Year 11 pupils' perceptions of nursing: an exploratory study

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Abstract

This thesis aims to explore Year 11 pupils' perceptions of nursing, the influences that affect these perceptions, and the way in which these reflect the discourses within and about the nursing profession. The objective of this research is to provide data which will contribute to the body of knowledge around nurse recruitment and career advice; to foster an increasing understanding of nursing roles, requirements, opportunities, and how to make nursing more appealing to young people. Forty individual interviews were conducted with Year 11 pupils from four different comprehensive schools within the West Midlands region (age 15-16 years). They were interpreted using a qualitative approach; drawing on social constructionism.

Findings suggest that nursing continues to be viewed in stereotypical terms as a vocation, lacking status as a profession and unappealing as a career. Although nursing appears to be respected, evidenced in expressions of 'moral worth' in society, it is not perceived to be seen as producing the expected outcomes of financial reward, status and social credibility. There is an apparent lack of knowledge and understanding of nursing roles, educational requirements and opportunities available within nursing, with few current terms of reference that can be drawn upon. Parents and family are seen to have the biggest influence on perceptions of careers. Pupils who identified nurses within their families portrayed a negative image of nursing to participants.

Conclusions suggest that higher education institutes, the nursing profession, media, schools, and career personnel need to work together to ensure a current, comprehensive understanding of nursing is portrayed to young people. The nursing profession must identify role models to champion the image of nursing, to inspire and encourage conditions that will motivate the current workforce to promote a positive culture within itself, to represent this to others.

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Chapter 1: Introduction

This chapter introduces the subject of the thesis, including the overall aim and the research questions which have guided the study. An overview of the background and rationale for this study is presented, with an explanation of the theoretical framework employed, and the overarching structure of the thesis.

1.1 Purpose of the study

This thesis sets out to explore Year 11 pupils' perceptions of nursing within the UK, framed within elements drawn from social learning theory and social cognitive career theory. The focus of this study is not solely concerned with the participants' reasons for their consideration or rejection of nursing as a future career, but rather with exploring how they perceive nursing, their views, ideas and opinions of nursing, what influences may have impacted on these, and how this picture translates to their perceptions of the role of nurses and the nursing profession as a whole.

1.2 Background to the study

Nursing has been shaped continually over the past century. In its quest to become a respected, worthwhile and aspirational career, the profession has continued to strive for an encompassing definition and understanding of nursing (Nelson and Gordon 2006). The difficulties in achieving this are evident, with the traditionally perceived role of the caring doctor's handmaiden conflicting with the image of the well-educated, autonomous nursing practitioner (Hallam 2000). The profession itself has striven to clarify its identity with little success, as evidenced by many nurses who continue to feel undervalued and confused within their role (Andrew and Robb 2011, Maben and Griffiths 2008). The continued pressure on nursing roles to adapt to rapidly changing services, as health policy continues to shift boundaries in health and social care, also contributes to the perception and

interpretation of nursing within the profession (Keeling and Templeman 2012, Harmer 2010).

Educational policy over the past twenty years has encouraged young people to aspire to higher education and subsequent graduate professions. Nursing has been slow to embrace an undergraduate pathway, taking twenty five years from the initial report relating to changing educational and practice requirements for nursing (United Kingdom Central Council [UKCC] 1986). The Nursing and Midwifery Council (NMC) has only recently stipulated an undergraduate degree nursing programme as the required educational standard from 2013 (NMC 2010). This delay has contributed to the continuation of imagery and discourse of nursing as a vocational pathway with traditional traits and characteristics, rather than an academic discipline requiring professional regulation (Harmer 2010).

The number of nurses and midwives working in the National Health Service [NHS] has fallen by almost 6,000 in two years (Health and Social Care Information Centre 2012), and furthermore, the profession has not addressed the predicted shortfall of school leavers in planning its recruitment strategies. Therefore, in addition to a retiring workforce and poor retention, it is forecast that nursing will be in a recruitment crisis by 2020 unless effective strategies are in place (Royal College of Nursing [RCN] 2010). Therefore with this shortfall there is competition for school leavers from other professions, with nursing needing to become effective in attracting high quality students to the profession (Whitehead et al 2007).

Whilst government policy is focused on reducing spending and increasing efficiency in the NHS as part of reducing the national deficit, the need to recruit 'highly motivated', 'well educated', 'compassionate' individuals to nursing is seen as essential to achieve the recent Department of Health [DH] NHS mandate (DH 2012). There may be many reasons

why young people choose their desired career pathways but it is becoming increasingly apparent that nursing is not being considered as an option by the current pool of young people within schools and colleges (Neilson and Jones 2011). Recent media reports on 'poor standards' of care and suggestions that nurses lack 'care and compassion' seem to have fuelled public unease, challenging traditional beliefs of nursing as a trusted and caring profession (Francis 2012). This, alongside an increase of educational standards for nursing programmes which are seen as controversial by some within the profession and the public, has continued to fuel opinions that the nursing profession is in crisis. It is against this background that the current thesis explores factors and influences affecting young people's perceptions of both the role of nursing in general, and nursing as a career option, in order to ascertain whether specific influences affect their current understanding. Ultimately this will provide data contributing to the body of knowledge around nurse recruitment and career advice, and foster an understanding of the attitudes of Year 11 school pupils considering their future educational, career, and life pathways.

My current role as a practising nurse and nurse educationalist has given me insight into the difficulties associated with the current changes in both nursing practice and nursing education, which affect student recruitment and perceptions of nursing generally. As a member of a regional NHS reference group examining the image of nursing, it was evident to me that further research needed to be conducted to ascertain the views of Year 11 school pupils considering their future educational and career options. Their perceptions of nursing as a potential career pathway clearly need to be considered, along with their understanding of nursing roles and responsibilities, in order to provide a sound basis for the development of future recruitment strategies, and to promote a realistic, informed image of nursing and the opportunities available.

1.3 Theoretical framework

How an individual is shaped can be attributed to culture; however it can also be fruitful to explore the way in which we become aware of the influences around us, and to reflect on choices made within that particular context. Bandura (1986) and Dewy (1916) suggest that how humans think, act and feel is more about beliefs than objectivity, and these beliefs are shaped and influenced by social learning and interaction within a context or culture, suggesting that perceptions of the world and phenomena are socially constructed. Bandura's (1989) social cognitive theory is drawn upon to frame this study, which attempts to explain human thought and behaviour. He offers a model for understanding human behaviour through three main components: a) self-efficacy, b) outcome expectations, and c) personal goal representation. The notion that neither the 'environment nor the individual is static' (p18), but are both in continual states of change, underpins the epistemological and ontological approaches to this study.

Within this theory the concept of self-efficacy is defined as the judgements individuals make about their ability to perform specific actions across multiple domains, which may or may not result in the abilities actually being realised. It is this concept along with the influencing factors of personal experiences, observation of others, verbal persuasion by others, social encouragement, and an individual's physiological state, that can affect perceptions, understanding and perceived goal attainment and outcomes. Bandura (1997) suggests that performance accomplishments are the most influential source of efficacy, as they are based on 'mastery' experiences and will therefore raise expectations, while conversely, repeated failures will lower expectations. Both of these can be seen within the school environment relating to performance and examination achievement. Outcome expectations relate to the outcome the individual imagines they will achieve from the behaviour, such as increased social status, social approval, monetary rewards or self-satisfaction. Bandura (1989) suggests that personal goal representation reflects an individual's plan, aspiration, or expressed choice, and by defining these outcome

expectations, people can anticipate consequences and plan a course of action to achieve the desired outcome. He further suggests that outcome expectations are influenced by self-efficacy, although outcome expectations in turn influence the development of self-efficacy (Bandura 1997).

Social cognitive career theory (SCCT) develops Bandura's (1986) general social cognitive theory by presenting a more career-focused application of his concepts (Lent et al 1996). Their more recent framework (Lent et al 2002) identifies further contextual factors affecting career choice, such as academic and career role models, opportunities for skill development, emotional and financial support, job availability and social barriers. However, the main concept of self-efficacy beliefs and outcome expectations remains central to the theory. Social cognitive career theory (Lent and Brown 1996) suggests that where an individual's self-efficacy promotes a career interest, they view themselves as competent or potentially competent in that area, with the career producing valued outcomes, i.e. outcome expectations. Conversely, individuals are unlikely to consider career options or develop interests in areas where they feel their expected outcomes would be negative, or where their self-efficacy is low. As this thesis aims to explore Year 11 pupils' perceptions of nursing, including both their career perceptions and their perceptions of nursing in general, social cognitive career theory seems an appropriate framework to draw upon for this study.

1.4 Research Questions

The research questions that have guided this thesis are as follows:

1. What perceptions do Year 11 pupils have of nursing?
2. In what ways do these perceptions of nursing reflect the discourse(s) within and about the nursing profession, and what role does policy and the media play in this process?

3. Within formal education, what experiences may have influenced their perceptions of nursing as a career?

4. What other factors have impacted on Year 11 pupils' perceptions of nursing?

1.5 Contribution to new knowledge

This study contributes to new knowledge in the specific area of perceptions of nursing within the identified year group of Year 11 pupils. There are currently few UK studies which address this focus area, with many having a specific emphasis on career choice and decision making in young people, rather than young people's perceptions of nursing per se (Croll 2008, Donelan et al 2008, White 2007a). Although some issues raised may still be relevant, research studies carried out specifically with relation to young people's views of nursing as a career were conducted over 20 years ago in the 1990's (Hemsley-Brown and Foskett 1999, Foskett & Hesketh 1996), and their areas of focus and findings may not, therefore, be appropriate to young people today.

While there has been increased attention in the last decade to the role of men within nursing, and the potential barriers to male recruitment (Turner 2011, McLaughlin et al 2010, Kulakac et al 2009, Lindsay 2008, LaRocco 2007), relatively little attention has been paid to the ways in which young people conceptualise nursing, both as a profession and a career. Additionally, although gender issues were considered within this study due to the sample population including both male and female participants as representatives of school class groups, gender was not a focus of this study. Rather, the thesis aims to explore the factors and influences that have shaped participants' perceptions with a view to offering some recommendations for schools, career guidance, the nursing profession, health care organisations, and the nursing academic community, to foster an increasing understanding of nursing roles, requirements, opportunities and how to make nursing more appealing to young people.

