards. They claimed that person to person encounters arising from genuine interpersonal respect would facilitate communication and in turn help the understanding of each other's professional standards. Comments include:

"Poor interactions and communications within this school contribute to low standards."

"We are unable to clarify ideas about standards owing to the absence of professional discussion."

"We are unable to share our views effectively."

"The team concept which jealously guards its activity prevents interaction with others."

Respondents perceived that 'insularity' of individuals and groups of nurse tutors constrained them from achieving appropriate standards. They state:

"We were unable to meet and discuss professional standards with other nurse tutors as much as we would have liked."

"We missed the camaraderie of peers and the accompanying exchange of ideas."

"We missed meeting with tutors in other schools of nursing in order to compare specific standards."

The evidence suggests that barriers to free exchange of ideas alienated the respondents. This may not have helped in establishing appropriate standards.
The respondents argued that some nurse tutors had attitudes which prevented effective interaction with each other. No matter what strategies were exercised in the organisation or what type of leadership was operational, for some tutors teaching was a 7.00 to 5.00 job, for other tutors it was a commitment. Examples of responses reveal the following:

"It's difficult to know if my standards are high when attitudes of some tutors do not allow one to find out."

"If I get enthusiastic and endeavour to achieve certain standards within my role, I am made to feel uncomfortable and relationships get worse."

It is evident that in the promotion, implementation and maintenance of standards, both the new and established staff may need to change their attitudes.

8.3 Differences in the interpretation of established rules and principles
Twenty respondents at both interviews experienced difficulties in maintaining the quality of the standards owing to differences of established rules or principles on which judgements were made. Discussions revealed that the interpretation of each "team" and team leader varied. This contributed to the making or breaking of standards. The respondents stated that conforming to the team spirit necessitated "rule following" for that particular "team". In the maintenance of standards respondents stated that first year nurse tutors ought to explore teaching methods. The respondents were of the opinion that individual differences in teaching accounted for the varying standards achieved.
A response includes:

"One does not know how another tutor conducts his class because the entry to his class is taboo."

It was apparent that the "team" concept compartmentalised groups of nurse tutors and consequently groups of student nurses. The students in turn made comparisons of their respective tutors with other tutors, the quality of teaching and lesson content. This resulted in inter-team conflict. In the parallel process, the differing standards of practice were used at ward level by the student nurses. This caused much concern and uncertainty for the clinical staff whose primary objective was the maintenance of appropriate and uniform standards in patient care.

Individual teaching differences may be unavoidable but the lack of opportunity to learn from others could continue to perpetuate poor standards.

8.4 Overview

Respondents had given much thought to their responses. They were aware that considerable changes had occurred and continued to occur in the nursing world. It therefore involved new concepts, ideas, attitudes, values and new patterns of behaviour and skill. Learning by virtue of being new members in the organisation made their new learning all the more exciting. They felt however, that leadership was slow and insensitive to the needs of established staff in the organisation, seniors were unable to understand that they had ways of thinking,
feeling and acting which made sense to them. It was the resistance to change of these habits and skills of established staff which demonstrated difficulties.

Leadership and control should be a major force in the maintenance of standards. The directors and senior tutors' lack of involvement in their staff, the lack of confidence in the staff, the inability to lead a group of professional men and women were matters of concern to the respondents. Along with the lack of "leadership and control" the emphasis centred around "poor communications and interaction" and the differences in the "interpretation of established rules and principles".

The respondents suggested that the unwillingness to maintain standards may not be the key issue. It may well be that a clearer understanding of what is meant by "standards" is critical. Some nurse tutors suggested a standards strategy which would act as a guidance for all nurse tutors at whatever level they may be recruited to the organisation.

Maintenance of standards as an issue is important because it raises the question of quality in nurse teacher education. After years of harsh and sometimes bitter criticism, nurse teacher education is once again the focus of debate for education reformers. This time the field may be on the verge of major transformation. Nurse teacher education is suddenly alive and the chance for change may seem very real. The work of Barr (1987) may well be of value in that he states the concern for developing standards and quality has to include the beginning
teacher. He suggests that "teacher warranties" may be helpful and indeed assure the standards and quality of teacher education in general. A warranty programme is a means of providing assistance to beginning teachers. Each warranty programme emphasises the careful evaluation of teachers during their first year and involves a commitment of the organisation to provide a variety of support services. These typically include "hot-line" telephone consultation, "on-site" teachers to participate in professional development activities and special workshop activities or return to college for additional work free of course fees. The warranty provides a legitimate process for helping the beginning teacher. Through the use of warranty programmes difficulties and problem areas for the beginning teacher may be discovered at the time.

Barr's (1987) work and this evidence confronts senior educators with their responsibility for professional development and not just for employing beginning teachers. It requires educators to be constantly aware of their role in relation to the beginning teacher. Barr claims that when a beginning teacher fully understands the support which he receives in order to maintain standards or that support is readily available, he can focus his energies and address with real purpose his important responsibility for teaching. In the words of the council of accreditation of teacher education (C.A.T.E.) in Taylor (1987) the improvement of teacher education can only be achieved and assured by co-operation among those concerned with all stages and aspects of the professional preparation and development of teachers. This may well be of immense value to nurse teacher education also.
Chapter 9

ANALYSES AND INTERPRETATION OF THE EVIDENCE

Section 5 - Intentions and aspirations
CHAPTER 9 - SECTION 5
INTENTIONS OF RESPONDENTS AND CAREER ASPIRATIONS

Introduction
In the final section of the analyses, the respondents' decisions about their intentions and long term career aspirations are discussed. Although these may change in time the majority of the respondents had clearly made up their minds about their future professional careers.

1. Intentions

Table 9.41 below demonstrates the intentions of the respondents during the early months and at the completion of their year in post. A large majority intended to leave the present school and only a minimal number of respondents wished to remain in the present school. Although some nurse tutors remained undecided about their intentions, a few decided to return to the clinical field or go abroad for work.

<table>
<thead>
<tr>
<th>Intention</th>
<th>No. of respondents</th>
<th>1st interview</th>
<th>2nd interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>To go abroad</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>To go back to the clinical role</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Remain as tutor in the present school</td>
<td>10</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Undecided</td>
<td>18</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Leave the present school</td>
<td>37</td>
<td>36</td>
<td></td>
</tr>
</tbody>
</table>

TABLE 9.41
The intention of respondents

422
1.1 To go abroad
Three respondents were determined to go abroad. They were disillusioned, not only with the support which they received from seniors but the remuneration as well. They believed travelling abroad would enable them to develop professionally and also enhance their personal growth. Typical responses are:

"As a first year nurse tutor I was de-skilled. It has made me disillusioned about nurse teaching totally. I would rather go abroad and use my skills."

"I will have to go abroad to gain my confidence again."  

"I believe that more money and support are what I need."

1.2 To go back to the clinical role
Three respondents at the first interview and one at the second were convinced that if they remained in their present position their clinical skills would be lost forever. They claimed that there was no opportunity to use their skills. Their responses include:

"I feel very unsettled. This school cringes me. I must go into the field again."

"Having given much thought I feel it is more satisfying to care for patients at the bedside."

1.3 Remain as tutor in the present school
Ten respondents at the first interview and three at the second were of the opinion that they needed consolidation, had much to
learn and would remain as nurse tutors in their present school for a while. Their responses include:

"I would like to remain in the present school to gain more experience although I don't really like the set up."

"Two years in the present situation would help with the consolidation I need."

1.4 Undecided

At the beginning of the year eighteen respondents were undecided as a result of being unsettled in their present situation. By the end of the year this number increased to twenty-three. Respondents state:

"For the first time in my life I feel undecided in my career."

"I need time for my decisions. The problem is that I have not settled in as yet."

"I could hardly make up my mind in the present state I am in."

1.5 Leave the present school

Thirty-seven respondents in the beginning months and thirty-six at the end of the year had made a firm decision that the present school did not hold much for them in terms of a future career prospect. They experienced alienation, loneliness and perceived being a misfit in the organisation. Typical responses include:

"I must leave this school or else I will go down under."

"It would be best for me to leave the organisation. I don't fit the school and the school does not fit me."
"It's nearly 9 months now, my expectations of this school have yet to be met."

"I shall have to leave. I am doing myself a disservice."

"I had patience all through the year, now it has run out. The school's attitude to newly qualified nurse tutors will not change if the present set-up is allowed to remain."

1.6 Overview

A large majority of the newly qualified nurse tutors did not wish to remain in their present school by the end of the first year. The responses suggest that the schools of nursing failed to support them in their professional and personal growth. Although remuneration was important to some, the application of their already acquired clinical skills was equally important. As illustrated in the previous sections, it suggests that how newly qualified nurse tutors were selected and became established, the organisations they were placed and the location of nurse tutors within them, the organisational practices and their role as nurse tutors may have all influenced and contributed to their intentions.

2. Long term career aspirations

Table 9.42 demonstrates the career aspirations of the respondents during the early months and at the completion of their first post. A large majority (fifty-eight) aspired to be lecturers in Polytechnics or University. Although eight nurse tutors aspired to be directors of nurse education during the early part of the first year, only two kept to their aspiration by the end of the year. The career aspirations of three respondents was a complete change to the career path they had
originally decided. They aspired to be district general managers. However they did not pursue with this view at the time of the second interview. Aspirations to be a nurse tutor interested only one respondent at the first interview but the number of nurse tutors with this aspiration increased to five by the second. One respondent's decision to be a counsellor remained unchanged throughout the year.

**TABLE 9.42**

*Long term career aspirations*

<table>
<thead>
<tr>
<th>Type of career aspiration</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st interview</td>
</tr>
<tr>
<td>Be a counsellor</td>
<td>1</td>
</tr>
<tr>
<td>Be a good nurse tutor</td>
<td>1</td>
</tr>
<tr>
<td>Be a district general manager</td>
<td>3</td>
</tr>
<tr>
<td>Be a director of nurse education</td>
<td>8</td>
</tr>
<tr>
<td>Be a lecturer in a polytechnic or university</td>
<td>58</td>
</tr>
</tbody>
</table>

The nurse tutors' responses are described below.

**2.1 A counsellor**

At the first interview one respondent wished to be a counsellor. His aspirations were unaltered at the end of the year. He states:

"Counselling is my main interest. I think I'm a good counsellor. I see the absence of counsellors in this school of nursing, this makes me want to be a good one."
2.2 A good nurse tutor
In the beginning months one respondent's long term aspirations was to be a good nurse tutor. This number increased to five respondents by the end of the year. Extracts of conversations include:

"I have no real ambition. All I want to do is to teach and do it well."

"I wanted to teach all my life, that is what I mean to do now that I am a qualified nurse tutor."

2.3 A district general manager
Three respondents at the first interview perceived their long term aspirations as being a district general manager. At the end of the year none of these respondents had the same aspirations. Typical responses are:

1st interview

"I have made a mistake by taking up teaching. In time I shall leave. My strength is in management. This post does not permit me to develop it."

"Teaching is not for me. I have realised the mistake and hopefully take a managerial route."

2nd interview

"Now that I have got a glimpse of general management I don't think I would want to be a general manager."

2.4 A director of nurse education
At the beginning of their first nurse tutor posts, eight respondents believed that their careers would eventually lead them to be a director of nurse education. At the end of the
year six respondents changed their minds. Respondents indicate:

1st interview

"I would like to be a director who commands respect and have leadership qualities."

"My life has been in teaching, I shall aim for the top." (clinical teacher)

"A director's position is influential. I would like that."

"As a director of nurse education, it is believed that one could view the total concept of nurse education. I would like to be in that position."

"I have chosen a career with a structure and shall endeavour to reach the top."

2nd interview

"If what I have seen directors of nurse education do, I aspired to be one without much thought or imagination."

"The D.N.E.'s job is not what I would aspire, now that I have had time to observe his work day."

2.5 A lecturer in polytechnic or university

The majority of respondents (fifty-eight) at both interviews considered their long term aspirations as being a lecturer at a polytechnic or university. Responses include:

"An insular monotechnic is not the healthiest place to be in for the rest of one's working life."

"No matter what changes have taken place in nurse education, schools of nursing covertly reproduce and perpetuate old systems and attitudes. My aim is to innovate change."

"The feeling of being boxed in does not help me. That's how I feel right now."

"To give my best to teaching I need to feel free."
2.6 Overview

Five members of the original sample left their respective organisations and nurse education. They were included in the category "be a lecturer" in relation to long term aspirations. A typical response is:

"I made a mistake by changing career paths. Now I wish to leave nurse education altogether."

The above evidence suggests that either the particular respondents may not have been adequately prepared for their career shift or there have been gaps in the selection procedure. It may well be that the nurse tutor preparation courses did not match up to their original expectations. The respondents' professional and personal needs may not have been met or the inadequate counselling and support could have disillusioned them of what the future holds for their career pathway.

Of the respondents who completed their first post, the evidence suggests that the majority preferred to move away from schools of nursing because these did not present a climate to enhance the professional and personal development of the nurse tutors.

The nurse tutors' enthusiasm to become directors of nurse education dwindled away because their initial perception of directors of nurse education as influential leaders who commanded respect did not meet their expectations.

Aspirations of becoming district general managers was transient
for some nurse tutors. The prospect may have attracted them because they had missed practising the managerial aspect of the nurse tutors' role.

While only five nurse tutors from the original sample aspired to become good nurse tutors, it begs the question about how we recruit, select, prepare, motivate, interest and retain our tutors.

The vision of the only member in the sample who aspired to become a counsellor suggests that this is an important role which may help the retention of nurse tutors in nurse education.

3. Higher education and sponsorship
At the end of the first year of nurse teaching, thirty respondents had registered with higher educational institutes to pursue a part-time degree course. Of those eighteen respondents registered with the open university and twelve with polytechnics four pursued a higher degree and twenty-six a first degree.

Fifteen nurse tutors who were registered with the open university were self-financed. Three were funded by particular schools of nursing. Of the twelve respondents who had registered with polytechnics or universities other than the open university, two were self-financed and ten were funded by schools of nursing. In total seventeen nurse tutors self-financed their degree courses and thirteen were funded by the schools of nursing.
Tables 9.43 to 9.47 illustrate the evidence.

**TABLE 9.43**

**The type of institution, number of respondents registered and the mode of study**

<table>
<thead>
<tr>
<th>Institution</th>
<th>No. registered</th>
<th>Mode of study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open university</td>
<td>18</td>
<td>part-time</td>
</tr>
<tr>
<td>Polytechnic</td>
<td>12</td>
<td>part time</td>
</tr>
</tbody>
</table>

**TABLE 9.44**

**The type of degree course and number of respondents**

<table>
<thead>
<tr>
<th>Higher degree</th>
<th>First degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 respondents</td>
<td>26 respondents</td>
</tr>
</tbody>
</table>

**TABLE 9.45**

**Method of finance for open university registration**

<table>
<thead>
<tr>
<th>Method</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>15</td>
</tr>
<tr>
<td>School of nursing</td>
<td>3</td>
</tr>
</tbody>
</table>
TABLE 9.46
Method of finance for polytechnic/other university registration

<table>
<thead>
<tr>
<th>Method</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>2</td>
</tr>
<tr>
<td>School of nursing</td>
<td>10</td>
</tr>
</tbody>
</table>

TABLE 9.47
The total number of respondents to the type of sponsorship for degree courses

<table>
<thead>
<tr>
<th>Type of sponsorship</th>
<th>Total no. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>17</td>
</tr>
<tr>
<td>School of nursing</td>
<td>13</td>
</tr>
</tbody>
</table>

3.1 Overview
The respondents who left their organisations were not participating in higher education at the time of leaving. By September 1987 thirty respondents (half the sample) had registered with a higher education institute to undertake a degree course. Interview data suggest that registration with the open university warrants the respondents to self-finance the degree course as opposed to those who registered with polytechnics or other universities.
TABLE 9.48
The number of respondents, type of institutions, type of course undertaken and sponsorship

<table>
<thead>
<tr>
<th>No. of respondents</th>
<th>Institution</th>
<th>Course</th>
<th>Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>O.U.</td>
<td>M.Sc.</td>
<td>Self</td>
</tr>
<tr>
<td>3</td>
<td>O.U.</td>
<td>M.Sc.</td>
<td>School of nursing</td>
</tr>
<tr>
<td>14</td>
<td>O.U.</td>
<td>B.Sc.</td>
<td>Self</td>
</tr>
<tr>
<td>4</td>
<td>Poly/Uni.</td>
<td>B.Sc.(Hons.)</td>
<td>Self</td>
</tr>
<tr>
<td>8</td>
<td>Poly/Uni.</td>
<td>B.Ed.(Hons.)</td>
<td>School of nursing</td>
</tr>
</tbody>
</table>

As table 9.48 illustrates the majority of the nurse tutors who were financed by the schools of nursing were those who pursued a bachelor of education (honours) degree from a university or polytechnic. A large number of respondents who had registered with the open university were self-financed. The respondents were puzzled about the financial regulations.

At the end of their first year of nurse teaching more than half the sample (thirty-six) were not engaged in higher educational activity (at the time of the second interview). One reason may be that there is an absence of equal opportunities for the nurse tutors. In the second instance the absence of a staff development programme may contribute to the inequality that was in existence for the first year nurse tutors.
Chapter 10

REVIEW, CONCLUSIONS, CONTRIBUTION,
LIMITATIONS, IMPLICATIONS FOR FUTURE RESEARCH,
A WAY FORWARD AND A POLICY STATEMENT
CHAPTER 10
REVIEW, CONCLUSIONS, CONTRIBUTION, LIMITATIONS, IMPLICATIONS FOR FUTURE RESEARCH, A WAY FORWARD AND A POLICY STATEMENT

Overview
The introduction of the concluding chapter gives a résumé of the study.

* Section two explains the reasons why the nurse tutor is brought into focus.

* Section three attempts to understand the responses of a sample of the experiences of nurse tutors who received their training in a variety of institutions and circumstances.

* Section four attempts to understand the mismatch between professional training and subsequent practice.

* Section five briefly describes what contribution this study has made.

* Section six identifies the limitations of the study.

* Section seven discusses the implications for future research.

* Section eight suggests one way forward for improving the first year of the nurse tutor in schools of nursing (now colleges of nursing).

* Section nine sets a policy statement in the form of guidelines for future nurse tutor preparation.

* Section ten sets a policy statement for the first year nurse tutor in the form of guidelines.

* Section eleven suggests a design of an induction programme.

* Section twelve suggests the implementation of a planned induction programme within a staff development programme.

* Section thirteen discusses the implications for the policy.
1. Résumé
This study explored how a sample of seventy-one first year nurse tutors described, evaluated and responded to their experiences in schools of nursing. The research has focused on those emerging issues which are of direct relevance to respondents, nurse tutor educators, academics and planners of nurse teacher education. The issues arising from the study have serious implications for nurse education. The major findings are described below.

Nurses decided to become tutors for a variety of reasons and one does not predominate. The major reasons may be characterised as "status seeking", "drifting", "education seeking" and "career seeking". At the time when they were making crucial career decisions there were no formal arrangements to provide nurses with career advice or counselling. It was unusual for candidates to receive any form of pre-course preparation.

The selection procedures of the colleges varied. These ranged from written selection tests and formal interview to informal interviews only. The duration of the teacher - preparation courses varied from 31 - 37 weeks. Generally the lecturers seemed unable to enthuse the student nurse tutors. Although the placements for practical experience were by agreement with schools of nursing, no formal arrangements for supervision of the student nurse tutors were evident. The majority experienced no supervision on teaching practice. The type of assessments conducted by each college of education varied.
Having successfully completed a teacher preparation course the newly qualified nurse tutors did not follow a uniform procedure for appointment to schools of nursing. Provisional nurse tutor appointments were made by directors of nurse education prior to the respondents completing the teacher preparation course. The appointment system varied with each school of nursing. The majority of the nurse tutors did not have a formal interview. Only sixteen respondents had received a job description by the end of their first year.

The transition from college to a school of nursing unsettled the nurse tutors. The respondents' expectations did not match their experiences. They entered their initial post with eagerness and enthusiasm but were soon distressed. The gap between the nurse teacher preparation for entry into schools of nursing and the actuality of the job was wide. The nurse tutors expected the directors of nurse education, senior members and colleagues to provide support but they were disappointed.

The practices of the schools of nursing, their climates, the ability of the established staff to cope with internal and external stress affected the nurse tutors' individual situations. The absence of formalised orientation, induction and in-service programmes resulted in a diversity of programmes which were not always timely, needed, appropriate or relevant for the nurse tutors' professional development. The poor coordination of school practices allowed the newly qualified nurse tutors to be either overloaded with work or have very little work to do. Throughout the year the majority of nurse tutors were not given the opportunity to participate in
curriculum development. They taught isolated "topics" to groups of student nurses with no understanding of the total curriculum. Neither were they involved in research activity during this period. As a consequence of the day to day administrative and managerial duties not being made clear the respondents "muddled through" their first year in post. The senior staff did not create conditions to stimulate or challenge the respondents' knowledge and understanding. In the absence of camaraderie and collegiality from the established staff, the newly qualified tutors worked more closely with the student nurses in a professional capacity.

The majority of the nurse tutors were not supervised or assessed either on their general performance or teaching skills. Only a minority experienced support and help from identified mentors. The nurse tutors were not provided with the opportunity for counselling, career guidance, sharing of professional opinion or meeting peers in a professional capacity.

As newcomers to the organisations, the nurse tutors found themselves at the bottom of the pecking order. The majority saw themselves as "juniors" and experienced strained relationships with seniors. This was strengthened by the absence of strategies for the allocation of new tutors to specific office accommodation. Because of individual differences between senior and new staff, there were often personality clashes, disharmony, inability to work and alienation among the respondents.
Clinical strategies for the new tutors were also absent. As a result the majority of nurse tutors experienced negative relationships with clinical staff. In the absence of a deliberate direction for clinical teaching the nurse tutors exercised their own initiative to engage in clinical work which remained unsupervised by the seniors.

The nurse tutors hoped for meaningful encounters with the established staff. They expected a personal approach but this was not forthcoming. The directors of nurse education and senior tutors lacked leadership, control and involvement with the staff. The nurse tutors experienced management which was slow, insensitive and showed little respect and dignity for the individual as a "person".

1.1. Résumé comment

The absence of a formalised and systematic nurse tutor education strategy resulted in a fragmented and unco-ordinated approach to their professional development. The established skills of the respondents were unidentified, their professional needs were ignored by senior staff and were made wasteful of resources in the organisations.

It appeared that the first year of the nurse tutors was not considered an integral part of nurse teaching. A coherent, planned commitment and co-ordination towards nurse teacher education was absent. The leaders and planners of nurse education failed to consider the first year nurse tutors as a professional investment.
2. Why should the first year nurse tutor be brought into focus?
Several independent developments have contributed to the growth of interest in the field of nurse teacher education, for example, the growth of sociology of occupations and professions and the rapid growth of interest in the process of adult socialisation. The continued growth of the professions has brought with it an extended and deepened interest in the processes of professionalisation. Professional schools of medicine, law, school teacher education, engineering are critically examining their new recruits. The dynamic character of the world of work emphasises the need for evaluating the system within which the professional person is developed. It is in the professional school that the practitioners' attitudes, values, general orientation, special skills and knowledge are shaped.

The critical interest in professional nurse education has been especially apparent in the 1980's. The prime emphases in the current U.K.C.C. proposals (Project 2000) have been directed towards such questions as "what is being taught, what should be taught and what is effective teaching?". Within this remit are the first year nurse tutors who are professional persons caught up in the shift of role responsibilities and relationships. Their capacity to take over new functions is an important source of change in the health care team.

To understand the socialisation process of the new nurse tutors to nurse education one needs to go beyond the planned curriculum and examine the less conspicuous and more easily over-looked processes. Nurse tutors learn not only from
lectures and demonstrations. They also learn, perhaps even more fundamentally, from sustained involvement in the profession. It would therefore seem necessary to take more than a cursory look at the nurse tutors' professional experience in the first year. The ways in which newly qualified nurse tutors develop within the school environment, both by intent and ordinary circumstances, may constitute the first and basic phase in the process of socialisation into their profession.

Orientation to the new role is as much a part of nurse education as the teaching of techniques. Occupational identification may need to be internalised before the individual can "feel at home" in the role. The first year nurse tutors need to develop realistic self-images of themselves. This means they take required skills and attitudes and make them their own. Presumably newly qualified nurse tutors who consistently feel and think like nurse tutors are better able to meet requirements of the role than those who have not fully incorporated such a self-image. A part of their capacity to act the role especially in difficult situations or trying circumstances must be based on their own confidence. They need to know if their performance meets the requirements of the situation. If defining themselves as nurse tutors enables them to perform their work more easily, a focus on how they acquire their professional experiences is useful. This is of interest to those who plan their orientation and induction which have a bearing on the goals of nurse teacher education.

An understanding of professional socialisation indicates that the first year in post is important both for the incumbent and
the organisation. The responses have identified the many constraints, problems and difficulties which exist during the first year. The issues which emerged in the study are not new. In the fields of medicine and school teacher education, legislative direction has attempted to minimise the gap between professional training and subsequent practice. Focused research studies in these fields have enabled action where problems exist. Attempts have been made to monitor particular schemes. These have strengthened feedback procedures and furthered evaluation as an on-going process. In school teacher education a corporate response by the D.E.S., colleges of education, professional bodies and serving teachers has helped the probationers. So far as nurse teacher education is concerned, focused studies related to the first year nurse tutor were not identified in this literature review. Leaders of nurse education have not as yet considered the newly qualified nurse tutors as a field of study. The professional experiences of the newly qualified nurse tutors have not been brought to the forefront. Constraints, problems and difficulties have passed unnoticed by the directors of nurse education.

2.1 Comment

A question which needs to be addressed is: Why does it seem that directors of nurse education failed to view the first year of the nurse tutor in a critical and thoughtful way? The evidence in this study did not seem to agree that they were concerned with the professional socialisation of the newly qualified nurse tutors. One must then ask what may be the reason for their unconcern. This is a question for future
research in nurse teacher education. Professions such as medicine and school teacher education illustrate the the first year of the newly qualified employee is integral to the profession. If nurse education is to value the nurse tutors' contribution and consider that they are the "future" leaders of the profession the focus needs to be directed on them.

3. Understanding of the responses

In what follows the aim is to offer a rational explanation for information acquired in this study.

Having successfully completed their training course, the question arises as to how the nurse tutors progress and cope on career paths when they are left largely to their own resources. Do they continue to develop as good professionals or do they succumb to the poor practices of more established colleagues in the institutions in which they work?

As a starting point the evidence illustrated the absence of coherent policies about nurse teacher preparation, practices in schools of nursing and variation in leadership practices. As a consequence the majority of respondents were not subjected to career counselling prior to entry into nurse teaching. This may illustrate the low priority which is given to the potential nurse tutor's personal development. It may be that the established staff were themselves not exposed to career counselling and subsequently did not give importance to it.
Pre-course information was scarce for students and selection procedures varied between the colleges of education. Although there are specific guidelines from the U.K.C.C. and E.N.B. for the selection of potential candidates, the respondents experienced varying practices in the schools of nursing and colleges of education. It may be explained that strategies can be usefully implemented only when there is understanding, communication and agreement of practice by all participants. In this instance, it appears that there have been weaknesses which prevented the execution of uniform practice.

The respondents' experiences as student nurse tutors exposed them to higher education for the first time. It brought them alongside students of other disciplines. The majority were uncomfortable with the higher education experience. It may be that organising a professional course within one year creates severe time pressure for the students. A high pressure one year course may be inadequate to handle the professional preparation required because of the wider environmental and social contexts and long term goals. Hogbin (1983) states that the one year course prepares students in terms of how schools currently operate but not in terms of how schools can be different. The preparation of nurse tutors may be dominated by a one year skills-based teaching model for immediate effectiveness but this may not be sufficient in the longer term. Zeichner and Teitelbaum (1982) argue that it runs the risk of inhibiting the longer term development of the teacher. Although the technical concerns are of importance, students may fail to recognise why things are taught and the particular contexts in which they occur. In school teacher education, the H.M.I. report (1983) -
"The New Teacher in School" illustrates that preparation is not merely providing more knowledge but it is also a process of training.

The student nurse tutors experienced the gap in the relationship between theory to practice. Practical experience appeared to be a low priority for the nurse tutor trainers. The respondents were inadequately supervised. The traditional view that one learns theory and then applies it to practice was not experienced by them. Nor was the policy that one should begin with practice and reflect upon it. The low priority given to the practical teaching experience was evident and made the student nurse tutors anxious and worried.

Although the term "mentor" has been used in the nurse teacher education literature, the lack of understanding of this term may have resulted in the absence of well prepared mentors from schools of nursing. There was also a clear lack of leadership.

The evidence indicates that there was a mismatch between the needs of the student nurse tutors, either personal or those arising from the college context and the teacher-preparation course. The student nurse tutors were unable to utilise new knowledge and skills because of the differences in understanding of the course which may have existed between the trainers and the members of the school.