1.6 Methodology

A social constructionist approach underpins this thesis, whereby individuals are understood as constructing meaning in the contexts in which they are situated, negotiating meaning through interaction and sharing in the formation of culture (Keat 1992, Berger and Luckmann 1966). This study was conducted utilising a qualitative interpretive approach, drawing on hermeneutic and social phenomenology (Gadamer 1990, Van Manen 1990, Schutz 1967, Heidegger 1962,). This methodology was deemed the most appropriate to address the thesis aim and research questions, as it not only incorporates the perceptions of the participants, but can also lead to an understanding of the phenomena being explored, which in this instance is nursing (Dempsey and Dempsey 2000, Burns and Grove 1999, Streubert and Carpenter 1999). In this chapter epistemological assumptions are considered and the resulting research methodology employed. A flexible interview schedule was formulated to collect data through face to face individual interviews with a convenience sample of forty Year 11 participants from four schools within the West Midlands region. Interview processes and ethical considerations addressed within the study are discussed. Data were analysed and categorised into initial codes, categories and emerging themes, resulting in three super-ordinate themes which reflected the research questions posed and previous literature considered.

1.7 Structure of the Thesis

Chapters 2 and 3 present a literature review based on the two themes of defining nursing and influences on young people's career choices, to establish the context for the thesis and provide further background to the study.

Chapter 2 places the concept of nursing in a historical context, examines the image of nursing along with the associated discourses that have contributed to the current

understanding of the nursing role, and looks at the way in which nursing has been shaped through professional regulation, government and societal constructs and media influences. It also gives an overview of student nurse perspectives, comparing their current understanding of nursing with their previous perceptions. These discussions contribute to my argument that nursing has been socially constructed and defined by various influential groups, leading to a lack of understanding of current nursing practice by the public, and confusion within the nursing profession.

Chapter 3 reviews the literature concerning the current understanding of influences on career choices, including the ways in which perceptions of careers are formulated, and how social change within the last decade has influenced young people's choice. This chapter includes discussion of education and government policy, and of the wider socio-economic context within which the participants of this study are situated. Literature which draws on social cognitive theory and social cognitive career theory is explored in respect of adolescent choice and personal identity. I argue that although many studies demonstrate conflicting results, influences on career choice and perceptions of careers are evident, with personal self-efficacy and perceived goal attainment being important considerations.

Chapter 4 provides an overview of the methodology employed for this study, and the methods utilised. Ethical considerations are discussed, and also my role as a researcher in this process.

Chapter 5 presents the interview data from the study relating to the super-ordinate theme 'an image of nursing'. Discussion of the data then argues that participant knowledge and understanding of nursing varies, although it does not always reflect the current discourse on nursing. Perceptions are seen to be influenced by both historical images, current media portrayals, and, to a lesser extent, personal experiences.

Chapter 6 presents interview data from the study relating to the super-ordinate theme of 'nursing as a profession'. Discussion of the data argues that traditional stereotypes of nursing remain, with little status afforded to the profession, and showing that only limited knowledge exists of the varying roles of nursing, opportunities for development and progression, and educational requirements. Self-efficacy and goal attainment is considered, along with the way in which these relate to individual considerations of possible career and education pathways.

Chapter 7 presents interview data from the study relating to the super-ordinate theme of social, educational and political influences on perceptions of nursing. Discussion of the data argues that there are a variety of influences that may affect choice and perceptions, including educational and health policy, family and peer influences, schooling and career advice, and presenting opportunities. This chapter engages further with social cognitive theory in explaining personal and family expectations and verbal persuasion.

Chapter 8 returns to the research questions of this study and presents final conclusions and recommendations. It also includes my personal reflections on the research process, and on the way in which the study has influenced my professional practice as a researcher and nurse educationalist.

Chapter 2: Defining Nursing

2.1 Introduction

This chapter will discuss the underpinning literature that has contributed to the discourses around 'nursing' as a term, concept, and a philosophy, to help inform an appreciation of how current perceptions have been shaped. Foucault (1988) maintained that concepts are never fixed, that they change with time, and that even a minute modification transforms the concept into something quite different. A considerable body of published work exists, including literary, academic and professional writings, concerning the nursing profession and its historical development, much of which is contradictory. This is in part due to the fact that the archive material was written in a time when a gendered interpretation of issues influenced perceptions and findings, and most archival work was written by men (Davies 1980). However, it is important for this study to review these writings and interpretations, in order to gain insight into how perceptions of nursing and the concept of nursing itself have been shaped over time, and how these may have relevance to the current societal image and discourses of nursing. For the purpose of this thesis 'image' is defined as a mental picture or imagined perception of a subject or concept, in this case nursing. 'Discourse' is defined as the linguistic exchanges (spoken or written) relating to nursing, which contribute to the understanding of the term.

Although not intended to be a chronological history of nursing, this chapter will explore the origins of nursing as an occupational choice, and subsequently as a regulated profession, in order to gain an understanding of its perception in terms of status, as a profession and/or a vocation. This will reveal a cultural pattern of thinking and meaning making around what nursing 'is' and 'does', which, it will be argued, is reinforced through generations of traditions and stereotypes, resulting in confusion on the part of both the public and nursing professionals as to the nature of the current nursing mandate. This

chapter will also discuss the professional identity of nursing and related educational and policy influences, and culminates in defining nursing within the current political climate.

2.2 Historical contexts of Nursing

Michel Foucault (1972) suggests that in order to learn about the present, one needs to write the *history* of the present. However histories of nursing often constitute a search for origins which identifies a thread to link with the present, such as training or employment. This can sometimes lead to seemingly separate, conflicting histories of the origins of nursing, depending on the focus area reviewed. This division is a prominent feature which needs to be noted in a review of historical literature related to nursing, since nursing has never been a unified conceptual entity, and remains divided to this day, with a vast array of different perceptions of nursing currently held in the discourse (Canam 2008).

McAllister et al (2009) suggest that nursing should embrace its history and engender professional pride by becoming aware of its professional culture, which can then be drawn upon to share experiences and give a sense of unity. This could also lead to an increase in 'collective power', with an awareness of previous struggles being overcome. D'Antonio (2006) supports this, arguing that the promotion of a historical awareness in nursing can help the profession to build resilience, critical thinking, and a strong professional identity.

Individuals create society in their everyday interactions, and the terms 'illness' and 'health' are socially constructed concepts, rather than just physiological facts. They have meant different things to different people throughout history and across all social groups and cultures, and continue to do so (McDonnell et al 2009), particularly with the 'medicalisation' of these concepts emerging through a relational history of changing medical and nursing practice.

It can be seen from records dating back to the twelfth century that 'caring for the sick' was seen as a Christian and moral duty within families, although the offer to 'cure' was sometimes perceived as black magic or witchcraft. By the 15th century a 'guild of surgeons' had been formed, comprising mainly army surgeons who recorded medical findings, and took on apprentices to share knowledge (Baly 1995). Despite these advances, three centuries later, healthcare in the 1800's included no regulation of medical practice or nursing, with most illnesses being managed by family members, usually women, or someone in the neighbourhood who had built a reputation as a healer. Even the most successful healers would not usually be able to make a living at this due to their patients being unable to pay large amounts of money, and therefore it became mainly 'women's work' to care for the sick (Dingwall et al 1988). In fictional literature, nursing was often carried out by female housemaids or 'handywomen', an example of which can be found in Dickens's 1844 novel *Martin Chuzzlewit*. Whilst it is acknowledged that this is fictional work, authors portray characters displaying traits that the reader will recognise, and therefore some understanding of the contemporary perception of these roles can be drawn from the descriptions.

The concept of nursing has its origins within the military and the Christian church, with the term 'nurse' being found first within the Bible (Romans 16:1). This influence remains to the present day, with the use of the term 'sister' for senior nurses relating to nuns, and although it is changing, a hierarchical system of nursing ensued, carrying out medical 'orders' as military orderlies would have done when caring for soldiers wounded in wars (Chinn 2008). However, defining nursing is difficult, with literature seeming to concentrate on traits and characteristics of nurses, such as caring and helping, and it is this which has long been the traditional discourse of nursing, and remains so today. Despite an extensive trawl through major healthcare databases, there was no published conceptual analysis of 'nursing'; only related concepts have been analysed, such as caring, nursing knowledge and nursing education. This may reflect the current dilemma within nursing itself as to

what nursing actually is and is not. The Royal College of Nursing (RCN) publication *Defining Nursing* (RCN 2003) suggests that:

> "nursing is the use of clinical judgement in the provision of care to enable people to improve, maintain or recover health, to cope with health problems and to achieve the best quality of life, whatever their disease or disability, until death" (RCN 2003 p3).

It can be seen from explorations of the historical archives that prior to the 1900's the picture of nursing was one of relatively poor women and widows providing care for other poor people (Baly 1987, Smith 1979, Donnison 1977). These archives also suggest that the role of the physician, although as yet unregulated, was fulfilled by men, to treat rich men and their families. The discourse around employment of nurses for private work is ambiguous in the literature, with some evidence that families would pay a private nurse for helping with episodes of illness within the family, and that those appear to have had a higher status than handywomen in the community. This first emergence of women being *paid* for care may have led to the shaping of nursing as an occupation and profession over the past century (Dingwall et al 1988).

Although no historical review of nursing can ignore the impact of Florence Nightingale, her contribution is not discussed in detail in this thesis, due to the large amount of biographical and narrative literature surrounding her life, which is difficult to assess for accuracy. However even a biased record cannot be completely dismissed, since it can aid understanding of the conflicts of that period (Davies 1980). She is seen in this thesis as an important influence on the *image* of nursing, so will be discussed in that context later in the chapter.