The dis-unity in the training and practice of nurse tutors may be initially explained by recognising that nurse tutor
preparation does not totally relate to practical teaching. That is, it comprises information and demonstration by experienced lecturers from the training institutions only. Courses in nurse teacher education commonly include a major element based on the study of foundation disciplines such as psychology, sociology and philosophy. Typically, students are lectured on the work of currently fashionable writers in various fields. The nurse tutors' work is assessed by their ability to complete assignments about what they have been told or read in books. The key contribution to classroom and clinical practice is not "person" centred. Supervisors with responsibility for an integrated approach to theory and practice may be absent.

The mismatch between theory and practice exists in nurse teacher education as with other professions. Supervised teaching practice in its true sense did not take a central place in teacher preparation courses in this study. Although the integration of theory and practice is considered important in teacher preparation courses and the induction of the newly qualified tutors, the understanding in this study is that well thought-out, carefully planned programmes were not implemented and evaluated. The college failed to construct practice teaching which is rooted in principles of learning.

In the absence of a probationary year under statutory provision similar to school education (D.E.S. memorandum 10/68) and the White Paper (1972); the respondents experienced varying appointment procedures. These can be partly understood in that individual directors of nurse education may have decided on
particular practices which have worked for them. As a group of professional educators, they have given "low priority" to maintaining standards in appointment procedures.

The consequences of legislative disinterest in first year nurse tutors demonstrates a mismatch of expectations and the actuality of the respondent's first appointment. The low priority given to the orientation process of the new employee by schools of nursing is perceived by the study as weaknesses in bridging the gap between the college and school. The problems associated with the new employees are not new. They have already been identified by many writers in other fields. Among them are Lindsey (1965), Gomersall and Scott (1966) and Bennett (1978). In school teacher education, the James Report (1972) recognises that teacher training did not cease after the initial period at college. It identifies specific areas of concern such as "the professional tutor" and "supervision". More recently, the "initial teacher training" approval of courses annexe to (D.E.S. 3/89); (Welsh Office Circular 21/84). "The New Teacher in School" in the H.M.I. series matters for discussion, H.M.S.O. (1985) and "The New Teacher in School" H.M.S.O. (1988) all demonstrate the importance of guiding the new employees into their work situations. The understanding in nurse teacher education is that such pronouncements within a statutory framework have not yet been overtly expressed.

The uncertainty and the closed climate experienced by the respondents can be explained that they were not oriented to the organisations. As Argyris (1957) and Halpin (1966) explain, the above response may be the failure of organisations in this
study to allow new employees to discuss that a mismatch of expectations and actuality exist. The understanding is that the importance of communication with the new employees was not considered a requirement in order to minimise the gap between college and school.

The majority of the new tutors experienced discrepancies from the point of entry to the organisations. Five of them left their schools of nursing owing to unresolved conflict situations. Etzioni (1961) suggests that the "fit" of the new employees to the organisations may bear relationship to how they were appointed to their first posts. It may be that potential candidates were not given the opportunity to discuss the schools' goals and the expected commitment. This resulted in the minimal involvement of the newcomers in the organisation.

The poor attitudes of the established staff towards the new tutors may be explained in that the orientation and professional development of the established staff may not have taken place in the first instance. In such circumstances these staff may be unaware of their responsibility towards new employees in the organisations.

As described by Parsons (1949) in the reviewed literature the nurse tutors entered the schools of nursing which appeared as "systems" that were closely bound. The respondents experienced conflict and power struggles. Generally the meanings and shared definitions were sustained through interaction of specific group membership in school "teams". The respondents however
experienced a state of loneliness. They were unable to conform easily to established informal group norms owing to their feelings of stress and tension. Taking an action frame of reference (Silverman, 1974) it appeared that the disinterested action of senior staff may have contributed to the isolation and loneliness of respondents.

The respondents' concern about the internal strains of the schools of nursing may be explained by the inadequacies of the organisational health as discussed by Miles (1965). For the large majority it was evident that the schools lacked "spirit", "cohesiveness" and "inter-dependence". Poor collegial relationships experienced by the respondents may be explained by the hierarchical system which coincided with the power structure in schools of nursing (Hargreaves, 1972). In this study the majority of the nurse tutors' position was at the bottom of the pecking order because they were the newcomers to the organisation.

The poor collegial interaction between the clinical staff and the nurse tutors may be explained in that the clinical staff were unaware of their responsibility towards the student nurses as supported by Beyer (1981). The clinical staff may have been unaware that clinical experience and supervision are major contributory factors of student nurse learning. Also in the absence of a definite clinical strategy for the nurse tutors, the clinical staff may not have comprehended the infrequent visits of the respondents to the ward areas. Yet another possible explanation is that the established nurse tutors may not have previously engaged in a clinical role. The emergence
of the newly qualified nurse tutors on the wards could have created suspicion, friction and distrust, resulting in unsettled relationships (Fry, 1975; Conway and Glass, 1978).

It is evident that the respondents expected role-support from their colleagues and seniors but this was not available for most of them. Although E.N.B. guidelines (1986) expected schools of nursing to provide mentors for the newly qualified nurse tutors, this was given low priority by the schools of nursing and a coherent policy for role-support was absent. In its absence, the nurse tutors were generally not supervised in the classrooms or clinical areas. The opportunity for career advice and counselling was not available. The failure of mentors to identify individual strengths of knowledge, skills and attitudes allowed the respondents to be either under or over-utilised as discussed by Stuart-Siddall and Haberlin (1983).

The lack of responsibility and involvement for the majority of nurse tutors in curriculum matters and research activity may suggest the first year nurse tutors are unintentionally being made wasteful of resources by schools of nursing. In a wider context their valuable contribution to the promotion and maintenance of standards and value for money strategies may not be utilised. The above situation may not be in agreement with current educational interest, R.C.N. (1987); (EL(88)MB/166), E.N.B. (1989) Part H, p. 40.

The low priority and concern given to the integration of theory and practice permitted the nurse tutors to practise their clinical role in a fragmented way. The respondents were not
incorporated into the school system as existing human resources. It may be that leadership had failed to give much thought to the newest and valuable asset. In the literature reviewed the above point is discussed by Stringham and Smith (1973) and Tauber (1980). In understanding the responses this study draws the conclusion that the emergence of the discussed themes has direct relevance to schools of nursing.

4. The mismatch between professional training and subsequent practice

In what follows conjectures are offered to explain the mismatch between professional training and subsequent practice.

The mismatch between nurse tutor training and subsequent practice is not peculiar to nurse teacher education and is found within other professions such as medicine and school teacher education. Research which describes a hiatus in professional training and practice is found in those professions charged with preparing newcomers to be skilled and committed workers. In the past, attempts have been made by sociologists to provide accounts of the apparent disjunction between theory and practice.

Geer et al (1968) state that the definition of the situation, the activities one may engage in and the judgement used in particular situations are all important in helping the newcomer. They argue that newcomers need to be helped to "learn the ropes" by making them aware not only of persons, places and things but how to deal with these.

The study of medicine has provided useful opportunities for
sociologists to investigate any profession which is not only segmented but also subjected to ways of training and inducting new staff because the real situation is very different to the theory (Bucher and Strauss, 1961).

Fox (1959) identifies the problems associated with medical training. She claims that it needs to recognise the uncertainties of medicine and train students how to cope with these. She argues that every doctor must constantly cope with uncertainties and that grave consequences may result if he is not able to do so. It is for this reason that training for uncertainty is an important part of becoming a physician.

Merton (1957) describes the ways in which students are shaped both by intent and by circumstances of their school environment. He points out that medical students experience difficulties in learning the role of the physician which is professionally and socially acceptable. In the "Making of a Physician" Hughes (1958) argues that often professionals expect a newcomer to play a new role before the gap in training and subsequent practice is minimised or before he feels completely identified with the new role and competent to carry it out. Hughes (1958) claims that there is always an interaction between the lay and professional culture. During this period the newcomer is a "marginal man".

In the field of school teacher education, Lindsey (1964), Price (1964), Taylor and Dale (1971), Bolam (1973), Lomax (1973), McCabe (1979), Henderson (1978) and Vonk (1983) are a few of the many writers who have focused their attention to the problems of teacher training and the problems of the beginning

One way of providing an explanation for the hiatus between professional training and subsequent practice is the induction approach to professional socialisation. This approach takes the view that students are eager to learn the norms, knowledge and skills of the profession and carry these to their professional practice (Merton, 1957). He argues that a profession is institutionalised in society and a professional sub-culture develops around it. The main repository of this culture is the training school who is charged by the profession with instructing the teachers in the knowledge and skills of professional practice. The newcomers look at the established staff and accept their definitions of the professional culture and expectations of how to become a professional. Wrong (1961) argues however, that Merton's (1957) view fails to take into account the external influences. It ignores the interests and other roles of the individual. Bloom (1965) claims that a mismatch of professional training and subsequent practice may exist if there is no active involvement with other professionals.

The evidence presented in this study indicates that the respondents had poor interaction with their seniors, colleagues and peers. Generally the majority of the nurse tutors were passive in the induction process. Where a hiatus existed it may be that the respondents did not have the opportunity to assimilate a nurse tutor role due to either isolation, lack of
readiness for the role, inability to be receptive or the poor induction process within the school of nursing. Dornbusch (1955) argues that the transferring of training to practice depends on the opportunity to assimilate a professional role.

Simpson (1980) argues that the induction approach to professional socialisation assumes that all newcomers are eager to learn and practice their skills. She states that an induction approach while permitting generalisations from one situation to another, fails to consider the motivation of individuals or the congruence of norms in training which may be carried forward to professional practice. She draws attention to the fact that differences in view of the newcomers and the established staff may cause a mismatch within this approach. Respondents in this study received their training in a variety of institutions and circumstances. The different professional views which they may have brought with them to the schools could have resulted in the mismatch between the nurse teacher training and the subsequent professional practice.

A second explanation to the disjunction between professional training and practice is the reaction approach to professional socialisation. This approach does not conceive a school as a sub-system of the parent profession (Bloom, 1965); instead it is analysed as an independently organised social unit. A reaction approach centres around motivation, identities and commitments (Simpson, 1980). It allows shared experiences relative to common situations to be viewed in a particular perspective. The clearest example is seen in "The Boys in White" (Becker et al, 1961). The perspectives initiated and developed by the medical students helped them to minimise the
gap between theory and practice and get them through medical school. Oleson and Whittaker (1968) argue that professional socialisation is a dialogue. If a mismatch between training and practice is to be minimised, the established staff in the organisations need to change too.

Simpson (1980) combines both perspectives of professional socialisation - an induction approach and a reaction approach toward minimising the hiatus between professional training and subsequent practice. She identifies the need for adequate cognitive preparation of the individual to perform his/her role, the behaviour to meet the demands of the role and sufficient motivation to make the transition from one situation to another. This means that initially student tutors in the training institutes have been poorly or inadequately trained, secondly they may not be prepared to receive their role prior to entering schools of nursing. Thirdly, the preparation to receive their role may not have been re-inforced once they took up posts in schools of nursing. On the basis of the evidence from this study, the absence of specific programmes for student nurse tutors and newly qualified nurse tutors may have contributed to the mismatch between theory and practice as described by Simpson (1980).

A suitable explanation of the mismatch between professional nurse tutor training and subsequent practice is that a collaborative approach to the preparation of the nurse tutor's professional role has not been taken by policy makers and planners of both schools of nursing and training institutes. They have neglected to shape the nurse tutors by intent and by circumstances to their new professional role.
5. The contribution of the study

5.1 The capture of professional experiences during one year of nurse teaching

The study has addressed practices and processes within nurse teacher education. It has captured the professional life of the first year nurse tutor using a qualitative methodology. The research described the different ways in which respondents perceived situations and examined the relationship between their different beliefs and how these may have affected their actions.

5.2 Contribution to areas of major concern

This section discusses the contribution which the study makes to two areas of major concern:

5.2.1 Nurse teacher preparation

5.2.2 The first year of the nurse tutor

Historically nurse tutor education has long been dominated by questions of numbers and supply of nurse tutors (Davies, 1980). The process of orientation and induction of newly qualified nurse tutors into the nursing profession has been neglected by those concerned with nurse education. In what follows attempts are made to emphasise the importance of nurse tutor preparation.

5.2.1 Nurse teacher preparation

Insufficient care has been taken to ensure that candidates for nurse tutor training were adequately prepared. The courses they followed lacked academic and professional coherence; both subject and professional studies were insufficiently geared to
the particular needs of the student nurse tutors; the nurse teacher trainers lacked updates on present day schools of nursing; the practical work in schools of nursing which formed a part of their course was not always well organised and practicing nurse tutors were not sufficiently involved in the selection of student nurse tutors.

Perhaps the first and most important contribution of this study is that it identifies nurse teacher education as one which needs to grow and be strengthened in the spirit of a unified profession. It points the way to bring together the trainers of nurse tutors with the serving nurse tutors in a common concern for the training of new members as argued by Taylor (1987). It calls for the use of "day to day" skills and experience of practicing nurse tutors in the nurse tutor courses. It contributes to the policy that serving nurse tutors need to be more fully involved in the selection, the assessment of student nurse tutors and the planning of courses as argued by Lindsey (1961).

The improvement of nurse teacher education to which the U.K.C.C., E.N.B., the institutes of higher education and schools of nursing are together committed can only be assured by the co-operation of those concerned at all stages and with all aspects of the professional preparation and development of nurse tutors.

A model of nurse teacher education needs to be in parallel with the training models in medical care (Hughes, 1958). Much of the training of medical students takes place in clinical practice.
where the trainer shares his or her expert diagnosis, analysis and problems with the students. The students join together with the trainers and the full-time practitioners in exercising the skills of the profession. The students share the experiences, success and failures with the other partners.

In such a model, students see the bringing together of academic and theoretical knowledge of the profession with direct application of that knowledge to the day to day problems of professional practice. At the same time the practical application of skills become the focus of their training and central to the vision of the students of what it means to belong to that profession.

The spirit of partnership in professional development does not seem to be at the heart of nurse teacher training courses in this study. It therefore contributes to the debate that trainers and serving nurse tutors may need to work in a clinical model in preparing the student nurse tutors for their professional role.

Closely allied to working in the clinical model is a need for nurse tutors to be informed of the best academic and applied nursing research available. Tutor trainers with responsibility for an integrated approach to theory and practice need to absorb the results of their students' work in their research programmes. It is suggested that there is a need for applied nursing research in the field of classroom practice.

The evidence supports the view of Combs (1972) that both a
humanistic and skills-based approach are equally important to
the personal and professional development of the student nurse
tutor. The understanding of individual differences takes
priority during the changing role from nurse to nurse tutor
(Glassberg, 1979).

5.2.2 The first year of the nurse tutor
This section points out that first year nurse tutors are not
subjected to planned, coherent orientation and induction in
their new professional role. Their particular needs are not
identified and generally the newly qualified nurse tutors are
unsettled in their first post.

Deliberate measure to assist the orientation to work is called
for in this study. It emphasises that job satisfaction and
career progression are critical to employee retention. It asks
the established staff for their genuine commitment to nurse
tutor education and the understanding of the novice in
enhancing the professional role.

The study makes a contribution that the induction of the first
year nurse tutor cannot be avoided by schools of nursing. It
points out that a planned, flexible induction programme which
incorporates a staff development programme is necessary to make
the induction process worthwhile. Such a programme may enhance
the personal, professional and social development of the new
tutor to a high degree. The implementation of well-planned
induction programmes may bridge the mismatch of training and
practice, as it would promote a dialogue between the
established staff and the novice.
The study brings mentorship in induction to a focus. It claims that mentorship may increase communication, enhance the health of the organisation and promote an open climate for learning as suggested by Stuart Siddell and Haberlin (1983). It advocates the highest priority for the mentors and senior staff to have leadership skills in order to help the novice. The study therefore supports the view of Ramsey (1962) that leadership preparation takes precedence because the focus is to enable the nurse tutor to profit from his/her professional experience.

5.3 The usefulness of qualitative methodology

An advantage of qualitative methodology is that it is not only a means of obtaining information about a particular setting but it is also one which may provide knowledge that may be used effectively.

The major purposes of this study were preliminary, exploratory and descriptive and like many qualitative investigations the study has made its greatest contributions in an area where little research has been done previously.

This study offers new insights into nurse teacher education and the experiences of the first year nurse tutor. It suggests directions for future inquiry and should generate questions about the practices in colleges of education and schools of nursing. It focuses on an area of nurse education that was ignored in the past. The research holds great promise to nurse teacher educators who must contend with complex social settings and complex interactions between people. The significance of this type of "close to practice" study may strengthen the
development and/or improvement in educational programmes. Results are directly linked up with the nurse tutors' experiences and can be easily translated to curriculum elements of induction programmes.

The contribution of this study can be justified in the words of Eisner (1981):

"The validity of the research is the product of the persuasiveness of a personal vision; its utility is determined by the extent to which it informs."

(Eisner, 1981, p.6)

6. Limitations of the study

There are differences in style, substantive interests, methodological procedure and outcomes between this and other studies. Other researchers have investigated the nurse tutors' training differently. This study however, provides a means of understanding the experiences of first year nurse tutors in varying circumstances in schools of nursing. A test of the study is whether it will assist the respondents in their professional practices. If it proves specific enough to guide the respondents yet also be generalisable to similar situations, this study will serve a purpose. It may then allow nurse tutors, directors of nurse education, senior tutors and lecturers to reframe their practices by refining and elaborating issues expressed in this study. In what follows some limitations or restrictions of design and ethical issues arising from the study are discussed.

6.1 Limitations related to design

Based on a sample of seventy-one respondents, it is hardly
possible to come to conclusions which are valid for the professional development of nurse tutors in general. One limitation of this study was that the sample size was not large enough to ensure that the total population of first year nurse tutors was adequately represented but it was still a substantial proportion. The number of respondents could be accommodated by a single researcher.

Owing to the lack of funds and time at the beginning of this study, other parties such as the directors of nurse education, the established nurse tutors or student nurses were not included. The perceptions of these groups may have provided the researcher with additional data to enrich this study. Their responses may have contributed a new dimension to the same focus of research. It may have highlighted strengths, weaknesses, external and internal constraints of their organisations and their vision for the future. This type of information gathering would have been invaluable for nurse education as described by Denzin (1970).

The first year of the nurse tutor has not been recognised as a field for research. Planners and developers of nurse tutor education have not given much thought to further inquiry in this field of study. The evidence of this research suggests however that educationalists should show interest and concern in this area because the future of nurse teacher education may depend on these new tutors.

The study did not consider quantitative methodologies. The implications are that characteristically a quantitative study
would demonstrate validity and reliability tests which defends the data.

6.2 Limitations related to ethical issues
Ethical issues have been generated during the conduct of the study. In what follows these are discussed.

6.2.1 Informed consent to participate in the study
At the beginning of the study, informed consent was given by the directors of nurse education and respondents. But it appeared in due course that informed consent was problematic because at the interviews the researcher did not know all that she was looking for. The study developed and changed with each interview and the on-going analyses. As an ethical point of view, the researcher could not inform the respondents of exact or definite issues that were being investigated. In addition the researcher did not want to influence the nurse tutors' responses by explaining in detail what was being studied at the beginning.

6.3 Inconsistency of information given by directors of nurse education
Although information about the exact nature of the research study was made available to the directors of nurse education there were several respondents who were vague about the study. This created a dilemma for the researcher, in that individual respondents were unwittingly not always aware of what they should have known about the intended study.

The researcher spent a considerable amount of time explaining the study. This caused constraints with regards the timing of
each interview schedule for the day and also for the respondent who had other commitments.

6.4 Relationship of researcher to the respondent

The relationship of the researcher to those in authority was carefully negotiated at the time of entry to schools of nursing. Specifically a crucial issue was whether and in what form and how extensively the data were to be shared. It was essential therefore, to guarantee confidentiality in order to afford protection of the respondents.

The guarantee of confidentiality is especially difficult in social systems like small schools of nursing where generally everyone knows everyone. Even the slight cue may reveal a person's identity. Encounters with the school staff presented the researcher with limitations of open conversation about the study. This means that the researcher guarded herself carefully so she may not give off cues about the responses of the nurse tutors.

6.5 The researcher as therapist

When the role of the nurse researcher was not well understood by the nurse tutors, respondents sometimes cast the researcher into the more familiar role of therapist. These situations clearly tended to limit the objectivity of the interview because the researcher had to adopt a self-protective role. There were circumstances of this nature in twenty-four of the thirty-two schools visited. The researcher experienced role conflict and difficulties in keeping to her own objectives of the research study.
6.6 Intervention by the researcher
It was not infrequent for the researcher to be confronted with a "respondent situation" demanding intervention. These were collegial interactions in which the schools of nursing were not responsive to the nurse tutor's needs. The need for intervention became apparent during the interview at which point the researcher called an available senior tutor. The limitations in this kind of interview situation were that the researcher was empathetic, knowledgeable about a school situation and prone towards intervention. On the other hand, the researcher's interest was to minimise subjectivity and not change the nature of the evidence by intervening. The researcher resolved these issues by being clearly detached from sensitive situations although it was difficult at the time.

6.7 Predicting the significance of the research study
The researcher developed the focus of the study throughout the interviews. Data analyses began as soon as data collection commenced. Results of the on-going analyses lead the researcher down paths of emergent themes which were not predicted at the study's inception. Although this characteristic is considered a strength of qualitative methodologies, it created problems when attempting to understand the responses. For example, while conducting interviews with first year nurse tutors, it became clear that the respondents were employed in varying circumstances in schools of nursing, i.e. continuing education, community, children's nursing, general nursing. Thus the first year nurse tutor roles in this study had very different consequences resulting in varying perceptions of their experiences. Although this discovery was a significant
contribution of this research, it would have been impossible to predict this conceptualisation of nurse teaching at the beginning of the study.

6.8 Comment

While there may be no clear answers to the above issues, researchers need to discuss these areas thoroughly. Some of the above issues may be common to all researchers conducting quantitative or qualitative studies. Other issues may be specific to qualitative studies of this kind. Future discussion of the nurse researcher's role in qualitative research needs to make attempts in clarifying some of the ethical issues which may confront them.

7. Implications for future research

This research has implications that there is need to conduct further studies with particular aspects of the first year nurse tutor. In what follows these are discussed.

It may be necessary that a replication of the present study with a larger first year nurse tutor group is conducted. This would test the general applicability of emerging themes over a range of institutions covering a large sample of nurse tutors.

One must also ensure the study "fits" with what else is known in the everyday experience of the first year nurse tutors. Probably the best "fit" is the reaction of the nurse tutors in their setting. Based on the interest shown towards this study by individuals and groups in nurse education in the United Kingdom and abroad, it is implied that exploratory studies of
this kind seem invaluable. The reason is its contribution to fundamental and interactive processes within nurse teacher education.

Vonk and Shras (1987) claim that the period from beginner to full professional averages out at about seven years. They explain that the practices experienced and the behaviour developed during these seven years are considered to be a major influence on the teacher's behaviour during the rest of their career. This implies longitudinal studies (3 - 4 years) of newly qualified nurse tutors would be useful. Respondents could be included from both large teaching hospitals, smaller hospitals at home and abroad. These studies could then inform policy makers and planners of career developments of nurse tutors and make comparative analyses. All these remifications are however beyond one researcher. It may be worthwhile directing central funds in order to employ full time researchers.

This study has also implications for future studies which involve other parties such as the established nurse tutor in schools of nursing in order to establish the perceptions of their experiences. It may be useful to use research activities such as triangulation as discussed by Denzin (1970). That is using, for example, questionnaires, interviews, observations from the perspectives of different participants.

The present research has implications for future research to assess how nurse tutors are equipped for the work they are assigned in their first posts. This type of research has
already been conducted in the field of school teacher education (H.M.S.O., 1982, 1985 and 1988).

It is implied that a combination of research activities with guidance activities may be useful as illustrated by Wubbels et al. (1987). In this way nurse tutors will be exposed to action research strategies. These activities will allow researchers to observe nurse tutors and assist them to profit immediately.

Implications for future research may involve more detailed studies to take the senior staff's views of induction and identify managerial strategies they employ.

An evaluation approach introduced by Parlett (1972) known as "progressive focusing" could be used at the end of the first year. This would inform the researcher about the nurse tutors' and mentors' appreciation of the entire guidance programme in which the directors of nurse education play a major role.

This study has implications for future research using both quantitative and qualitative methodologies. Suggestions include the selection of nurse tutors, their reasons for entering and leaving nurse teaching, the distribution and retention period of first year nurse tutors, the provision of orientation, induction and staff development, self and peer reviews and current teacher preparation courses including the course content and existing methods of nurse teacher preparation.

8. A way forward

A substantial amount of information about the professional
experiences of the first year nurse tutors in schools of nursing has been gathered. This has implications for policy. It is recognised that policies for nurse tutors are generally formulated within the principal strategy of the school as an organisation and understood that constraints and difficulties may emerge. These may include factors such as finance, manpower, the nature of the organisations, the culture and the actions of the work force.

In what follows a way forward for the first year nurse tutor is identified. It takes into account the issues identified and principal findings of this study in successive progression. These are:

* A corporate response to change
* Recognition of the first year of nurse teaching
* Direction for policy
* Considerations for policy-making
* Partnership
* Leadership of directors of nurse education
* Pre-course preparation
* Participation of practising nurse tutors in selection procedures
* Selection of student nurse tutors
* Teacher preparation programmes
* Supervision
* Selection and training of mentors
* Training for nurse tutor educators
* An induction programme for the first year nurse tutors
8.1 A corporate response to change

An organisation's "culture" is shaped by its history of internal and external struggles, its practices, processes and the modes of communication. Just as society has a cultural heritage, so schools of nursing possess distinctive patterns of collective feelings and beliefs passed on to individual members. The culture of the organisation is critical for its development. It may be that values and attitudes which have developed over the years can rarely be changed. They can only be modified. Typical patterns or ways of doing things are often accepted but beneath this there needs to be a real commitment to co-operation and collaboration from central government, U.K.C.C., E.N.B., E.A.G., schools of nursing, training institutes and senior educational management as a corporate response to external demands for change.

8.2 Recognition of the first year of nurse teaching

Within the organisational culture there are two key issues for those who are responsible for first year nurse tutors. One is that the first year of the nurse tutor is recognised as an important "field of study". Two is a concern with the manner in which information about the "field of study" is utilised within nurse teacher education. The former refers to defining the areas of inquiry, developing the content of the field, accumulating research findings and contributing to an organised body of knowledge. The latter concern refers to the manner in which this content is utilised for the development of the nurse tutors' role within the profession. The evidence of this study demonstrates that the first year of the nurse tutor is yet to be recognised as a "field of study".
8.3 Direction for policy

The evidence indicates that analyses of the student nurse teachers' and first year nurse tutors' professional development needs are currently not undertaken as a formal process. This may mean that the education and training of these two groups are not as appropriate as they could be for current and future needs of nurse education.

The Nurses, Midwives and Health Visitors' Act (1979) however clearly states that training courses for professional training must meet the required standards of the General Council. The National Boards are also charged to collaborate with the Council in the promotion of improved training methods. The education officers provide the links with the schools of nursing by which the E.N.B. carries out its statutory duties. The E.N.B. has a clear interest in ensuring that professional training is provided for nurses, midwives and health visitors and that the training is effective. In order that nurse teacher training and professional development of the nurse tutors are effective, these should be appropriate and value for money.

8.4 Considerations for policy-making

This section provides a way forward for policy makers who are involved in the formulation of teacher education strategies with a specific remit for first year nurse tutors' concerns.

A teacher education strategy needs to demonstrate, direct the way forward and communicate its intentions for first year nurse tutors. This would assist the appropriateness of nurse tutor training and teaching provision. Although training may not be
an end in itself, it is a means of generating knowledge, skills and attitudes necessary to deliver the quality of nurse teaching. This may need to include an identification of the numbers of new nurses in basic nurse training who may require specific skills of nurse tutors, e.g. in paediatrics, community, intensive care.

(a) A first step is to identify the specific skills of potential student teachers and direct them to areas where appropriate.

(b) A second step is to evaluate the present newly qualified nurse tutors' strengths and skill shortcomings.

A funding strategy needs to be developed within the total strategy for nurse education which would deliver the required education and training for the first year nurse tutors. Future directions may need to consider a decision making process for resource allocation and a formal process to direct funds from nurse education to the first year nurse tutor development. A strategy needs to be implemented within the umbrella of nurse education training and development where career development is enhanced.

The National Boards need to monitor if the first year nurse tutor's development process operates efficiently and effectively through quantitative and qualitative methods. This would give the National Boards control over their funds and ensure that standards and value for money have been attained. The education officers and directors of nurse education would need to play a major role to minimise inconsistencies. Performance indicators may be invaluable in this endeavour.
8.4.1 Partnership
Perhaps the most important development in nurse teacher education must be a unified profession which brings together the school of nursing and training institutes in a common concern for the training of new members for the profession. There is a need for practical day to day skills and of the serving nurse tutors to be brought in to the teacher preparation course. This would enhance the professional status of the nurse tutors while at the same time, greatly enrich the teacher preparation course. The partnership of equals would contribute very different aspects of expertise towards nurse teacher education. There must be commitment from established nurse tutors towards professional responsibility for the future of nurse education. The contributions of the established nurse tutors must be directed towards skilful management in the school and clinical community. The educators of training institutions must always be the persons to read and reflect on theoretical insights of research and scholarship as they bear on the practice of the student nurse tutors.