Maggs (1986), in his study of nurse recruitment to four provincial hospitals from 1881-1921, suggests that the hospital records he reviewed were vague and incomplete (although he does not suggest explanations for this), and therefore the historical picture we have of nursing may not in fact be representative of the reality. Although only four hospitals were reviewed it is interesting to note that, in the late nineteenth century, nursing was idealised in the press, with idealised representations of nurses in order to a) reassure patients and b) to promote the idea that people with particular characteristics and traits were needed for the role, presenting a model of nursing against which it could be subsequently judged, and to which nurses could aspire. However, Maggs (1986) argues that these images did not portray accurate descriptions of the nurses of the day. Recruitment was sometimes a rather haphazard process, with some applicants being rejected on the basis of their appearance or photograph alone, suggesting that matrons felt they could identify a 'good nurse' simply by sight.

Three year training programmes within infirmaries for nurse recruits (probationers) were introduced during the pre-war period of 1881 – 1914, with a written contract of employment for all recruits (Maggs 1986). This saw a vast increase in nurses, as can be seen by the numbers recorded at this time. In England and Wales there were 35,216 women in nursing in 1881, increasing to 110,039 in 1921 (ibid). However, the study does not give details of the number of women leaving nursing during this period, probably because, as it is acknowledged, those records that survive are subjective and vague. Within one hospital documented, the dropout rate was recorded as 50%, but no depth of evidence exists to suggest why this should be the case. It does support the notion of 'the powerful matron' who presided over nurse recruitment, although the criteria used are not evident. It appears that the large dropout rate was attributed to those who did not have nurse-like qualities, or who were 'lazy or insolent', these judgements relying on the matron's subjective view of the individual rather than any objectively justifiable explanations. It does demonstrate, however, that those women who entered nursing

constituted a young age group, since they did not have any previous occupational history, although they may have had previous experience of a nursing role in their neighbourhood. This correlates with the model of nursing portrayed in the press at the time, which was a young (21-25yrs), female recruit who was not interested in marrying or raising a family and would be dedicated to the profession (Dingwall et al 1988). It is this idea of 'dedication' that informs the notion that nursing was a vocation first and foremost.

The growth of infirmaries and hospitals towards the end of the nineteenth century increased the demand for nurses. This was mainly due to the increase of industrialisation, with workers needing to be kept healthy to continue work. This could be seen as a means of social control by the government of the day, with nursing seen as helping to limit the impact of illness on communities by controlling and promoting social behaviours, such as introducing and ensuring implementation of hygiene standards and infection control procedures (Webster 2002). This would subsequently reduce illness in workers and thus increase productivity. Therefore nursing can be seen as an important 'resource' at this time which could be optimised by the state. This period can be seen as the commencement of state involvement in health, with government control beginning to frame the population within security apparatuses including "practices and institutions that ensure optimal and proper functioning of the vital and social processes that are found to exist within a given population" (Dean 2010 p29). Donzelot's (1980) work concurs with this theme, suggesting that, contrary to the arguments of feminist authors, the late nineteenth century saw an alliance developing between women and the state, mediated by philanthropists, to engage in functions of social discipline and morality by acting as role models, with nursing offering a stable and respectable alternative to domestic employment. This offers an insight into the way in which societal forces affected work and employment choices at this time, and into the prescriptive model adopted to set standards of what *type* of woman should become a nurse.

In the nineteenth century people began to see medicine as a scientific, rather than religious or pastoral discipline, and nursing reforms reflected this. The hospital nurse was now seen to be associated with medicine and cure; with the requirements of nursing changing to attract middle class spinsters who wanted to do 'good Christian work'. The Victorian middle class saw this as attractive and meaningful work, which contributed to nursing continuing to be a gendered profession. They saw nursing as an opportunity, where they would not be in competition with men, (as men worked in medicine and women were nurses), and thus they would be able to shape their roles with minimal interference (Baly 1995).

2.3 Professional regulation of nursing

Professional regulation was an important milestone for nursing as it recognised that the skills and knowledge required to nurse, required specific training and education, thus increasing its status within society. In accordance with gender stereotypes, nursing was assessed according to its moral character and linked to personal characteristics, rather than based on the then more masculine-dominated field of intellectual prowess, and the corresponding divisions of a male medical profession and female nursing profession were already rooted by the early 1900's. "A doctor would be engaged for his skill, a nurse for her virtue" (HMSO 1904 cited in Dingwall et al 1988). However, through groups of women who were not necessarily nurses but wives of preachers, businessmen and philanthropists (in particular Bedford Fenwick) a call for registration of nurses was heard, aiming to benefit the nursing profession and society by ensuring that only those nurses who had completed satisfactory training to practice would be able to register. Archives suggest that hospital governors saw this as a potential cause of rising wage bills, as they would need to employ nurses on terms set by the occupation rather than the hospitals (Abel –Smith 1960). Nonetheless, government did see this as potentially helpful in mobilising nursing where it would be needed most in society, and they ultimately held the power to propose

the necessary bill (Webster 2002). As can be seen, the various stakeholders in promoting registration had very different motives, although this does also suggest that the government of the day were the ultimate decision makers relating to the potential future of nursing and some would argue that this still holds true today (Klein 2010). This period has since become viewed as the initial development of nursing as a profession, whereby registration assured certain standards of skills and competence to practice (Hallam 2000).

The First World War had a major impact on views of women, and historians of nursing account for the success of the eventual 1919 nurse registration bill against the background of a movement of political and public sympathy for measures which increased status of women, resulting from movements campaigning for women's suffrage at this time. The Ministry of Health was created in June 1919 as part of the government plan for reconstruction, and this period defines the beginning of state involvement in the administration of nursing. The General Nursing Council at that time was more a certifying body than a licensing body, and the ultimate control over this council remained with the health minister who appointed its members. This period saw an increase in the number of nursing journals, although these were mainly written by male doctors and principally concerned description and definition of the tasks, characteristics and roles of nurses. They did not encourage debate of nursing issues, nor provide any empirical studies, thereby continuing to promote the 'doctor's handmaiden' image of nurses. Nurses were not invited to undertake or contribute to any form of professional development or progression (Abel-Smith 1960). Education of nurses was seen as purely functional and task orientated, with the aim of simply fulfilling their duties, with few development opportunities to progress to any academic standing, this being solely associated with members of the professions (in this case medicine) (Baly 1995).

Following the Second World War and the advent of the National Health Service [NHS] in 1948, the role and status of nursing was revisited, with further development following that

time, both in terms of education and of the way it is regulated. Bendall and Raybould (1969) have written extensively on the role of the General Nursing Council from 1919 – 1969, suggesting that the Council made some attempt at a unified foundation for the various specialist branches of the nursing profession which had developed, including mental health and child nursing, intending to set minimum national standards. Again this can be seen as increasing control of the profession, and the acceleration of control as was required by society, although it could also be seen as devaluing supplementary training by implying that 'general' training was the pre-requisite for all nursing.

Noting the lack of academic literature in this field, in 1996 the United Kingdom Central Council (UKCC) commissioned Davies and Beach (2000) to write a history of this regulatory body, including the period prior to its inception, using archive material from a starting point in the early 1970s. Their study is based on documentary evidence and the oral testimony of council members, although this is acknowledged as limited, and further exploration through in-depth interviews would have added to the breadth of this work. It reiterates the difficulties and challenges involved in the development of the nursing profession, in respect of demands from the public, the profession itself, and from a government-controlled National Health Service, where the majority of registered nurses would be employed (Dingwall et al 1988). The NHS provided payment for nurse training and therefore had a particularly strong voice in the education, regulation and development of nursing, which continues today. In trying to standardise nurse education and to protect the title 'registered nurse', professional regulation has continued to look more at 'competence' rather than educational learning outcomes within nurse training. Mentoring and supervised practice were established for student nurses, and post-registration frameworks were introduced to ensure that competence and standards were maintained. It can, however, be argued that the nursing profession has in some ways tried to use professional regulation as a means of gaining the kind of control over education and practice that the medical profession appear to have, often without success (Hall and

Ritchie 2011). This can be viewed in terms of the continued struggle for professional identity, where nurses do not appear to be united in their vision for the future of the profession (Hallam 2000), and also of confusion of the role and responsibilities of the NMC (Council for Healthcare Regulatory Excellence 2012).

2.4 The endeavour towards a Nursing identity

A defined nursing identity remains elusive, with challenges from sources such as government health policy, nursing stereotypes, nursing education, the public and the profession. It is an important problem to consider in this thesis, when exploring young people's perceptions of nursing. The learning and meaning making within nursing may continue to be influenced by the sources listed above, through verbal persuasion, as suggested by Bandura's (1986) social cognitive learning theory. The nursing profession looks to its regulator and union for direction and guidance about how nursing should portray itself, particularly in the light of the various images and perceptions of nursing currently held.

Founded in 1916, The Royal College of Nursing [RCN] is "the largest professional union for nursing in the UK" (RCN 2009), and is a professional body/union representing nurses, student nurses and health care assistants. It considers the advancement of standards, performance and conduct, educational and professional development, and research in nursing, to be its central functions. However it is the Nursing and Midwifery Council [NMC], previously the United Kingdom Central Council [UKCC], which is responsible for the registration and regulation of nursing, and also the determination of standards of education and practice. It is the existence of a recognised professional body, and the requirement for a registerable qualification following a period of specialised education and training, that can be seen as initially identifying nursing as a profession (Davies 2000).

Bellaby and Oribabor (1979) conducted a social survey of seventy seven nurses working on five wards over three sites, in one small area health authority. These were interviewed, observed at work, with line management and RCN/union stewards also interviewed. The focus of the study was to establish the reasons nurses gave for joining a union, and to look at the impact of factors relating to the employment of nurses, such as pay, organisation of work, control etc. The writers do not explain how the sample was chosen, but acknowledge that it was not their aim for the study to be either generalisable or representative of a population. It showed that the majority (60 from 77) of nurses questioned, saw the RCN as the champion of nursing standards, but not effective in trade union issues such as pay bargaining. They suggest that nursing was internally divided about professionalism and unionism, as a result of the differing roles assigned to nurses, both clinical and managerial, and of the development of nursing as a profession. The controls that had been put in place historically by the medical profession and the government, along with the hierarchical structure of nursing, continued to engender the struggle for a professional identity. Hector (1973) acknowledges that leaders of nursing such as Ethel Bedford-Fenwick and her followers, rather than the more conservative College of Nursing, proposed more politically radical approaches at the time, voicing the contradictory nature of claiming professional standing when acting within a framework established by another profession (medicine).

The RCN has changed over the years since the above study, and although recognised as nursing's professional union, not all registered nurses are members. Since many nurses belong to other union organisations, it cannot claim to represent all nurses; there is no perceived need for registered nurses to be affiliated with it. This lack of unity and leadership within nursing continues, with the NMC typically seen as the more important regulatory body for nursing in its continued quest for professional status (Goldsmith 2011). The NMC are keen to highlight their independence from the government, with their statutory objective being "to safeguard the health and well-being of people who use or

need the services of nurses and midwives" (Council for Healthcare Regulatory Excellence 2012). However, as has been the case throughout nursing history, government influence remains apparent; with the introduction of new health bills and government targets, nursing has had no choice but to adapt to these. Within the last year the coalition government have insisted on a health visitor implementation plan (DH 2011a) which sets targets for increasing numbers of health visitors nationally. The NMC have needed to adapt their standards for supervision of students, allowing Mentors, instead of only registered Practice Teachers to supervise students, something that was stated as unacceptable two years previously. Therefore despite the NMC's continued assertion of political independence, this appears difficult to achieve within a national health service ultimately managed by government departments.

It is difficult to determine precisely when nursing became a profession, as the concept itself is open to different interpretations. The social and cultural assumptions associated with the concept continue to change, and new ideas and images are proposed of what the term 'professional' constitutes. Dent and Whitehead (2002) suggest that the traditional understanding of a professional as one who would instil trust, respect, security and a sense of order only by their very status, no longer exists. However, we are all expected to behave and perform professionally, and therefore the idea of professionalism has lost some of its exclusivity. Akerlof and Kranton (2005) suggest that within identity economics, it is the personal identities of individuals that affect how we view ourselves, our work and careers, rather than what we are expected to be. It is this self-efficacy and outcome expectation that may underpin the struggle for a uniformed nursing identity. People working in these 'professions' have increasingly had to *earn* trust and respect, rather than their membership of a professional body conferring them automatically, and this, alongside the increased pressures of market demand and performance indicators, has meant that all such groups are being held more accountable for their actions. With 'customers' increasing their own knowledge, and challenging the specialised knowledge of

professions, organisational professions formed in recent times from traditional occupations have limited control in a context where management and financial constraints will dictate roles (Noordegraaf 2007). However, it can also be argued that no-one wants to be labelled unprofessional, and as Fournier (1999) suggests, workers will work harder and be more conscientious if they see themselves as being 'professional' rather than a subordinate within an organisation. Perhaps it is because nurses want to be valued and given a sense of worth in society, to be acknowledged for their hard work, care, and dedication, that the quest for recognition as a profession continues. It is this subjective and emotional lens that Andrew (2012) suggests nursing is viewed through, by both nurses and the public; and where any attempts to dismiss the vocational nature of nursing is met with opposition.

The continued educational proposals for nursing, which aimed to improve competence and standards, and the registration of nurses from 1919, could be seen as a strategy of professionalisation. The Briggs report (HMSO 1972) proposed to unify all nurse education in independent colleges, although the Department for Health and Social Security at the time was more interested in the development of new management structures. As with the subsequent Griffiths report in the 1980's, government motives were concerned with achieving a more effective and efficient use of human resources, rather than a review of nursing as an autonomous profession.

Melia (1984) has suggested that the professionalisers' main base in nursing lies in the educational sector, with one of the main vehicles for this being the nursing process. De la Cuesta (1983) analyses this in detail, but does not explore the full significance of the imposition of this process as a management tool. Developed in the US, it shaped modern nursing within the UK, proposing individualised and holistic rather than task-based nursing, moving away from the stereotypical image of the handmaiden acting on doctors' orders. According to this perspective, nursing care plans rather than medical reports

would be seen as setting the direction of nursing care. It appears that consultation over the plan was brief, resulting in it being imposed on nursing through the required syllabus for general nurse training as a fait accomplit, and it did little to increase the professional status of nursing (Habermann and Uys 2006).

A professional identity within nursing seems elusive following a continuing array of changes to the role of nurses, and to the educational and training structure underpinning nursing, all of which nurses themselves have felt disempowered to influence.

Project 2000 saw the introduction of nursing education within universities in the early 1990's, as a way of increasing academic standards in order to produce 'critical thinkers' to question and improve practice, and ultimately with the aim of increasing the professional status of nursing (Akinsanya 1990). This move away from certificated learning within schools of nursing placed greatly increased demands on the nurse tutors, now in universities, who needed to increase their own levels of academic knowledge accordingly. Appendix 1 gives an overview of nursing education milestones in the UK drawn from the Report of the Willis Commission (RCN 2012).

Many of the earlier studies around professional identity relate to the development of a scientific basis for the profession, which would somehow demonstrate credibility, again mirroring a medical model (Hallam 2000). Nursing's quest for a professional identity has seen confusion with regards to both its academic expectations and its practice development. Although nursing has moved from schools of nursing based within healthcare settings to higher education institutions, it does not have a traditional academic subject profile, and draws instead from a range of disciplines such as science, psychology and sociology. Consequently, educational advancement in nursing remains a contested issue, with academic worth having being questioned and debated over decades (Thompson 2009).

Stereotyping, nursing history, political influences and views within the profession itself have contributed to a confused nursing identity. Shields et al (2011) maintain that a highly educated nursing workforce reduces patient mortality, with other authors suggesting that if other health professionals need to possess degree level education preparation, then it should be a requirement of nursing (Smith 2000, Watson and Thompson 2008). However, nurses are not always comfortable with this academic status. McKendry et al (2011) suggest that new nursing entrants, in particular non-traditional students such as older adults, may not be familiar with formal higher education, although they may possess a wealth of experience and the stereotypical characteristics seen as required for the role.

The current debate over whether nursing is becoming too academic to the detriment of its fundamental principles of care and compassion is gathering momentum in light of recent media portrayals of poor care, and nurses now being 'too posh to wash' (Scott 2004, Francis 2012). There also appears to be a rivalry within the profession itself between those who trained at certificate level and those who have attended an undergraduate programme, with many of the former viewing their experiences through possibly rose tinted spectacles, arguing that their training was in some way better than the current academic programme (Whyte 2008). This may relate to concerns about their own standing within the profession, and perhaps a defence of their own qualification to practice within a profession that is consistently raising the standards for education and practice. This rivalry within the profession can be seen to contribute to the inability to develop a unified professional identity. It is this balance, between on the one hand, the traditional pre-requisite for caring and compassion, and the demand for knowledge based competence and scholarship to advance the profession, on the other, that remains contested.

It appears that there still exists a tension between the importance of educational advancement and practice advancement, despite the fact that they are both seen as

requirements for the unification of the profession in its search for identity (Andrew & Robb 2011). Nursing academics bring to the universities a wealth of clinical experience, but do not always possess the educational capital of their academic peers in respect of traditional disciplines. Therefore it is *clinical* credibility that appears to be more fiercely debated within the profession, as nurses feel confident in this domain (Rolfe 2009), although nursing has to continue to justify its place within academia, with scholarship and research gaining momentum outside of the traditional scientific domain (Gerish and Lacey 2010). However the UK undergraduate nursing programme has a mandatory requirement of 50% clinical practice, and therefore will continue to emphasise the two domains of academic theory and practice, despite the tensions they raise. Smith (2000) postulates that nursing needs to construct for itself an identity in academia which is appropriate to a practice discipline, and I would agree that this is necessary in order to address the current nursing discourse confusion. However, within the evolving historical context of nursing, and its recent perceptions and portrayals by the public, media, and the profession itself, a nursing identity may remain elusive for some time. The position adopted by this thesis is the one suggested by Cook et al (2003), whereby it is accepted that nursing is in the process of developing an identity, in the same way as both individual and professional identities evolve throughout nursing careers.

Roberts (2000) suggests that nurses have always been an oppressed group, exhibiting oppressed group behaviour, and will continue to do so, as a result of the lack of power and control that it wields outside its own group. Examples of oppressed behaviour can be seen as groups begin to despise their attributes, leading to low self-esteem, as other dominant groups dictate what is valued. Continued negative feelings and a sense of inferiority and frustration, can promote internal conflict within the oppressed group and lead to an inability to challenge the oppressor (Sidanius and Pratto 2001). Although Roberts (2000) study was based in the United States, it does seem to mirror the discontent and struggle for a professional identity within the UK at this time. Her analysis

of these issues offers an interesting view of nursing as the oppressed and the state as the oppressor, whereby nursing is being actively disempowered through political health care drivers that it has no control over, leading to poor self-esteem and a problematised sense of identity. Allen and Hall (1988) further supports this notion that nursing has been authorised by the medical profession, suggesting that the medical model adopted within nursing ensured that nursing values were not recognised as important within patient care, with "the values of medicine and the medical model being internalised as most appropriate". Both Henderson (1966) and Roper (1988) as nursing theorists refer to nursing in terms of independent practice, although both emphasise that this is part of the wider medical plan, with the nurse at times needing to assist the doctor. Subsequently the identity of nursing is shaped not only by the profession itself and the individuals within it, but by social constructions such as governments, other professions, media organisations and education, although not all of these being equal in terms of power and influence.

One aspect of the struggle in nursing to find a coherent identity has been the attempt to determine whether nursing is an art or a science. Its educational roots are in the sciences, with much of early nursing research being dominated by a positivist paradigm, following medical models. However the last 25 years has seen a shift from this stance towards the incorporation of other philosophical movements in the theoretical underpinning of nursing studies, particularly phenomenological approaches (Edwards 2001). This interpretative movement has gathered momentum, culminating in an interpretive theory of nursing (Benner 1994) advocating the inclusion of subjective phenomena such as experiences and perceptions, which positivist approaches do not address, in the exploration of meaning and values. Nevertheless, in some quarters it has been suggested that a general theory of nursing which encompasses the entire profession is pointless, and that the profession should accept the multiple views about the complex concept of nursing (Castledine 1994).