8.4.2 Leadership of directors of nurse education
For effective involvement, the directors of nurse education should hold firm views about the best way of taking forward the initiation in leadership. They need to keep abreast of the times and must be willing to share their professional knowledge and expertise with their subordinates in order to improve educational policy. There is a need for intellectual dependence on other professional nurse educators. There should be encouragement for meeting of minds and unity of purpose because actual activities of colleagues in the real situation are indeed invaluable.
The directors of nurse education must take lead and make their position clear so that all staff can see their priority issues. The approach should be "top led" as opposed to "top down" that is encouraged and not imposed. Their most important and useful functions are direction, provision of information, support, guidance, acting as catalysts and co-ordinators. Before successful programmes for the first year nurse tutors are implemented, the established staff need to raise their consciousness about "induction". Leadership must ensure that they understand the issues involved. All initiation to improve leadership should arise from a commitment by the directors of nurse education to ensure the acceptability of their standards to nurse education as a whole.

8.4.3 Pre-course preparation

Once it is recognised that the first year nurse tutors are an integral part of nurse teacher education it may be possible to suggest some ways in which policies and practices can be developed.

A major part of this must be concerned with the career shift of the nurse tutors. That is with determining to what extent and in what ways the various reasons for entry will draw upon and contribute to nurse tutor education.

The potential candidates must receive advice on career counselling. They must have opportunity for individual consultations with the directors of nurse education prior to formal application for places in training institutes.
The pre-course preparation must be a collaborative effort with the schools of nursing and training institutes. Pre-course preparation forums must be formalised. They should include the attendance of the candidates, selected tutors from schools of nursing and educators from the particular training institute. The venue must be the training institute.

Candidates need to have some familiarity about adult learning methods which are used in the training institute. General information must include the course design, course requirements and the range of assessment procedures. Opportunity for questions must be addressed at the forum.

The nurse tutor training courses must make particular efforts to attract nurses to nurse teaching and to ensure that the standard of recruitment is high. To achieve this it may need to build on the strengths of those institutes which have been demonstrably successful in attracting good candidates. At the same time it may need to build on a pre-course preparation system which is a fully integrated part of the higher education system.

8.4.4 Participation of practising nurse tutors in the selection procedures

If practising nurse tutors participate in the selection of candidates, it may provide great assurance to the training institutes about their candidates' suitability for teaching. Because they are actively involved as nurse tutors they will have a sharper awareness of skills necessary in teaching and the extent to which candidates will match up to them as
discussed by McClendon (1962). The process may also establish the idea that nurse tutors have an important role to play in setting appropriate standards for entry to their own occupation. Lindsey (1961) argues that the presence of a practising teacher in the selection process ensures a clearer picture of the "person" who takes on the role of teacher.

8.4.5 Selection of student nurse tutors

It is proposed that nurse tutor selection should incorporate both a skills-based and humanistic approach because central to nursing are both the "person" and "skills". It is necessary for training institutes to take the fundamental responsibility in cultivating those abilities which are considered to be of practical application from the point of selection. Selection protocols of training institutes may need to be given thought and revised. The protocols must demonstrate to the selection panel that both the candidates' personal qualities/experiences and their skills are given equal consideration in the selection process.

8.4.6 Teacher preparation programmes

It is the view of the present study that within the framework of nurse tutor preparation, graduate programmes can put both the field of study and the profession in perspective. It is emphasised that this study is not disputing the need to improve the present nurse tutor preparation courses. It is quite the contrary. What the study is disputing is the implication that graduate training for all potential nurse tutors is the most appropriate form of training for the following reasons:
(a) It is claimed that extensive and direct use of content would appear to be by those who research and teach it. Consequently, the field of study should receive priority in their professional preparation. It is in the preparation of this level of professionals that graduate training will have its greatest impact.

(b) As well as the need for research there is need for theories, as an impetus to the development of first year nurse tutors. It is suggested that graduate training will include theoretical conceptualising by testing qualitative and quantitative analyses and the forming of conceptual relationships based on findings. The field of study can then be developed in a coherent way.

(c) All graduate programmes need to allocate a large part of the time to clinical teaching practice in order that theory is brought nearer to the real situation.

8.4.7 Supervision
Supervision should be seen as a form of teaching with a specific focus on helping student nurse tutors and first year nurse tutors in learning to solve problems and improve their performance. There is a need to nurture their adaptability and coping ability which would enhance their enjoyment in learning. Educators in training have a particular responsibility in the supervision of teaching practice. Established nursing staff have an equal responsibility for supervision in the nurse tutor's first year in post.
Supervision as an integral part of the nurse tutor's professional training should be established with all teaching staff in schools of nursing. It should not be taken as a surveillance but advice and help. The implications for supervision are that there must be collaboration among supervisors to give the student nurse tutors and first year nurse tutors well informed support in different areas of practical teaching.

8.4.8 Selection and training of mentors
The mentors who give guidance to the new nurse tutors should be selected and trained for this task by the training institutes and schools of nursing. As a first step the mentors may need to receive training at training institutes. This would introduce the selected mentors to the skills which they will require for supervision. The second step of this training will introduce the mentors to teacher—student communications. The mentors need to begin their function immediately after completing the initial mentor training in order to reinforce what they have learned. The third step of the training would take the form of "coaching on the job" in training sessions. These training sessions will give the mentors an opportunity to discuss their experiences and problems which they have encountered in supervising their new colleagues.

8.4.9 Training for nurse tutor educators
In the professional preparation courses of nurse tutors, the need for quality and standards are priorities. Training institutes must take the initiative in establishing regular in-service training arrangements for nurse tutor educators. It is
suggested that there is both a need and a challenge to develop detailed plans for the preparation of the educators who are engaged in the role of adult educators. Accordingly, attention must be given to the development of objectives which clearly specify the competencies required by the nurse tutors and the learning experiences which will develop these competencies.

It is argued by Stones (1987) that there are serious problems of staff development in training institutes. It may well be that the key to the present nurse tutor preparation courses is staff development programmes for the educators. Well-defined staff development policies for nurse tutor educators must be implemented and close internal and external monitoring systems devised.

8.4.10 An induction programme for the first year nurse tutors

The successful nurse tutors enter schools of nursing for their first teaching post. They may do so with a different professional thought to those established nurse tutors. The first year nurse tutors may have outlooks which reflect the values and ideals of their training institutes. This may represent to the established staff as a deviance of specific beliefs and attitudes to nurse teacher education in general, causing poor interaction with the staff. In the process of induction, the new tutors may therefore need to be helped with the perceptions they already have and given assistance with the discovery of deeper meanings towards these perceptions whilst enabling them to gain new perceptions in nurse teacher education.
This study suggests that formal induction programmes in schools of nursing must be designed to help first year nurse tutors bridge the gap between teaching as a student teacher and a nurse tutor with full responsibility for his work. Therefore professional development of induction programmes need to take three different approaches. These are:

(a) personal development
(b) nurse tutor professionalisation
(c) nurse tutor socialisation

Each of the above do not exclude the others but stress their differences. In practice a theory of a nurse tutor's professional development may contain parts of each perspective, one of which being the dominant one.

(a) In the area of "personal development" the nurse tutors and their potential, are the central issues. This approach is characteristic of humanistic education (Combs, 1965). Good teachership is explained in terms of autonomy, empathy and understanding of individual differences (Glassberg, 1979). It takes into consideration the way individual nurse tutors learn to structure their role, interact with the environment which is externally determined and also specific to a particular school. In this way both the student nurses and the newly qualified tutors will take advantage of the situation.

Supervision strategies will need to take a central role in personal development. It would make good sense to seek
feedback from peers and student nurses. Whatever the source of evidence there is a need for documentation. The lack of or weak documentation constitutes a major obstacle to the appraisal of teaching performance (Lindsey, 1969).

(b) In the perspective of nurse tutor "professionalisation", the acquisition of effective teaching and management skills are the leading issues. The fundamental view is the belief of an existence of effective teaching and management skills which are easy to handle and transfer by all nurse tutors for all subjects. The emphasis is learning and improvising individual skills which may be new, while strengthening the existing ones.

(c) The nurse tutors' "socialisation" entail their adaptation to the professional environment. This concerns the social learning process by which newly qualified nurse tutors acquire their knowledge, skills, values and interest in their professional group, either by adapting to the existing professional environment by a process of mutual influence or both.

The social learning programmes could utilise experienced nurse tutors to give guidance to junior colleagues. In this guidance the problems of the newly qualified nurse tutors can be discussed. These could then be interpreted as features and processes of communication.

It is recommended that any policy concerning the first year of the nurse tutor has got to be accepted and implemented in particular schools of nursing. Therefore the study sets out its policies in the form of guidelines.

This study has identified many shortcomings in the ways in which nurse teacher preparation is carried out at present and a distinctive and positive contribution which arises from the research is to identify a series of issues concerning professional training which can be codified as a tentative policy statement. These are:

9.1 Initial career counselling

The directors of nurse education should take responsibility for ensuring that career counselling is available for potential student nurse tutors. This should involve:

* Professional counselling which informs the individual applicant about nurse teaching and its place in nursing.
* Accepting applicants as persons with individual differences and experiences which should be respected.

9.2 Nurse teacher training

9.2.1 Selection

* Training institutions should select potential student nurse tutors on the basis of both their educational attainment/ability and their personal qualities.

9.2.2 Climate of the training institution

* Training institutions should provide a non-threatening
climate in which student nurse tutors develop their professional skills.

9.2.3 Teaching practice

* Teaching practice as a major component of the course should be assessed by members of the training institutes and the placement schools.

9.2.4 Supervision

* Placement schools should appoint school mentors who are carefully selected by the director of nurse education.

* Each mentor should be adequately prepared and supported by the school and the training institution to exercise his/her function.

* Supervision should be co-ordinated by the director of nurse education in a logical way for the benefit of the student nurse tutors and the mentors.

9.2.5 Climate of the placement school

There should be provision in the placement schools for an "open climate" in which learning can take place. This should be the responsibility of the director of nurse education in each school of nursing.

The placement schools should:

* Inform all established staff about the teaching practice schedule of the student nurse tutor.

* Provide a climate for collegiality and camaraderie.

* Encourage the established staff to share responsibility for monitoring the learning environment.
9.2.6 Support

The director of nurse education of each parent school of the student nurse tutors should:

* Provide the student nurse tutor with counselling, support, guidance and encouragement during the placement period.
* Help in maintaining the student nurse tutor's interest and motivation during the placement period.

The local school of nursing in the neighbourhood of a training institution should:

* Take a support school role for student nurse tutors when parent schools are not in close proximity.

The local director of nurse education should:

* Be available for giving support to the student tutor where necessary.
* Liaise with the parent school of the student tutor and the training institution.

* Each student nurse tutor should be informed about the local director of nurse education's support role.

* The identified local school of nursing should receive extra funds from the English National Board via the Educational Advisory Group (E.A.G.) to carry out the support role.
10. Suggested guidelines for the first year nurse tutor in schools of nursing

10.1 Appointment as tutor in a school of nursing
Schools of nursing should develop a common method of nurse tutor appointment with identified requirements. Candidates should:

* Complete a standard application form.
* Be required to attend a formal selection interview.
* Be provided with an agreed description of the post and duties prior to selection.
* Successful candidates should be provided with a contract of employment which must be signed by the employer and employee prior to engagement.

10.2 A staff development strategy
Schools of nursing should formulate a planned staff development strategy for the first year of nurse teaching. The school of nursing should incorporate the practices and processes of both the school of nursing and the clinical environment.

11. A design of an induction programme
Induction programmes for the first year nurse tutor should be designed in order to ease the transition from the training institution to the classrooms and clinical area. This should be the responsibility of the director of nurse education.

An induction programme should:

* Comply with statutory requirements for induction.
* The director of nurse education should review induction practices in the light of new legislation and research.
The director of nurse education should consider carefully what special expertise new tutors have to offer and how this might best be used.

An induction programme should:

* Be incorporated with the on-going practices of the school's established staff.
* Promote the personal and professional well-being of newly qualified tutors.
* Prevent the isolation of newly qualified tutors.
* Assist in the provision of opportunity for newly qualified nurse tutors to share their needs and address pending problems.
* Develop attitudes which foster effective tutor performance
* Improve nurse tutor performance.
* Provide strategies to acquire additional knowledge, attitudes and skills for nurse tutors.
* Train for leadership behaviour.
* Endeavour to increase the retention of newly qualified tutors.

11.1 Suggested requirements for a planned induction programme

11.1.1 Leadership

* The director of nurse education should adopt positive leadership in the induction process.

11.1.2 The Statement of policy should:

* Have a written statement of policy for the induction and assessment of first year nurse tutors which:
Describe: (a) the aim of induction
(b) the criteria for assessment

* Be in line with U.K.C.C., E.N.B. and E.A.G. policies on induction and assessment
* Be integrated with the school of nursing's policy on staff development.

11.2 The implementation of the induction programme

* The schools of nursing should carry out structured induction training and assessment plans effectively. It should include provision for a school of nursing and external centre based induction activities.
* The programme should clearly state aims and objectives. The methods of achieving these should be known to the nurse tutors.
* The programme should demonstrably incorporate with a staff development programme of the school of nursing.
* Mentors with a direct responsibility for induction, training and assessment should have access to the director of nurse education.
* Staff with indirect responsibility for induction should have access to appropriate advice from the mentor.

The nurse tutors should be released to attend internal/external induction activities and given the opportunity to meet peers in a professional capacity.
* First year nurse tutors should be allocated to attend planned induction study days in school working time.
* Where school staffing situations permit, the nurse tutors should be given the opportunity to meet peers in a
professional capacity.

The main features of the induction programme should be:

* The statement of intent.
* Initial orientation as a major component of staff development.
* The nurse tutor's role in the organisation.
* The nurse tutor's place in the organisation.
* Induction as a major component of staff development.
* Assessment criteria in the first year of nurse teaching.
* Evaluation of the induction programme.
* The main features of the programme should be explained and discussed at regular staff meetings.
* There should be opportunities for feedback sessions.
* The policy should include a "Nurse Tutor Hand Book" for newly qualified nurse tutors.

11.3 Assessment of the nurse tutor

Induction programme activity should be recorded and assessed as appropriate.

Examples of such activities should include:

* Structured discussions between new tutors and senior colleagues.
* "Team" activities.
* 6 monthly progress review.
* Yearly progress review.

11.4 Evaluation of the induction programme

The induction should be monitored and evaluated by:

* A procedure which obtains on-going feedback from all school teaching staff and the first year nurse tutor.
12. An induction programme should not be implemented in isolation, it needs to be incorporated into a staff development programme which identifies:

12.1 The role of the E.N.B., E.A.G. and D.H.A.
* A realistic account of what staff development facilities can be offered in the schools of nursing should be drawn up and disseminated to potential staff by the E.A.G., E.N.B. and D.H.A.

12.2 The role of senior management
* Staff development should be recognised as a senior management function. It must demonstrate forward planning, and the allocation of responsibility to specific named members of staff.

12.3 The formulation of policies
* A staff development committee should be formed to discuss and formulate policies about induction programmes relating to:

(a) the individual nurse tutor
(b) the group of nurse tutors
(c) the school of nursing and the clinical area.
* A written policy document should be set out to indicate the senior management approach to staff development, the allocation of responsibilities and the functions in each school of nursing.

12.4 The preparation of a staff development programme
* Each school of nursing should formulate a staff
development programme which aims to meet both individual and school needs.

The programme should:

* Allow for flexibility in order to take advantage of local school activities.
* Use expertise within the school.
* Develop network of links with peers and other agencies.
* Initiate forums for exchange of ideas.
* Use suitable persons other than staff to assist in the programme formulation.
* Be regularly updated to meet the changing needs of the school, clinical area and staff.
* Be co-ordinated with responsibility for initiating and maintaining standards.

12.5 Support

* Every encouragement should be given to enable the willingness of the established staff to assist the newly qualified nurse tutor.

12.6 Workshops

* Statutory workshops for teachers of nurses should be conducted on a yearly basis, instead of the present "every fifth year" (E.N.B./62/MAT).

12.7 Evaluation

* There should be a need for ongoing critical evaluation of the induction programme to ensure if it incorporates staff development.
13. Implications for policy

This section addresses some implications of the proposed policy statement.

The Nurses, Midwives and Health Visitors Act 1979, Project 2000 (1988) and the R.C.N. Commission for Nurse Education (1985) all emphasised the growing support for education reform. Significant proposals which have focused attention are the rationalisation of nursing schools, formation of collaborative links between approved training institutions within the N.H.S. and centres of higher education, graduate training and performance indicators.

The creation of ninety colleges from three hundred and fifty schools of nursing is to ensure the best use is made of the scarce educational resources in the most cost-effective way (E.N.B. 1990). This policy statement implies that if the above statement is to be taken seriously decisions need to recognise the newly qualified nurse tutor as a key agent in the future of nurse education.

The proposed policy statement claims that the present rationalisation of schools need to take decisions in how nurse tutors are deployed in a useful way. It identifies the effective utilisation of the nurse tutors' skills from the start of the career. Planners and developers should therefore make a deliberate effort to implement statements from the suggested policy.

If one is to ensure that nurse tutors are a quality investment
the policy statement must emphasise that they need to be trained and educated to give the best possible service to the students and the community. This requires the preparation of nurse tutors for the challenge of change in order that they can adapt in a mature and flexible manner.

The evidence of this study indicates, however, that career counselling, selection, orientation, induction and staff development were given low priority by the majority of the schools of nursing. A fragmented orientation to schools of nursing accompanied by poor leadership and induction practices imply that newly qualified nurse tutors are not considered key personnel in the future development of nurse education. The proposed policy statement has endorsed the importance of the above mentioned organisational processes. Issues arising from a school teacher education survey (H.M.S.O. 1983) illustrate that if new teachers are to progress, it is necessary for training institutions and those responsible for induction to agree that training and induction are complementary.

Links with higher education as suggested in the U.K.C.C. proposals (Project 2000) mean that the nursing profession can no longer put student nurses at a disadvantage by failing to provide education, knowledge and sharing of experience. Links with higher education mean not only structural links but interactive links and change in attitudes of all groups concerned. This implies that schools of nursing will need to move away from a "monotechnic" culture. The proposed policy statements call for the selection and training of mentors who may have the opportunity to improve collegial interaction and communication channels more effectively.
The E.N.B. (1989) believes that links with higher education would eventually contribute to academic scholarship, accountability, enhance the competence and confidence of nurse tutors. The proposed policy statement, if taken up by schools of nursing, would make a large contribution to fulfill the E.N.B.'s objectives.

If Project 2000 proposals are to be supported, appropriately qualified nurse tutors would have to be flexible to respond to changing service demands. The E.N.B. action plan for 1991 proposes that by 1995 all newly appointed teachers should be graduates (E.N.B. 1990). This proposed policy agrees with graduate programmes for nurse tutors but informs nurse teacher education that there must be good career counselling and careful selection of candidates. The graduate programmes need refinement and development to meet changing demands in a realistic way. In order to respond to the future, a policy for training the trainers is an essential element in the total development programme.

The R.C.N. (1987) recognised that nurse education performance indicators should be developed and based upon available research. They stated that the use of these indicators will enable the process of assessment and evaluation of the institution, individual courses and nurse teachers. The R.C.N. argued that since schools of nursing are concerned with giving public account of their activities, appropriate tools should be devised to review the quality and quantity of educational provision. Balogh and Beattie (1988) stated that there is unanimous expectation that performance indicators will
influence nurse education. This study informs nurse teacher education that the fragmented and unco-ordinated practices experienced by nurse tutors may have serious implications for the efforts of the profession to devise performance indicators for nurse teacher education. The proposed policy statement calls for an induction programme which could generate information to develop performance indicators. Standards could then be set for performance reviews.

Griffiths (1983) stated that if nurses are to meet the health care needs of patients, clients and their families, they must be used to their full potential and considered value for money.

"Health for all - 2000" Target 31 W.H.O. declared that:

"By 1990 all member states should have built effective mechanisms for ensuring quality of patient care within their health care systems."

(W.H.O., 1985)


A key proposal in the White Paper "Working for Patients (1989)" was:

"To ensure that all who deliver patient services make the best use of resources, quality of service and value for money."

(Command 555, 1989)

The U.K.C.C. Post-registration Education and Practice Project
(PREPP) proposals (1991) claim that the nation depends on today's professionals being well-prepared, skilled and being well-informed about development within their area of expertise.

Rogers (1983) claims that inadequate opportunities for the appropriate in-service and continuing education can hinder the individual in contributing to work activities in a positive way.

The above literature informs nurse teacher education of its responsibility towards continuing education of its members.

This policy statement clearly states that an induction for the first year nurse tutors should be incorporated in a staff development programme. It may then shape the future of nurse tutors and enhance the quality of the nurse teacher education within the total health care system.
APPENDICES
# LIST OF APPENDICES

**Chapter 1**

| A. | The syllabus for the sister tutor diploma extended over one year full-time study | 496 |
| B. | Interview schedules for course directors of Teacher Training Colleges | 497 |
| C. | Teacher preparation courses 1 - 9 | 498 |

**Chapter 3**

| D. | Letter of introduction to the director of nurse education (Pilot study) | 526 |
| E. | Interview schedules for the first year nurse tutors (Pilot study) | 527 |

**Chapter 7**

| F. | Letter of introduction to the directors of nurse education (Major study) | 530 |
| G. | Declaration of *bona fide* research | 531 |
| H. | Second letter to the directors of nurse education re-confirming the entry to schools of nursing | 532 |
| I. | Interview schedules for the first year nurse tutors (Major study) | 533 |
APPENDIX A

UNIVERSITY OF LONDON REGULATIONS 1945

The syllabus for the Sister Tutor Diploma extended over one year full-time study

SECTION 1 Elements of Physics and Chemistry
80 hours of lectures and practical work

SECTION 2 Biology, Human Anatomy and Physiology with nutrition
170 hours

SECTION 3 Public Health and Preventive Medicine
30 hours lectures with additional time spent in visits to institutions

SECTION 4 Bacteriology
15 hours lectures, 15 hours practical

SECTION 5 History of Nursing
10 hours

SECTION 6 Nursing School Administration
6 hours lectures

SECTION 7 Educational Psychology
30 hours lectures

SECTION 8 The practice of teaching
100 hours
Practical teaching and attendance at classes and discussion given by other students
APPENDIX B - INTERVIEW SCHEDULES FOR THE COURSE DIRECTORS OF TEACHER TRAINING COLLEGES

1. Selection
2. Recruitment
3. Preparation - information sent out to candidates and directors of nurse education
4. Adaptability - of student teacher
   (a) full time studies
   (b) philosophy - adult learning
   (c) mixed groups
   (d) readiness to learn
5. Course content/curricula/length of course
6. Teaching practice - orientation ) by college lecturer
   supervision ) and host
   assessment ) school of nursing
7. Assignments/examinations
8. Liaison with school of nursing
9. Preparation for the role of (generic tutor) with clinical attachment
10. Guidance during the course; and a mentor role
11. Views for the newly qualified nurse teachers
    (a) orientation
    (b) planned induction
    (c) inservice guidance
    (d) career guidance
    (e) assessment and supervision
APPENDIX C - TEACHER PREPARATION COURSES

COURSE NUMBER 1

Name of course: Further Education Teachers' Certificate
Validation: University of Manchester
Approved by: English National Board (Continuing Education)
United Kingdom Central Council
Length of course: 37 weeks
Recruitment: National Health Service advertisement
Nursing Journals
Selection: Application form (formal)
University criteria: 5 'O' levels
'A' level Sociology or Biology
Criteria as UKCC PS&D 86/10 on clinical/professional standards.
ENB requirement - T1 form - evidence of clinical experience.
Interview

Course Aims: (as in handbook p.14)

1. Achieve a standard and style of classroom performance
   which is appropriate to the wide range of educational
   needs, interests and abilities encountered in your area of
   work.
2. Identify and respond to the needs of students in further
   education.
3. Develop appropriate skills and attitudes commensurate
   with teaching in further education.
4. Appreciate the nature and structure of the further
   education system.
5. Identify possible and potential future area for your professional development.
6. Improve your employment potential.

Objectives:
a. Plan schemes of work and learning experiences.
b. Utilise a variety of teaching strategies appropriate to particular learning situations.
c. Develop relationships conducive to learning.
d. Evaluate student learning and modify strategies in the light of this evaluation.
e. Employ a range of educational principles and concepts.
f. Undertake varied professional responsibilities of a teacher in further education.
g. Demonstrate an in-depth understanding of a particular area of the operation of further education.
h. Utilise information technology appropriate to your area of expertise.

Key content:
1. Educational studies.
2. Curriculum development and methods of teaching.
3. Language and study skills.
4. Teaching experience.

Supervised teaching experience:
Day attachment - series of 9 one-day individual days - total of 2 weeks
Block periods - 5 weeks and 6 weeks - total 11 weeks
Total - 13 weeks
Mentors:
The college requires mentors for each student. Guidelines for mentors issued.

Tutors visits:
3 visits by college tutors.

Pastoral care:
By mentor.

Assessment:
Course work - essays, assignments, supervised teaching experience.
End of course - examination (written).

Educational studies:
Essays 1 per week
Assignment 1 on Organisation and Administration
Examination - 1 - 2 1/2 hour written paper.

Curriculum and method:
Essays - 1 on development in nurse education
Assignments: 3 - Lesson planning,
Assessment technique
Curriculum planning.

Language and study skills:
Assignment - 3,000 words
Present in oral communication
Examination - 2 1/2 hour written paper
Instructional writing analysis.
Course Number 2

Name of course: Certificate in Education - Further Education

Validation: Council for National Academic Awards

Approved by: English National Board (Continuing Education)
               United Kingdom Central Council

Length of course: 37 weeks (full-time)

Recruitment: National Health Service advertisement
             Nursing Journals

Selection: Application (formal).
           College criteria - 5 'O' levels including English and Maths
           UKCC criteria PS&D 86/10 on clinical/professional standards (superseded by PS&D 88/03)
           ENB criteria - evidence of clinical experience T1 form
           Interview
           (Those who are weak in numeracy and/or literacy are given a 12 week course within the Certificate in Education Course).

Overall aim: (as in handbook p.1.)
To initiate and develop professional competence and levels of awareness relevant to the variety of educational environments and encounters occurring in post initial education, including specialist vocational education and adult education.

General course aim:
1. To provide the basis for the acquisition, development and understanding of a range of pedagogic skills within a
variety of contexts in which these skills may be required.

2. To provide opportunities to facilitate current understanding and future professional development by mediating course experiences through relevant insights from those theories and disciplines which inform the practice of education.

3. To develop the skills and insights necessary for self-evaluation in respect of the processes of teaching and learning in order that student teachers may be aware of the dynamic nature of these processes and be capable of responding sensitively and effectively.

4. To prepare student teachers for employment in responding to specialist needs and interests through the medium of subject issues relevant to current practices and likely future demands.

5. To provide an opportunity for student teachers to gain insights into the need for and current developments in alternative learning strategies and policies administered through a range of training agencies and systems.

Key Content:


2. Group interaction and control.


5. Resources and information technology.

6. Curriculum development and delivery.

7. Nursing and health studies.

8. Issues and developments in further education options.
Supervised teaching experience:

Block periods - STE 1  6 weeks
STE 2   8 weeks
Total 14 weeks

Mentors:
The college requires identified mentors from the host institution. The host institution and the college meet periodically to discuss mutual concerns and exchange views.

Tutor visits:
It is suggested that a minimum of 20% and a maximum of 50% of the students teaching time would be a reasonable proportion to be visited by a college or school tutor.

Pastoral care:
Provision of pastoral care is by the identified mentor.

Assessment:

Course work - formative assessment via thematic assignments - a total of 7.

Viva voce - no final written examination.
Name of course: Certificate in Education

Validation: Council for National Academic Awards

Approval by: English National Board (Continuing Education)
United Kingdom Central Council

Length of course: 34 weeks full-time

Recruitment: National Health Service advertisement
Nursing Journals

Selection: Age between 24 - 25 years

Application (formal)

College criteria - 5 'O' levels

Evidence of numeracy and literacy

Criteria as UKCC PS&D 86/10 for clinical and professional standards (superseded by PS&D 88/03)
ENB requirements - evidence of clinical experience
T1 form

Informal interview

Aims of course: (as in handbook)

Its purpose is to provide teacher training for persons who intend to teach vocational or related subjects in educational institutions serving the needs of older adolescents and adults. The focus of the course is upon the acquisition of basic knowledge, attitudes and skills which will enable the teacher to perform effectively in the classroom, workshop, laboratory or other specialised settings. It will prepare intending teachers for appointments in the appropriate sector and will also provide a foundation for those wishing to follow more advanced courses.
Key content:
1. Basic teaching studies.
2. Specialist teaching studies.
3. Education studies.
4. Supporting professional studies.
5. Practical teaching.
6. Assessment of student work.

Practical teaching:
Term 1 - 5 weeks
Term 2 - 6 weeks
1 week
Total of 12 weeks during which there is a progressive assessment of ability as a teacher.

Mentor:
Mentor application is a study day for all identified mentors in the catchment area.

Tutor visits:
Three

Pastoral care:
Provision by any tutor available.