2.5 Image and Discourses of Nursing

As already suggested, the image of nursing has changed considerably over time, and continues to change depending on the societal influences of the day. Florence Nightingale continues to be a potent nursing image that stands the test of time, and she is particularly seen as a heroic figure, organising the care of the sick, developing the standards of hygiene needed to reduce the spread of disease, and creating a more scientific image of nursing than had previously existed (Lesolang 2011). In reality, the stories of heroism, respect and reform arising from this one person are difficult to substantiate, due to the factors involved with interpreting historical writings as discussed previously. However it is an image that remains a part of classroom history lessons and student nurse lectures, and a figure to which many nurses still aspire: a caring, strong, devoted nurse who organised clean, hygienic treatment in helping the sick and dying (Daniels 2007). It is an image that has continued to fuel discourses of nursing, contributing to current understanding and perceptions both inside and outside the nursing profession.

The UK literature relating to the image and discourses of nursing generally consists of anecdotal articles rather than empirical studies. Much of the wider literature from the US, Canada and Australia focuses on the relationships between the self-images of nurses and student nurses, on inter-professional perceptions and the public image of nursing (Donelan et al 2008, Fletcher 2007, Takese et al 2006, Brodie et al 2004).

Fletcher's (2007) systematic literature review found considerable differences between nurses' self-images and the public image of nursing. The findings were examined using the framework of Strasen's self-image model, where it is stated that "self-image is the set of beliefs and images we hold to be true about ourselves based on our specific socialization and environmental feedback" (Strasen 1992 p212). Across nursing as a whole, the literature reviewed in Fletcher's study suggested that nurses did not have a positive image of their role or profession, and tended to have low prestige compared to

other health care professionals. It was also interesting to note that the self-images of student nurses did not significantly change between the first year of training and qualification (Sivberg & Petersson 1997).

This is in contrast to Brodie et al's (2004) study, which found that student nurses *did* change their perceptions of the profession between training and registration and employment, and the changes were negative. Overall, a review of the literature concerned with professional image suggests that varying professional groups view nursing differently, and mainly stereotypically, seeing nurses as at the patient's bedside assisting the doctor, and as replaceable. Clearly, power relationships within health care underpin these images. Second year medical students in the US rated skills such as compassion, friendliness, courtesy and reliability as of highest value in the nursing workforce, with working independently ranked as lowest (Foley et al 1995). These skills and attributes can be seen as the essence of nursing, and those that the public have come to expect, although the development of the profession in encouraging autonomous, well educated, credible, competent practitioners in their own right has not always been recognised by other health professionals and the public as relevant or important (Hall and Ritchie 2011).

Lynaugh (1980) suggests that the status of nursing in all countries and at all times depends on the status of women, with literature continuing to reiterate this theme of a broader societal devaluation of the work predominantly done by women (Davies 1995).
Takase et al (2006) explored the impact of the perceived public image of nursing on nurses' working behaviour in Australia. A convenience sample of 346 nurses participated in a questionnaire using the Porter Nursing Image Scale (Porter & Porter 1991). This was followed by six participants being interviewed in a focus group, to provide further evidence. The response rate from the group was 36.7%, and the reliability of the results tabulated. The statistical analysis used for the initial part of the study was polynomial regression analysis, which was difficult to interpret despite the equations being explained.

The findings showed that nurses overall perceived themselves more positively than the way in which they believed the public viewed them, although the focus group felt that the public had a lack of understanding and knowledge about nursing roles. This concurs with other literature suggesting that nursing roles have both blurred and developed, but the public have not been effectively informed of these changes and continue to view nursing in certain ways that are dependent on media and social experiences (Buresh & Gordon 2000), with some adherence to the traditional image of nursing. Although the conclusion of the study suggests that the public's lack of understanding has a relationship to nurses intending to leave the profession, this is not really shown conclusively, and the interpretation of the findings seems rather subjective. However the study did argue strongly that nurses' motivation to change public perception should be to strive for excellent performance, rather than reducing performance or changing self-image.

Brodie et al (2004) conducted a three phase study in two HEI's in London, exploring student nurses' perceptions of nursing across years one, two and three of their studies, along with those of former students who had qualified within the past 12 months. The first phase involved a qualitative and quantitative questionnaire to 592 students and 58 former students; the second phase was a focus group with 7 students, and semi-structured telephone interviews with 30 former students. The third phase involved interviews with recruitment managers in London hospitals. The research was designed to enable the writers to make generalisations about trends, explore attitudes in depth and produce complementary data. The data analysis drew on a grounded theory approach to incorporate a comparative analysis. As supported by other studies (Howard 2001), some student nurses had misconceived ideas about the nursing role and the work involved, having a stereotypical image of task-related work rather than seeing the need to cultivate any leadership or intellectual decision making skills. They also had a misunderstanding of the course content, seeing it as focused on practical skills, and with no realisation of the academic components needed. However throughout their programmes of study it

appeared that the theoretical insights gained into nursing, and their increasing understanding of the range of opportunities and progressions open to them, could contribute to a more positive image of nursing, and subsequent promotion of the nursing profession to others. Nevertheless, the negative experiences counteracted any positive aspects, with students discouraged both by public opinion, and by perceptions of them by other members of the health care team. An on-going theme from previous literature, also continued in this study, was the lack of encouragement in clinical practice to implement what had been learned in their studies, along with the conflict between theory and practice (Lindop 1999).

From studies spanning two decades, it is still evident that public misconceptions about nursing continue, and have a profound effect on the recruitment, attrition and expectations of the profession. Somewhat surprising is the fact that nurses themselves find it difficult to define nursing, due to its vast remit and developing roles, with Kneafsey and Long (2002) noting that nurses see themselves as a 'jack of all trades'. Wicks (1998) concurs with this theme, suggesting that what nurses actually do may not match up to the professional mandate advocated by the RCN and NMC, and therefore they are more likely to provide role descriptions that are mismatched. Salvage (1982) was critical of the nursing profession, for colluding with others such as the media three decades ago in reinforcing outdated stereotypes and imagery related to traditional nursing roles. She suggests that nurses themselves must resist the stereotypical image of nursing, and argues that it can only be diluted by adopting 'a plurality of images' (p13). Hallam (2000) also suggests that nurses should not attempt to perform the role of an outdated public image, but rather demonstrate the realities of nursing in respect of roles and accountabilities.

The image of nursing has been shaped by individual social constructions of the world within which we live, and will be perceived in varying ways, depending on personal experience and individual meaning making around the phenomena. Media has been seen

as having a major part to play in this, through the reporting of news events, television, advertising and film (Buresh & Gordon 2000, Sullivan 1999). The reality constructed by the media may serve a particular vision of the world, sustaining beliefs in particular ideas and institutions within healthcare, including perceived ideas on power relations. The portrayals both within fictional and documentary accounts have social implications and are not necessarily value-free representations. They allude to dominant values and ideas of society which may create insecurity, doubt and even fear for those who have little understanding or experience of these areas (Hallam 2000). Therefore, media interpretations are ideologically-informed accounts representing nursing in such a way as to reinforce their own terms of reference at a given moment in time.

A study by Stanley (2008) examined how nurses have been portrayed in feature films made between 1900 and 2007, using a mixed methods approach. Over 36,000 film synopses, mainly of films from the US and UK, were reviewed and analysed quantitatively to determine genre, country of origin and storylines, and then qualitatively to identify themes related to the image of nursing. Although the writers acknowledge that pornographic films were discovered in some searches, involving a significant amount of nurse-related imagery with nurses as sex objects, these films were not included in Stanley's study. The images of nursing in the films reviewed were very varied indeed. They involved changing patterns throughout time from an angelic image of war-time nurses showing a self-sacrificial role, to slapstick comedy roles that portrayed nurses as sex objects, such as the *Carry On..*.' films. The earlier images of female nurses tending to the sick no matter what the time of day or night or how busy they were, are suggested to have been produced with the direct intention of motivating young women with the 'right' characteristics to become nurses. However this is difficult to substantiate, and whether it did actually influence nurse recruitment is not discussed. Nevertheless, the media, and in particular films, are shown to have encouraged viewers to develop perceptions that they may not have had previously to viewing (Hallam 2000).

The images of nursing in films can be seen to mirror societal changes, particularly the roles of women in society. Films from the late 1980's and 1990's showed a strong image of nursing with *The English Patient* and *Pearl Harbour* given as two examples of this, and the shift away from the original stereotypical image continues. Romance and heroism is a recurrent theme, but also a darker side of nursing is portrayed in *Misery* where the main character is a nurse who is portrayed as a murderer and psychopath. Although this study describes the use of nurse imagery within film, it does not offer any new knowledge. In spite of this, the recommendations it makes for the nursing profession to work with the media to promote the image of nursing should be considered, in order to foster an accurate and realistic representation.

Images used in recruitment campaigns run by the nursing profession itself do not demonstrate the realities of nursing, and can be seen to offer an inappropriately dramatic or sentimental approach to the role of nursing in society (Nelson and Gordon 2006). Developments in the media have meant considerable increases in the use of internet and social media sites, both for information gathering and as a form of entertainment, which Kasoff (2006) suggests is currently underutilised as a way of promoting the image of nursing to populations in general.

Kelly et al (2012) used critical discourse analysis within their study in order to explore how nursing identity was constructed in YouTube video clips between 2005 and 2010. This correlates with previous opinion that perceptions of nursing and nurses include both favourable and unfavourable stereotypes, with three nursing identity 'types' identified: "a skilled knower and doer, a sexual plaything, and a witless incompetent" (p3). The authors maintain that the image of nursing rarely represents the reality, and suggest that the nursing profession must study its identity to analyse how the profession views itself, and how the public view nursing through the various historical discourses known. It is, however, suggested that social media should be moderated by the professional and

regulatory nursing bodies, with the aim of ensuring the protection of the profession from stereotyping, with consultancy and decision-making powers on YouTube content.

The current public perception of nursing cannot fail to be influenced by documentaries concerning poor standards of care within all care settings. News reports have highlighted the continuing need to monitor care standards, and they continue to highlight those institutions where failing care is evident (Francis 2012). Lesolang (2011) suggests that society's current perception of nursing is that "there is no moral basis for what nurses do and the profession has regressed to moral destitution" (p40). Does this suggest then that we *do* need to return to the lessons from history in the recruitment of a particular type of 'moral person'. Certainly an older generation may see this as the sensible option to choose, with patient groups suggesting that nurses today are too focused on educational achievement and need to get back to nursing care rather than academic study. But for young people who may be choosing careers, moral values and expectations of work and lifestyle have changed dramatically, and such a reversal may not be desirable for young people today, or even possible. Societal norms of a previous generation are unlikely to return. Therefore it is important to understand the current desires and expectations of young people commencing on their career journey, to understand what influences them to choose a certain pathway over another, and to explore their perceptions of nursing as a career option.

The Nursing Standard (an RCN publication) launched its *Nursing the Future* campaign in January 2004, to improve the image of nursing by challenging misunderstandings and perceptions of nursing and to encourage nurses and midwives to 'sell' their profession (Waters 2005). However, despite trawls through all major databases related to nursing, no studies or evaluations of this campaign could be located. Anecdotally, I asked twenty five nursing colleagues who were in clinical practice in 2005 about their awareness of this campaign and no-one had any recollection of it. This concurs with literature suggesting

that nursing as a profession does not market itself well, and fails to promote a universal image understood by society (Scott 2005).

Defining nursing has been a fundamental problem, with the NMC declining to produce a definition as such, even though the standards and competencies a student nurse must achieve to be registered as a nurse clearly depend on such a definition (NMC 2010). These standards vary according to branches of nursing and post registration specialities. The RCN, however, did produce a working definition to be used in circumstances such as description of the profession to others, in documentation and strategy when designing services, and in helping to clarify roles within multidisciplinary teams (RCN 2003) although this again relates to a core definition supported by six specific 'characteristics' (Appendix 2). However it remains questionable how much is known about this definition within nursing, in particular among those groups of nurses who do not subscribe to the RCN. Therefore this again appears to support literature suggesting that nursing as a profession is not uniquely identifiable and has perhaps lost its way, with confusion existing in the profession as far as nursing roles and expectations are concerned, as well as uncertainty amongst the public. The current dominant caring discourses of nursing may need to be challenged in order to articulate not only what nurses 'do', but also to provide an alternative discourse of practice knowledge, to provide insight into the nursing role and promote what nurses 'know' (Canam 2008).

After the completion of the interviews conducted for this thesis, a more recent RCN campaign entitled 'This is Nursing' was launched, on 17th September 2012, which attempts to redefine nursing , demonstrating that it is a career of care and compassion, and describing the various skills and competencies involved (RCN 2012). This is available through the RCN website and has been praised by health ministers. It appears that it focuses on restoring public confidence, with Dr Peter Carter (CEO RCN) stating that the campaign aims to inform the public about the wonderful work that nurses do, and the skills

and hard work that are fundamental to nursing. It also appears to encourage nurses themselves to embrace the positive aspects of their profession. The links from this site direct the 'public' or the 'profession' to further information and YouTube video clips, although what impact this will have on young people in respect of considering nursing as a career is not yet known. It may be unlikely that this website will be accessed by the general public, or if many will know about it unless they are RCN members or actively seeking information about nursing. However, it may prove a useful resource to which nurses and nurse lecturers can direct any enquiries from those who require further information about nursing.

2.6 Student nurse perspectives

The traditional views of nursing as a caring, compassionate and helping profession remain as fundamental components of nurse education today. However, the perceptions of students who choose nursing appear to be challenged on entering their educational and practice programme. Although in research terms the study is quite dated, Watson et al (1998) conducted a longitudinal study of one cohort of nursing students (n=168) comparing their perceptions on entry to their programme with those after twelve months. A nursing dimensions inventory relating to caring was used to score a range of items, which suggested that nursing students lose some of their initial idealism during this period. The study used statistical analysis to evaluate the questionnaire scores, although no qualitative analysis was undertaken to explore the reasons for their answers. The study does indicate however that the concept of nursing and caring before entry to the profession may be very different to the perspectives of those within the profession itself, which has obvious implications for recruitment and retention of nursing students.

Pearcey (2007) adds support to this opinion that student nurses have unrealistic perceptions of nursing on entering their programme of study. The study adopted a

grounded theory approach, using an open-ended questionnaire, sampling a total of fifteen final year nursing students on a Diploma in Nursing course and a BSc in Nursing Sciences course. The study demonstrated that the original expectations of caring and holistic patient care are not realised within practice, with many of the participants citing lack of time as synonymous with a lack of caring. It was suggested that the theories, terms and concepts learned within their programmes did not correspond to the realities of nursing. The practice climate was concerned with getting the work done and remained task and procedure related. This has implications for nurse educationalists who continue to promote the building of nursing theory and research in order to enhance clinical practice, an assumption that may not be realised in many practice areas. The portrayal of the realities of nursing is therefore essential in order to educate the public and ultimately attract students who may consider nursing as a career.

Wright and Wray (2012) explored the expectations and early experiences of children's nursing students using a phenomenological approach utilising four focus groups. The findings also suggest that the expectations of this group did not match the realities of their experience, resulting in three students withdrawing from the programme. Responses also suggested that the knowledge and theory encountered at university did not always correspond with their practice learning. The authors concluded that first year nursing students appeared to have a very outdated view of children's nursing, based on a traditional model of acute medical care, which was not supported in current education and practice. This supports previous studies which suggest that the marketing of nursing needs to represent contemporary practice.

The 'theory practice gap' has long been debated in nursing, with many authors seeing this quest for increasing theory as a drive for professionalism (Pearcey & Elliott 2004, Wright, 2004, Davies 2000). Current nursing educational standards require students to have supernumerary status within clinical practice. Studies have explored the socialisation of

students, where their mentors and experienced registered nurses influence how they are socialised into professional behaviours (Aled 2007, Hall 2006). This has been termed the 'hidden curriculum' (Allan et al 2011), referring to processes and constraints which are not included or explored within the formal curriculum. It is this conflict of ideals and reality that continues to cause confusion about what nursing really is, with mentorship of students in practice making the difference between a positive or negative experience of theory and practice understanding (Allan et al 2011). Clearly then, those young people who may not yet have considered their potential career options need to have *consistent* information about nursing, including the requirements and realities of the profession and the opportunities it affords.

2.7 Summary

This chapter has given an overview of the historical origins of nursing, including how it has been shaped by discourses and images, resulting in its present position. It has been argued that in its quest to develop an identity, nursing has been encouraged to seek the 'professional' route by providing a body of specialist knowledge leading to self-regulation and perceived scientific worth. Despite the achievement of professional status and education advances, it is apparent that the traditional vocational role of a caring, domestic, helping female remains the prevailing image of nursing for many, including current student nurses whose perceptions do not meet the realities of the role. In addition, the media have promoted nursing in various forms, some of which subscribe to a sentimental view of nursing, while others see nurses as anything from 'a sexual plaything to a witless incompetent' (Kelly et al 2012 p3). The media have also shown the negative side of nursing through reports of poor standards of care, dispelling some of the deeply held ideas about nursing from traditional discourses and imagery. The debate around defining nursing continues, and it can be argued that nursing must accept and embrace its past in order to move forward, understanding that identities are fluid and shaped by the

experiences, expectations, and social constructs we are exposed to. Individuals and societies will adapt to new ways of thinking as the discourses develop, and through the provision of consistent information.

Chapter 3: Influences on Career choices.

3.1 Introduction

This second chapter of the literature review will explore the influences on young people when considering their future in terms of life choices, career and further/higher education. There is discussion here of the way in which careers are formulated and of the subsequent choices made using the theoretical underpinning of social cognitive and social cognitive career theory, and relating considerations and choices to a personal sense of self-efficacy, outcome expectations and goals. It is argued that the social constructs of education, government, and economic policy have in the last two decades contributed to changes in young people's expectations and perceptions concerning their future career and employment, their education options, and the choice processes they employed. This discussion will help to contextualise the current position of Year 11 pupils who are involved in making these choices.

3.1 Societal influences (education, government policy, economic)

Much literature argues that the stabilisation of the labour market in the 1960's and 1970's allowed young people to develop an understanding of the types of roles within the workplace that would be natural for them to pursue. This may have been following in family traditions or gender roles prescribed in the workplace, becoming part of young people's expectations and perceptions, based on their understanding of the world around them and their experiences to date (Ashton & Field 1976). This viewpoint describes a traditional social order where many communities would never have considered wider occupational options or higher education. However the continued decline in demand for low skilled manual labour can be seen to have led to a demand for a more skilled, higher educated workforce (Ahier et al 2000).

In the increasing globalised economy, where countries became increasingly interconnected financially, government reacted by introducing policies that increased opportunities for young people to access higher education, as seen in the introduction of the post-1992 universities, largely comprised of organisational transitions from college or polytechnic status to that of higher education institution. Education was now seen as a consumer product, but also a partnership, where both students and parents would contribute to the financing of their education, ultimately resulting in an 'end product' of personal economic advantage including a higher salary and opportunities for career development (Furlong and Cartmel 2010). Policy interventions in education over the last decade have sought to raise the aspirations of young people, with widening participation initiatives encouraged (Brown 2011, Raco 2009). This has resulted in far fewer younger people leaving school at 16 years of age, and currently school leavers from 2014 will have to remain in some form of education or training until 17 years and 18 years from 2015 (House of Commons Education Committee report 2011). This policy has resulted in what has been described as 'qualification inflation' (Shavit and Müller 2000), as post compulsory education becomes a cultural norm, even though it does not guarantee an increased chance of successful employment or higher salaries, as used to be the case following a university education two decades previously.