Assessment:
(a) Course work on continuous assessment.
(b) Practical teaching on supervised teaching experience.
(c) No final written examination.
(d) Work is assessed by a panel of examiners appointed by the Polytechnic.
Name of course: Certificate in Education (Further Education)

Validation: Council for National Academic Awards

Approval by: English National Board (Continuing Education)
United Kingdom Central Council

Length of course: 34 weeks full-time

Recruitment: National Health Service advertisement
Nursing Journals

Selection: Age - candidates should be 24 years or over by October 1st in the year of entry.

College criteria - must satisfy the college that candidates have attained an acceptable level of numeracy and literacy.
Criteria as UKCC PS&D 86/10 on clinical and professional standards (superseded by PS&D 88/03).
ENB requirements on evidence of clinical experience T1 form.
Application form (2 referees).
Interview.

Course aims:

To develop:

1. The ability to teach

2. An understanding of educational theory and its applications to the further education context.

3. Attitudes and values appropriate to the roles of the teacher in further education.
Learning goals:

By the end of the course, students will be able to:

1. Devise schemes of work and learning experiences.
2. Deploy a variety of teaching strategies appropriate to particular learning situations.
3. Develop relationships conducive to learning.
4. Evaluate student learning and modify strategies in the light of this evaluation.
5. Understand and relate educational theories and lines of enquiry.
6. Use such understanding in the evaluation of educational practices and developments.
7. Discharge the various professional responsibilities of a teacher in further education.
8. Pursue further study in the fields of pedagogy and/or particular branches of educational theory.

Key content:

Sections: 1. Teaching method
2. Learning theory
3. Special method
4. Perspectives
5. Languages and learning
6. Contexts
7. Teaching aids.

Supervised teaching experience:

Phase 1 - 3 weeks; 12 hours teaching; 16 hours teaching observation
Phase 2 - 8 weeks; 80 hours teaching; 21 hours teaching observation.
Mentors:
Identification of named mentors to each student. Discussion thereafter.

Tutor visits:
4 to 5 on supervised teaching experience.

Assessments: Course work
(a) Regular attendance and contribution to the course.
(b) Assignments - 12 from set work related to Sectors.
   10 of these are submitted for assessment.
   An assignment is equivalent to 1,500 - 2,000 words or 2 or 3 small tasks of 750 words each.
(c) Major assignments: This is consulted with the personal tutor approved by the sub-committee of the Board of Studies.
(d) Course commentary: A student makes a progressive account of the course and its relevant events.
Name of course: Diploma in Nursing Education

Validation: University of London - Department of Extra Mural Studies

Approval by: English National Board (Continuing Education)

Length of course: 37 weeks full-time

Recruitment: University publicity
College publicity to membership

Selection: Application

University criteria - 5 'O' level passes to include English
2 'A' levels

Criteria as in UKCC PS&D 86/10 on clinical and professional standards (superseded by PS&D 88/03)

ENB criteria - evidence of clinical experience T1 form

College requirements - written case study prior to selection and a test in comprehension
Formal interview.

Aims: (University regulations p. 369)

The main aim of the course is the development of the student's capacity to fulfill a broad educational role.

Subsidiary aims:

To develop:

(a) A thoughtful, systematic approach to teaching including the ability to define needs, formulate appropriate aims and objectives and evaluate success.
(b) The ability to practise effectively as teachers. This includes the creation and management of the learning environment for the achievement of aims and objectives. Emphasis should be given to the recognition and effective management of feelings aroused in stressful situations and the teaching skills required to help people to cope with such situations.

(c) An awareness of the role of nurse teachers as agents of change and the problems facing innovations, fostering the teacher's ability to accept such a role.

(d) An awareness of the nurse teacher's advisory roles and the appropriate skills required to fulfill these roles.

(e) A commitment to continue with their own education and encourage their colleagues to do the same.

**Main core of the syllabus:**

Principles of learning and teaching and their application to:

- Nursing education: The special role of the nurse educator in the teaching of

Human relationships is included in a shorter but none-the-less important part of the syllabus.

**Professional practical experience:**

First teaching practice 3 weeks 8 sessions teaching
Second teaching practice 3 weeks Links with wards - 4 sessions per week
Third teaching practice 3 weeks 4 sessions per week
Observation 1 week
Mentor:
Identified mentors in college and school. Half-day preparation courses held periodically.

Tutor visits:
Minimum of 2.

Pastoral care:
Provision by identified mentor.

Assessment:
A candidate will be examined in three areas of study:
1. Education
2. Nursing education
3. Specialist option.

Course assessment:
In each of the above three areas, a candidate will be required to submit one long or three short pieces of written work.
(a) A long piece of work - an essay of about 5,000 words with supporting bibliography and abstract. A project, clinical study of practical investigation or some other piece of work not covered by the term "essay" provided such work be supported by a written statement (1,500 - 2,000 words) containing an expression of the educational rationale and a critical evaluation of the work concerned.
(b) A short piece of work is to be interpreted to mean one of the following:
1. An essay of 1,500 - 2,000 words
2. A report on a practical topic of about 2,000 words.
A written examination:

3 hour paper.

A candidate will be required to attempt 3 questions from a wide variety (8 - 12) of alternatives.

Professional practical examination:

2 formal assessments in the first teaching practice

3 formal assessments in the second teaching practice
Name of course: Certificate in Education for Teachers of Nursing

Validation: University of Leeds

Approval by: English National Board (Continuing Education)
United Kingdom Central Council

Length of course: 36 weeks full-time

Recruitment: National Health Service advertisement
Nursing Journals

Selection: Application
Criteria as in UKCC PS&D 86/10 on clinical and professional standards (superseded by PS&D 88/03)
ENB evidence on clinical experience T1 form
University criteria - Registered Nurse
Holds one of the following qualifications:
Part A of the Old Diploma in Nursing (London) or revised Diploma Modules 1 - 4
Clinical Teachers Certificate
ENB 650 course
Equivalent qualifications approved by the University.
Formal interview.

Aims:
1. To provide opportunities to gain the knowledge, skills and attitudes necessary for effective teaching.
2. To share and develop increasing competence in professional teaching strategies involved in nurse education.
4. To develop skills of enquiry and research, to inform professional practice in nurse education.
5. To explore the resources available to nurse teachers and their appropriate and efficient utilisation.
6. To provide practice which is rooted in the field and experiences of nurse education.
7. To contribute to the understanding of curriculum development and curriculum process in nurse education.
8. To discuss wider professional issues, local and national policies and concerns within the process of nurse education.
9. To introduce the process of personal and professional development as an adult learner and nurse teacher.

**Key content:**
1. Curriculum studies
2. Educational studies
3. Communication studies
4. Research studies
5. Micro teaching/simulated practice

**Supervised teaching experience:**

Minimum of 12 weeks | To school of nursing
Initial placement | 3 weeks in term one
Day placement | 10 days
Final placement | 7 weeks in term 2.

9 hours teaching per week

**Mentors**

Identified mentors from school of nursing are given preparatory meetings to assist their role concerning the student teacher.
Tutor visits:
At least 2 for assessment purposes.

Pastoral care:
Provision for an open door policy within the department or personal tutors.

Assessment:
Formative assessment strategies:
1. Anonymously pooled anxieties and expectations matrix.
2. Workshop exercises.
3. Peer group discussion.
5. Communication skills learning journal
6. Course colloquy.
7. Tutorials with personal tutors.
8. Self/peer appraisal.
9. Personal action plans
11. Personal and professional file and curriculum vitae.

Summative:
Course work: Essay: 1 in educational psychology
1 in curriculum (2,500 words each)
Practical: communication skills
Indepth or extended study
Evaluative essay
End of placement report
Teaching practice - Assessment 1 and 2
Viva voce
Name of course: Diploma in Nursing Education

Validation: University of London - Department of Extra Mural Studies

Approval by: English National Board (Continuing Education) 
United Kingdom Central Council

Length of course: 37 weeks full-time

Recruitment: National Health Service publication
Nursing Journals

Selection: Application

Criteria as in UKCC PS&D 86/10 on clinical and professional standards (superseded by PS&D 88/03)

ENB - evidence on clinical experience T1 form

University criteria - 5 GCE 'O' levels
2 GCE 'A' levels

College criteria - 1 1/2 hours written test to demonstrate:
(a) Evidence of study in the theoretical bases of care provided by the biological and behavioural sciences.
(b) Knowledge of relevant research.
(c) Integration of theory and clinical practice.

Interview

Aims: (University regulation p.367)
The main aim of the course is the development of the students' capacities to fulfill a broad educational role.

Subsidiary aims:
To develop:
(a) A thoughtful, systematic approach to teaching, including the ability to define needs, formulate appropriate aims and objectives and evaluate success.

(b) The ability to practise effectively as teachers. This includes the creation and management of the learning environment for the achievement of aims and objectives. Emphasis should be given to the recognition and effective management of feelings aroused in stressful situations and the teaching skills required to help people to cope with such situations.

(c) An awareness of the role of nurse teachers as agents to change and the problems facing innovators, fostering the teacher's ability to accept such a role.

(d) An awareness of the nurse teacher's advisory roles and the appropriate skills required to fulfill these roles.

(e) A commitment to continue with their own education and encourage their colleagues to do the same.

Main core of the syllabus:
Principles of learning and teaching and their application to:

Nursing education: The special role of the nursing educator in the teaching of

Human relationships is included in a shorter but none-the-less important part of the syllabus.

Professional practical experience:
A total of 9 weeks in a school of nursing.
First placement a period of 3 weeks
Second placement a period of 3 weeks
Third placement a period of 3 weeks
The second and third period of placement being spent in the same institution.
Mentor:
Identified mentors in schools of nursing.
Half day course preparation held at college.

Tutor visits:
Three by college tutor.

Pastoral care:
Provision of personal tutor.

Assessment:
A candidate will be examined in three areas of study:
  Education
  Nursing education
  Specialist option.

Course assessment:
In each area a candidate will be required to submit one long or three short pieces of written work.
  A long piece of work: An essay of about 5,000 words with supporting bibliography and abstract. A project, clinical study or practical investigation or some other piece of work not covered by the term "essay" provided such work can be supported by a written statement - 1,500 to 2,000 words containing an expression of the educational rationale and a critical evaluation of the work concerned.
  A short piece of work: (a) an essay of 1,500 - 2,000 words (b) A report on a practical topic of about 2,000 words.
  A written examination - 3 hour paper. A candidate will be required to attempt 3 questions from a wide variety (8 - 12) of alternatives.
Name of course: Post Graduate Certificate in the Education of Adults

Validation: University of Surrey

Approval by: English National Board (Continuing Education)
United Kingdom Central Council

Length of course: 31 weeks full-time

Recruitment: National Health Service publication Nursing Journals

Selection: Application

Criteria as in UKCC PS&D (86/10) on clinical and professional standards (superseded by PS&D 88/03)
ENB requirements on evidence of clinical experience
T1 form
University criteria - 5 GCE 'O' levels
2 GCE 'A' levels

Candidate writes an essay at home following the completion and submission of the application form.

Interview

Course aims: (As in handbook p.4)

The aims of the course are to enable students to develop appropriate knowledge, skills and attitudes so that upon qualification, they will be competent to fulfill the role of an educator in their chosen sphere of work. This includes competence in the design and facilitation of learning opportunity and gaining insight into management and professional responsibilities, e.g. interviewing, selection, committee work. The course will prepare students to be
educators in a variety of settings such as institutions of further, higher, adult, professional and community education and youth work. It will also act as a foundation for students wishing to proceed to advanced diplomas/masters in education.

Objectives:
That, by the end of the course students will be able to:
1. Understand basic educational theory, practice and administration.
2. Plan, organise, facilitate and evaluate learning opportunities, sessions, courses, programmes and events.
3. Utilise appropriate interpersonal skills to facilitate learning.
4. Function effectively as a member of a teaching/educational team and liaise as necessary within the appropriate management structure.
5. Identify his/her own philosophy of teaching appropriate to the role of an educator in a time of rapid change.
6. Determine his/her own ongoing educational requirements.
7. Assess the influence of personal attitudes upon effectiveness as a result to appraise personal commitments to professional development.

Key content:
A. 1. Philosophy of continuing education.
   2. Recent developments in education of adults.
   5. Curriculum studies include:
      (a) Design and facilitation of learning opportunities for adults
(b) Role/skills analysis and development
(c) Technology of education.

7. Organisation and administration of education - professional, adult, further and higher.

B. Specialist application.
C. Teaching/practical experience.
D. Independent study.

Specific modules of learning:

Option 75 hours out of a total 110 hours
Research methods
Basic statistics
Teaching study skills
Designing experiential learning strategies
Questioning techniques
Audio visual aids workshops
Computer assisted learning
Peer learning community
Six category intervention
Negotiating a programme
Counselling
Interviewing and selection
Setting and assessing course work and examinations
Peer and self-assessment.

Teaching/practical experience:

Term 1 1 day per week for 10 weeks + block period of 4 weeks
Term 2 1 day per week for 5 weeks
Term 3 Block period of 2 weeks
Total of 9 weeks
Mentor:
Identified mentors from the host institution have a day of preparation course at the University.

Tutor visits:
3 from University
5 internal supervision from the host school is a requirement.

Pastoral care:
Open door policy.

Assessment:
Assessments consist of both formative and summative operations.

Course work:
Essays and assignments.

Written examination paper:
2 x 3 hours each day.

Student's profile booklet:
A profile of teaching/practical experience is retained by the supervisor or mentor of the host institution and returned to the course co-ordinator at the completion of the practice after details have been completed.
COURSE NUMBER 9

Name of course: Certificate in Education (for non-graduates)

Validation: University of Wales

Approved by: Welsh National Board

United Kingdom Central Council

Length of course: 36 weeks full-time

Recruitment: Overseas publicity

National Health Service publication

Nursing Journals

Selection: Application

University criteria: 5 GCE 'O' levels

English is compulsory for general nursing students

Sociology is compulsory for mental and mental handicap disciplines in nursing

Part 1 of the Diploma in Nursing

Registered Clinical Nurse Teacher (Certificate) by full-time studies only

2 years teaching experience

Registered Nurses - 4 years experience excluding further courses

Must have a position of responsibility

Direct entry to the course with a Nursing Degree.

Course aim: Information by course director

To enable you to acquire the knowledge, skills and attitudes necessary for successful teaching in further education college or in schools of nursing.
Course objectives:
To achieve the above aim, you should be able to:
1. Formulate learning objectives and devise tests to show when these objectives have been achieved.
2. Design a curriculum and learning materials to achieve specific learning objectives.
3. Select and utilise the most suitable method of learning for particular groups of students and for individuals.
4. Demonstrate competence in the use of appropriate teaching skills.
5. Make effective use of audio-visual aids and other resources to help learning.
6. Communicate effectively, orally and in writing.