The positioning of students as 'customers' in the higher education system means that HEIs have become 'providers' of skills and knowledge, although this model does not in fact correlate with the relationship between retailer and customer. Career aspirations may need to be amended in light of the current economic factors at the time, and of the availability of that particular pathway, in addition to the individual's reassessment of anticipated achievement. This has been termed 'defaulting' (Foskett and Helmsley-Brown 2001) and can occur at any point in the career choosing pathway. These factors, alongside growing unemployment, rising population, and increasing temporary and part time jobs, have resulted in young people having to also assess risk when considering

career options, in respect of whether initial choices will contribute positively or negatively to their long term goals (Furlong and Cartmel 2010).

Despite this continued encouragement of young people to access higher education and achieve aspirational professional careers, Brown (2011) suggests that these policy interventions do not address young people's desires for their future lives in a holistic way, which may lead to a disconnection between expected policy outcomes and young people's own ambitions for emotional security and happiness. His study concerning the emotional geographies of young people's aspirations for adult life, suggests that policy drivers encourage young people in *being* aspirational rather than achieving desired aspirations. This in turn can lead to disappointment and exaggerate the differences between aspirational goals and those that can actually be achieved. Ultimately educational policy has promoted access to higher education for all, assuming that young people would aspire to something better, although in reality the relationships and emotional aspirations they have may outweigh and sometimes conflict with any educational expectations.

Social class as a concept and as a social construct may be becoming more subjective (Furlong and Cartmel 2010). Where once occupations were aligned with certain social groups, now they are blurred and not so tied to class position in the modern world. Many young people are encouraged to aspire to occupations well beyond their traditional class boundaries, and others who may have traditionally followed a 'professional' occupation, choose not to do so. However results from McDowell's (2003) study found that although many young people hold on to career aspirations, they were more likely to find work in lower paid unskilled jobs, often continuing to believe they were on their way to becoming 'something better'. It may be this dichotomy between belief and aspirations on the one hand, and the reality of the labour market on the other, that is causing some concern and

despondency amongst young people, who have been led to believe that they can achieve and realise their expectations.

The previous Labour government (1997 – 2010) ensured that widening participation in higher education remained high on the political agenda, with new HEI's developing and new programmes of undergraduate study offered, including initiatives such as 'Aimhigher' which involved the Department for Education and Skills and the Higher Education Funding Council for England working with HEI's, Connexions services, community groups, and schools and colleges (Aimhigher 2004). This encouraged a sense of young people's right to go to university if they so wished. However, the evidence continues to indicate the under representation of some groups, with Fuller and Paton's (2007) research with Year 11 pupils finding that people *choose* not to access HE, and follow an alternative trajectory because of real, not imagined barriers, such as admission procedures and lack of institutional flexibility. For these young people, HE is simply not an option. The Aimhigher initiative formally closed in July 2011, although the website remains accessible, to enable review of areas of good practice and evaluations from the regions involved. Quinn (2010) suggests that young people may construct an imagined social capital to give themselves a sense of power, control or support in their learning journey. Conversely this can also help to resist imagined networks that may be perceived as harmful and give credence or reasoning to 'not belonging'. The symbolic connections we have can affect choices and future educational and life goals, and young people's perceptions of university education and their relationship to it, particularly in respect of imagined social capital, ultimately affects their decisions.

A study by Atherton et al (2009), commissioned by the Department for Children, Schools and Families, involved focus groups with 610 Year 7 pupils over 27 schools. Findings indicated that 82% of girls and 68% of boys wanted to go into HE, with the reasons given being 'to improve themselves' and 'to get a better job'. This study is interesting as it

argues that more young people from a lower socio-economic background (85%, as opposed to 66% from higher), stated that they wanted to go into HE. However, these statistics should be viewed with caution as the study does not explain how socio-economic backgrounds were classified. Nevertheless, it does appear to refute other literature that suggest lower economic groups remain less likely to access HE, which may indicate that between Year 7 and Year 11, young people's aspirations and career choices are further influenced by other factors.

A research study funded by the British Academy (Riddell 2007) looked at developing social capital for working class students. The study involved 49 interviews with people in a wide range of roles, including senior government officials, university admissions tutors, staff from both Russell group universities and post-92 HEI's, regional Aimhigher staff, Connexions staff, parents and staff from independent schools and staff working on projects for disadvantaged students. The study indicated that independent schools and middle class families draw on a range of resources to construct a trajectory of 'success', however it was the 'expectation' of success that appeared to be the driver for staff, parents and children, and thus an institutional habitus (Reay et al 2005). This constructed 'success assumption' was identified as present in all aspects of their lives, including social networks and family.

It was also noted that the gifted and talented programme in state schools was having a similar effect, creating alternative social capital by introducing a new peer group for these children. The research states that some similar provision with regards to providing alternative social capital for disengaged young people is effective in helping them enter employment or training. The study does not however discuss how these young people have progressed in their futures, or whether feelings of expectations or 'pressure' from institutions, family and peers were fully explored. It does, on the other hand, concur with the findings of other studies relating to social habitus as an influential factor on young

people's career choices and aspirations (Reay et al 2010, Reay 2006, Feuerstein 2010, Bourdieu 1986).

In 2011, research by Neilson and Jones explored the predicted career choices of a cohort of 1059 high school pupils in Scotland, finding that that there is a recent trend of fewer school leavers pursuing nursing as a career choice. Results demonstrated that school leavers were more likely to choose nursing as a career if they did not achieve high grades in their examinations, with some participants stating that they would only consider nursing if the grades they achieved were below expectation. The pupils also revealed that the positive or negative view of a career choice from their career advisor would make them more or less likely to pursue it, which finding seems to refute those of earlier studies, where the influence of career advisors was seen as less significant. However, it supports previous studies indicating that nursing is seen as a career that does not require a high academic profile.

3.2 Choices and occupational aspirations of young people

Many studies have focused on the behaviour and decision-making capabilities of young people of school age, in particular within post-16 choice processes. Some of these are now dated in terms of research currency (Taylor 1992, Foskett and Hesketh 1996, Keys et al 1998), but certain aspects of these studies can still be drawn upon in order to make comparisons with current viewpoints.

Patrick White's 2007 study was an Economic and Social Research Council funded project to examine choices and occupational aspirations of young people in their final year of compulsory schooling (Year 11). The research involved interviewing fifty nine pupils from six secondary schools in a rural area of southern England, each interview lasting between 30 – 45 minutes. Five male and five female pupils were selected from each school to try to

ensure representation of a wide range of choices, and this included a range of academic levels. The selection of the pupils was mainly carried out by careers teachers. The analysis of these semi-structured interviews aimed to develop typologies of choice behaviour, and then combine them to create two models of decision making. The discussion centres on the inclusive and exclusive choices the young people have made.

Another category, default choices, was included for discussion, where some pupils had a lack of engagement in the choice process, or where choices were already embedded in their cultural norms, so were expected or assumed. The conclusions drawn demonstrated that the majority of students interviewed took an active part in the decision making process relating to their post-16 options, challenging previous studies which suggest that family and school played a major part in these choices. Conversely, it is acknowledged that the study utilises a relatively small, purposive sample and generalisations cannot made from it. It has been argued by authors (Browning 2008, Payne 2003, Head 1997) that choice and decision making for young people is influenced by many factors, including an individual's perceptions of the world, their upbringing, their ideals, experiences, and cultural norms, none of which were addressed in depth within this study.

Croll's (2008) study considers young people's occupational aspirations in relation to their educational attainment at the age of 15, and looks at the occupations of the participants' parents, as well as their own occupations at age 20. The data were collected from the British Household Panel Survey over periods of between 5 and 10 years between 1994 and 2004, involving 763 young people. As in previous studies, it emerged that the majority (78%) had clear career aspirations at age 15, and had an idea of what they wanted to do following compulsory schooling However, the resulting survey suggests that these aspirations are not realised, with a mismatch in the availability of the careers aspired to, and with many of those surveyed showing preferences for professional and managerial roles which had not been realised. It is this *expectation* of a career pathway that may

result in despondency among young people, particularly if they are encouraged to choose further and higher education to achieve this goal in a time of economic recession, which is then subsequently not attained.

The study does discuss the socio-economic issues relating to occupational choice, although some things are unclear, such as how these categories have been substantiated, and what criteria are used to classify and identify advantaged and disadvantaged pupils, apart from the occupational status of their families. The conclusions of the survey suggest that ambitions and educational attainment are misaligned in many instances, with those from occupationally advantaged families being more ambitious. However, the research does suggest that for those who are ambitious and educationally successful, there appear to be no differences in occupational outcomes whether from advantaged or disadvantaged backgrounds. Gender factors are also discussed, with females more likely to choose social science careers, hair and beauty and child care, whereas males were more likely to choose science, engineering, architecture, mechanics and industrial jobs. The study also suggests that young people feel a sense of personal agency, and feel responsible for their own outcomes in terms of career and employment.

Although the data from this survey makes interesting reading and gives food for thought when reflecting on those young people's aspirations compared to their occupations ten years on, it does not take into account the various life factors that may have influenced their decisions, and the shaping of their identities over the time period. It does suggest that many aspirations are not realised, although young people will have the social and occupational mobility that may increase the likelihood of realising their ambitions in the future.

In order to further explore some of the findings of the studies above in relation to the academic ability of pupils affecting career aspirations, the systematic literature review

offered by Miller and Cummings (2009) looks at those students who are classified as gifted and talented. Although the authors primarily set out to explore leadership attributes in high school students, relating to a possible career option in nursing, this review aimed to examine student's career perceptions as a baseline to gain an understanding of this population. Following inclusion and exclusion criteria, a total of 8 research studies published between 1995 and 2005 were reviewed in depth. All were conducted in the United States, with 5 studies adopting quantitative methods and 3 qualitative. The results are interesting, and appear to refute some of the findings of previous studies conducted in the UK. Lee (1998) suggests that young people are more likely to choose careers dependent on their perceptions of that career aligning with their own personality, self-concept and identity.