Theory Part One

A. Foundation studies:
   - Course 1 Educational studies
   - Course 2 The study of education
   - Course 3 Problems of organisation
   - Course 4 Language in education
   - Course 5 Measurement and evaluation in learning
   - Course 6 Research in education
   - Course 7 Further education

B. Audio-Visual Aids in learning

C. Teaching techniques:
   - Part II:
     - Practical teaching
Supervised teaching experience:
2 periods of 6 weeks each.

Mentors:
Identified mentors required by the University.

Pastoral care:
Provision of personal tutor, but flexible arrangements of an open door policy with any member of staff.

Tutor visits:
2 for formal assessment.

Assessment:
Continuous assessments of: Course Journal
Projects
Exercises
Practical experience
2 formal assessments by University tutors.
Dear

I am presently undertaking a PhD research study which is supervised by the department of educational research at Lancaster University.

The subject which I intend to research is "The First Year of the Nurse Tutor". As a necessary part of this inquiry I need to conduct a pilot study. This will involve me in interviewing first year nurse tutors in schools of nursing. Established staff may also be useful if time permits.

I should be greatly obliged if your school would be able to participate in the study. If you consider this request I could visit you in the near future and discuss the proposal in detail. This may allow you to make a decision prior to committing yourself to this interesting study.

I look forward to hearing from you.

Yours sincerely

Mrs U Jolly
APPENDIX E - INTERVIEW SCHEDULES FOR PILOT STUDY

FIRST YEAR NURSE TUTORS

1. Appointment and placement

2. Expectations
   2.1 Transition from student nurse teacher to nurse teacher
   2.2 Transition from college to school of nursing

3. Initial orientation

4. Adaptability in relation to:
   4.1 Inexperience
   4.2 Knowledge
   4.3 Attitude
   4.4 Skills
   4.5 Needs
   4.6 Local area
   4.7 Organisation and administration
   4.8 Personnel - Director, senior tutors, tutors, secretaries
   4.9 Constraints of: School activities
                      Policies
                      Rules and regulations of the school
   4.10 Students

5. Status within the school community

6. Responsibility
7. Relationships with colleagues

8. The school climate

9. Communication within the school

10. Maintenance of standards

11. Accountability

12. Conditions of work

13. Workload within the school of nursing

14. Working to a syllabus

15. Adaptability to new subjects and new situations

16. The hospital community:
   16.1 Relationships with: Nursing officers
       Ward sisters
       Staff nurses
       Enrolled nurses
       Auxiliary nurses
       Medical and paramedical personnel
   16.2 Clinical teaching: Workload
       Time allocated
       Clinical situation
   16.3 Status within the clinical setting
17. Induction programme

18. Inservice guidance

19. Assessment

20. Opportunity to meet peers in a professional capacity

21. Role support
Dear 

I am at present undertaking a Ph.D. research project which is supervised by the Department of Educational Research at Lancaster University.

The topic is "The First Year Nurse Tutor". The pilot study was completed in 1985. I have now been awarded a D.H.S.S. Studentship for the year 1986/87 to complete the major study.

The proposed study will be seen as exploratory and will take a detailed look at how the first year nurse tutors themselves describe their world. In doing so, it hopes to bring the "Induction Year" into focus and provide insights into what it is to "become" a nurse tutor through an analyses of their experiences during the year.

The investigation will attempt to use an open, flexible and illuminative approach. The decision to use a qualitative study is taken because the researcher feels that this study needs to be realistic, grounded and understood from the nurse tutors' frame of reference.

As a necessary part of the study, views of Directors of Nurse Education, Senior Tutors, Tutors and Clinical Teachers will indeed be helpful.

I should be greatly obliged to you if it is at all possible to grant me permission and access to your School of Nursing in order to discuss with your staff on specific schedules relating to the above subjects.

I will conscientiously discharge my obligations to ensure that confidentiality of data and privacy of the individual is duly observed

Thanking you.

Yours sincerely

Mrs U Jolly
APPENDIX G - DECLARATION OF BONA-FIDE RESEARCH
PRESTON HEALTH AUTHORITY
WATLING STREET ROAD, FULWOOD, PRESTON PR2 4DX

Your Ref.:
Our Ref.: N/RLW/MAN


Telephone 0772-716625 Ext. 812

Please ask for: MR. R.L. WELTON

RE: MRS. UMANGA JOLLY

PH.D RESEARCH PROJECT - 1986/87
INDUCTION OF THE FIRST YEAR NURSE TEACHER

I declare that, to the best of my knowledge and belief, the above
MRS. UMANGA JOLLY...... is a bona fide research worker engaged
in a reputable research project, and that the data she asks for can
be entrusted to him/her in the knowledge that she will
conscientiously discharge her obligations in regard to ensuring
that the confidentiality of the data is maintained, and that the
privacy of the individual is duly observed.

Signature of Managing Agent:-

PRESTON HEALTH AUTHORITY

Status:

Date:

Signature of Supervisor:-

University - Lancaster
Dept. of Educational Research,
Carrntel College

Date:
APPENDIX H - MAJOR STUDY-LETTER TO DIRECTORS OF NURSE EDUCATION
REQUESTING A SECOND INTERVIEW

Tel.: 0282 - 20783

8 Deepdale Drive
Burnley
Lancs BB10 2SD

the first year nurse tutor

Dear

In the Autumn of 1986, you were good enough to allow your first year nurse tutors to participate in the above project. My first batch of interviews with 71 participants has now been completed. As a necessary part of the study, I need to contact them once again during the months of April/May/June 1987.

I should be greatly obliged if you could please allow the following named first year nurse tutors to participate yet again in this project, for the completion of this study.

Participants Date Time (approx. 1 1/2 hr each)
1)
2)
3)
4)
5)
6)
7)

Thank you for your continued interest, co-operation and assistance.

Yours sincerely

Mrs U Jolly
APPENDIX I - INTERVIEW SCHEDULES FOR MAJOR STUDY
THE FIRST YEAR NURSE TUTORS

1. Background and training:
   1.1 Age and sex
   1.2 Educational and professional qualifications
   1.3 Situational factors
   1.4 Social background
   1.5 Previous teaching experience
   1.6 Experience of employment other than nurse teaching
   1.7 Choice of career
   1.8 Route to status of nurse teacher

2. Evaluation of teacher training course

3. Appointment and placement

4. Expectations
   4.1 Transition from student nurse teacher to nurse teacher
   4.2 Transition from college to school of nursing

5. Initial orientation

6. Adaptability in relation to:
   6.1 Inexperience
   6.2 Knowledge
   6.3 Attitude
   6.4 Skills
   6.5 Needs
   6.6 Local area
6.7 Organisation and administration

6.8 Personnel - Director, Senior Tutors, Tutors, Secretaries

6.9 Constraints of: School activities
   Policies
   Rules and regulations of the school

6.10 Students

7. Status within the community

8. Responsibility

9. Relationship with colleagues

10. The school climate

11. Communications within the school

12. Maintenance of standards

13. Accountability

14. Conditions of work

15. Workload within the school of nursing

16. Working to a syllabus

17. Adaptability to new subjects and new situations
18. The hospital community:

18.1 Relationships with:
- Nursing officers
- Ward sisters
- Staff nurses
- Enrolled nurses
- Auxiliary nurses
- Medical and paramedical personnel

18.2 Clinical teaching:
- Workload
- Time allocated
- Clinical situation

18.3 Status within the clinical setting

19. Induction programme

20. Inservice guidance

21. Assessment

22. Opportunity to meet peers in a professional capacity

23. Role support

24. Counselling

25. Career guidance

26. Career aspirations

27. Comments
ACRONYMS

A.C.S.T.T.  Advisory Committee on the Supply and Training of Teachers
A.E.C.    Area Education Committee
A.H.A.    Area Health Authority
A.T.C.D.E. Association of Teachers in Colleges and Departments of Education
C.A.T.E.  Council for the Accreditation of Teacher Education
C.N.A.A.  Council for National Academic Awards
D.E.S.    Department of Education and Science
D.H.S.S.  Department of Health and Social Security
D.O.H.    Department of Health
D.H.A.    District Health Authority
E.A.G.    Education Advisory Group
E.N.B.    English National Board
E.P.A.C.  Educational Policy Advisory Committee
G.C.E.    General Certificate in Education
G.N.C.    General Nursing Council
H.C.      Health Circular
H.N.      Health Notice
I.E.A.G.  Interim Education Advisory Group
I.N.S.E.T. In-service Education and Training Courses
L.E.A.    Local Education Authority
N.H.S.T.A. National Health Service Training Authority
N.U.T.    National Union of Teachers
P.R.E.P.P. Post Registration Education and Practice Project
P.S. & D. Professional Standards and Development Division
R.C.N.    Royal College of Nursing
R.C.N.T.  Registered Clinical Nurse Teacher
R.G.N.    Registered General Nurse
R.M.N.    Registered Mental Nurse
R.N.M.H.  Registered Nurse Mental Handicap
R.M.      Registered Midwife
R.N.T.    Registered Nurse Tutor
R.N.T.C.  Regional Nurse Training Committee
S.I.T.E.  Schools and In-service Teacher Evaluation Project
U.K.C.C.  United Kingdom Central Council for Nursing, Midwifery and Health Visiting
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539


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TABLES - CHAPTER 8
<table>
<thead>
<tr>
<th>Type of study</th>
<th>No. of Institutions used</th>
<th>No. of Health Regions</th>
<th>Sample size</th>
<th>No. of interview sessions</th>
<th>Stage of interview</th>
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<tbody>
<tr>
<td>Pilot</td>
<td>8</td>
<td>1</td>
<td>12</td>
<td>1</td>
<td>1 (6 months)</td>
</tr>
<tr>
<td>Major</td>
<td>32</td>
<td>8</td>
<td>71</td>
<td>2</td>
<td>1 (4, 5, 6 months)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 (10, 11, 12 months)</td>
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</table>
**TABLE 8.2**

**COMPOSITION OF THE SAMPLE**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Married</th>
<th>Unmarried</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>36</td>
<td>10</td>
</tr>
<tr>
<td>Males</td>
<td>22</td>
<td>3</td>
</tr>
</tbody>
</table>
# TABLE 8.3

**THE DISTRIBUTION OF THE AGE RANGE OF RESPONDENTS**

<table>
<thead>
<tr>
<th>Age in years</th>
<th>Sex</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>F</td>
<td>20</td>
</tr>
<tr>
<td>27</td>
<td>F</td>
<td>8</td>
</tr>
<tr>
<td>28</td>
<td>F</td>
<td>18</td>
</tr>
<tr>
<td>29</td>
<td>M</td>
<td>2</td>
</tr>
<tr>
<td>30</td>
<td>M</td>
<td>4</td>
</tr>
<tr>
<td>43</td>
<td>M</td>
<td>1</td>
</tr>
<tr>
<td>Name of qualification</td>
<td>Abbreviation</td>
<td>No. of respondents</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Registered General Nurse</td>
<td>RGN</td>
<td>53</td>
</tr>
<tr>
<td>Registered Mental Nurse</td>
<td>RMN</td>
<td>13</td>
</tr>
<tr>
<td>Registered Midwife</td>
<td>RM</td>
<td>8</td>
</tr>
<tr>
<td>Registered Nurse Mental Handicap</td>
<td>RNMH</td>
<td>7</td>
</tr>
<tr>
<td>Registered Children's Nurse</td>
<td>RSCN</td>
<td>7</td>
</tr>
<tr>
<td>Health Visitor's Certificate</td>
<td>HV</td>
<td>4</td>
</tr>
<tr>
<td>Diploma in Nursing</td>
<td>DipN</td>
<td>25</td>
</tr>
<tr>
<td>Diploma in Midwifery</td>
<td>DM</td>
<td>1</td>
</tr>
<tr>
<td>School Nurse Certificate</td>
<td>SN</td>
<td>2</td>
</tr>
<tr>
<td>Fieldwork Teacher's Certificate</td>
<td>FWT</td>
<td>2</td>
</tr>
<tr>
<td>Ophthalmic Nursing Diploma</td>
<td>OND</td>
<td>6</td>
</tr>
<tr>
<td>Orthopaedic Certificate</td>
<td>OC</td>
<td>3</td>
</tr>
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</table>
## TABLE 8.5
RANGE OF FURTHER RECORDABLE PROFESSIONAL QUALIFICATIONS HELD BY THE RESPONDENTS

<table>
<thead>
<tr>
<th>English National Board Courses</th>
<th>No. of course</th>
<th>No. of respondents</th>
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</thead>
<tbody>
<tr>
<td>Intensive care</td>
<td>100</td>
<td>5</td>
</tr>
<tr>
<td>Renal/Urology</td>
<td>134</td>
<td>1</td>
</tr>
<tr>
<td>Oncology</td>
<td>237</td>
<td>1</td>
</tr>
<tr>
<td>Cardio-thoracic</td>
<td>249</td>
<td>1</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>501</td>
<td>1</td>
</tr>
<tr>
<td>Community mental handicapped</td>
<td>805</td>
<td>2</td>
</tr>
</tbody>
</table>
### Table 8.6

**Previous Positions of Responsibility Held by Respondents**

<table>
<thead>
<tr>
<th>Position</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical teachers</td>
<td>35</td>
</tr>
<tr>
<td>Unqualified clinical nurse teachers</td>
<td>4</td>
</tr>
<tr>
<td>Unqualified nurse tutors</td>
<td>8</td>
</tr>
<tr>
<td>Ward sisters/charge nurses</td>
<td>21</td>
</tr>
<tr>
<td>Staff nurses</td>
<td>3</td>
</tr>
<tr>
<td>Previous teaching qualifications</td>
<td>No./abbreviation</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>City and Guilds Further Education Certificate</td>
<td></td>
</tr>
<tr>
<td>Clinical Teachers Certificate</td>
<td>CT</td>
</tr>
<tr>
<td>Health Visitor Tutor Certificate</td>
<td>HVT</td>
</tr>
<tr>
<td>Name of course</td>
<td>No. of respondents</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Certificate in Education</td>
<td>30</td>
</tr>
<tr>
<td>Teacher's Certificate</td>
<td>18</td>
</tr>
<tr>
<td>Diploma in Nurse Education</td>
<td>14</td>
</tr>
<tr>
<td>Post Graduate Certificate in the Education of Adults</td>
<td>9</td>
</tr>
<tr>
<td>Speciality Post</td>
<td>No. of respondents</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>General</td>
<td>52</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>6</td>
</tr>
<tr>
<td>Mental Handicap</td>
<td>4</td>
</tr>
<tr>
<td>Children</td>
<td>3</td>
</tr>
<tr>
<td>Continuing Education</td>
<td>3</td>
</tr>
<tr>
<td>Community</td>
<td>2</td>
</tr>
<tr>
<td>Curriculum Development</td>
<td>1</td>
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