Mendez and Crawford's (2002) study concurs with this, demonstrating that scales of personality and attributes would influence career choices, with girls more likely to rate family priorities as an important factor alongside work when choosing a career. It is also interesting to note within this review that seven of the eight studies indicated that family support for a potential choice of career was the most important factor in the young person's consideration of occupation. Other influences were found to be teachers, head teachers and school counsellors, outside activities and sports clubs, and, to a much lesser degree, peers. The authors go on to say that nursing as a female dominated profession is often not considered suitable for gifted and talented students of either gender, although the strong academic and leadership skills demonstrated in this group are needed within the profession.

This can also be related to the CAPDEM (Career Perceptions and Decision-Making) report commissioned by the Department of Health to examine the perceptions and knowledge of specific careers held by a sample of 410 pupils, aged 10, 15, and 17 (Foskett and Helmsley Brown 2001). The research involved focus groups and individual

questionnaires, concluding that young people may be influenced by image and status when choosing careers, including potential opportunities to reach a higher status within an occupation. Whilst young people 'admired' nurses, they did not have any desire to enter the profession and saw this work as having limited career opportunities. The participants in this study saw the image and status of a career in terms of the selection processes, assuming that the harder a profession was to get into, the higher its status. Nursing was not perceived to be highly selective or requiring high academic qualifications. The reasons for choosing nursing included concepts of caring, with squeamishness cited as a reason for not choosing nursing.

Other studies have supported these views, finding that young people have perceptions of nursing as having unappealing responsibilities, too many emotional strains, poor pay and poor conditions (Donelan et al 2008, Cohen et al 2006, Erickson et al 2005). It is these perceptions that need to be explored further in relation to the influences that have contributed to their viewpoints. Foskett and Helmsley Brown (2001) suggest that direct experience, or information given from a secondary source in relation to a career or job role, will help to form some kind of perception or image of what that career is, the characteristics of the job and the status that it affords. This may come from media sources, parents, peers, their own work experience, own observations, beliefs, culture and values and so on, all of which help to construct perceptions of a particular role or career, and which may change over time with subsequent experiences and information.

Nursing in the UK has not been dynamic in its quest to market the reality of the profession in a way that influences decision making. It remains extremely difficult to organise work experience for school students, due to ethical and health and safety constraints. However, in the United States of America Porter et al (2009) conducted a qualitative study with sixteen high school pupils in North Carolina. This study recruited high school volunteers with parental consent, who may have been interested in a health care career and met a

set of academic criteria. They had an obligation to shadow nurses within an acute hospital setting, and to complete eight hours of coursework relating to anatomy and physiology, along with a medical terminology course. After each shadowing experience, the pupils were interviewed individually, with data thematically coded and subsequent content analysis used. It was interesting to note from the responses that pupils' conceptualised nursing very differently prior to and following the shadowing experiences. Misperceptions of nursing roles were identified, in particular concerning the level of knowledge and expertise needed in acute care situations, the autonomy and accountability of nursing, and the strong relationships that were formed between nurse and patient. Pupils felt that their prior perceptions of the nursing 'handmaiden' had not been justified, with advanced nursing practice roles seen as highly technical, requiring considerable knowledge and expertise. Consequently, it appears that encouraging school and pupil engagement with health care and nursing would give them an insight into the variety of roles and realities of the profession, even if this only affords the profession a limited exposure.

3.3 Self Identity

Identity research is varied and contributes to psychological, educational and sociological disciplines. It is important to consider how identity shapes career choices and perceptions of life choices available to young people, when exploring the development of their perceptions of roles and careers.

Personal identities begin to emerge in adolescence, and although many would argue that this continues throughout the life course, at this phase of life, identity can begin to stabilise as young people start to focus on their anticipated identities in career and future life, often aided by the development of their interpersonal relationships (Pajares and Urdan 2006). This process is known as the development of 'possible selves'. These are formed from young people's perceptions of what they and others may think, believe or expect, which

may be particularly influenced by peer groups and relationships with others (Stryker and Serpe 1994).

A study by Kerpelman and Pittman (2001) explored the perspectives of those in late adolescence on career, marriage and parenting, looking at the amount of importance or certainty they placed on their future identity relating to these life areas. One of the hypotheses posited within this study was 'the more important the possible self, the more active exploration an adolescent will undertake with respect to that identity' (p 493). The aim of the study was to test the conditions under which the importance of possible selves remained stable or changed in response to feedback given by a peer. The analysis utilised control theory and psychosocial moratorium to explain the construction of possible selves, but the results were not conclusive concerning the instability of the possible self for the career role. However, conclusions were drawn that suggested "where possible selves were important, they tend to be unstable, with these identities still being under construction" (p509). This suggests that processes of identity formation need to have periods of instability in order to explore both the possible life roles available to us, and the varying influences of society that will shape them. Savicka's (2005) theory of career construction supports this, arguing that careers are constructed as an individual's self-concept emerges, and can be seen as an interpretative process involving meaning and understanding of their world. The interpersonal processes in which the individual engages help to make meaning of their experiences, with career choices seen as reflecting the type of person they want to be, which may relate to their own personality.

Swanson and Fouad (1999) support this theory of self-concept and self-efficacy, drawing on theories of person-environment fit to contribute to the understanding of school to work transition. They suggest that pupils need to spend time in exploring various options, including their values and interests, which will lead to increased self-knowledge. This, alongside exposure to occupational interests, will inform their future choices. It is argued

that further or higher education encourages the gaining of additional knowledge and 'testing of self' in respect of future career options, through exposure to alternative ways of thinking, possible work experience/ and a wider community of peers.

Usinger and Smith's (2010) longitudinal qualitative study also examined the process adolescents undertake as they construct ideas of future careers. This involved face to face semi-structured interviews with sixty adolescents in an economically disadvantaged area in the United States. These were conducted twice a year for 6 years from seventh grade (age 12-13yrs) to their senior year in high school (age 18-19), and were analysed using a constructivist grounded theory approach. Findings showed that although all students involved in the study were actively engaged in 'meaning making' concerning their world and experiences, a connection to exploring careers was not relevant to half of the participants. Categories from the data collected indicated that those within the 'internally derived' group had confidence in themselves and their abilities, who were comfortable in exploring a variety of careers in order to find one that 'fits'. The 'externally derived' group were very self-aware although did not see themselves as unique individuals. They were very conscious of failure, portrayed their lives in a dramatic way where they were the only ones who could help in certain situations such as family crisis, and blamed 'the system' for preventing them from achieving what they wanted. This group's career choices focused on perceived 'fantasy' jobs and ones that they perceived to be the realistic alternative.

The study demonstrates that there are multiple factors to consider when young people are choosing careers, including their perception of their ability to achieve these, their self-perception, and their perception of the career itself. However it does appear to refute other literature relating to trait theory and person/environment fit (Swanson and Fouad 1999, Holland 1997), as this study's findings clearly show that there were no apparent associations between the personality types of students and their choice of compatible careers. This appears to run counter to the current career guidance adopted in the UK,

with tools such as 'Fast Tomato' used in over 1600 schools, colleges and Connexions centres in the UK (Fast Tomato 2011). These tools work on the basis that given questions exploring 'likes' and 'dislikes' to gain an idea of pupils interests, allow the user to see a result of the top twenty careers that are best suited to them. Research by Nauta et al (2002) also indicated that there is a reciprocal relationship between interests and self-efficacy, with interests being the motivating force to achieve self-efficacy, through practice efforts and outcome expectations.

Individual conceptions of the self can be seen as relational, where power, social control and self-regulation are at work in the construction of the self through the contexts of history, culture and narrative. Flum and Lavi-Yudelevitch (2008) also suggest that the self should be seen as relational, rather than as an objective self with measurable interests and skills. According to career theory, a perception of a career arises as a result of the information the person receives about the power and control inherent in certain professions, such as medicine, police, and nursing. Organisational culture including surveillance, examination and performance targets, will shape the perceptions of that particular industry or career, with the individual's perception of 'self' relating positively or negatively to this as a possible role they would want to pursue (Stead and Bakker 2010).

Hook (2007) suggests that the self is constructed according to its position in relation to an 'other', where power is transmitted through discourse within the social group. This is seen as a process of constructing a dominant self and a serviceable 'other', a form of categorisation of the individuals concerned, resulting in acceptance or rejection, inclusion or exclusion, for example (Sampson 1993). Individuals are also identified as self-policing in their attempts to conform to societal norms. Young people in an institutionalised educational environment may feel this external gaze when considering career options, and may adapt their construction of self accordingly. The information given from 'others' such as career guidance counsellors, teachers and family carries the power to treat young

people "as objects of information rather than co-constructing subjects, which can constrain a person's sense of self with the incorporation of self-blame and the destructive consequences it may produce" (Stead and Bakker 2010 p52). The context of the individual is therefore paramount when exploring career options. It is important to consider their sense of self, their motives, and their ways of making meaning in their world.

3.4 Summary

It has been argued here that although opinions differ as to what influences young people's career choices, and perceptions of careers, it is important to take into account personal self-efficacy and perceived goal attainment. Personal values and interests may underpin their thinking, although these will shape choices to some degree, alongside other societal influences. A holistic approach is advocated, one which supports the acceptance of reflexivity and the emotional aspirations of the individual, rather than reproducing the norms of educational outcomes and related career aspirations.

As has been shown in the review of literature on the topic, previous research has attempted to understand the perceptions of young people relating to careers in general. However, there are few recent studies exploring the perceptions of young people specifically relating to nursing. Of those that do relate specifically to nursing, issues may still be relevant, although much of this research was conducted in the late 1990's and therefore many of the findings may not be applicable to today's young people. Education, nursing, and the labour market have changed considerably, and with the pool of young people decreasing and a nursing shortage appearing inevitable, it seems pertinent to explore current Year 11 pupils' perceptions of nursing as they are making choices about their future education and careers.

Much of the literature reviewed can be seen as conflicting, and few studies offer findings from which generalisations can be made, although the theories generated are arguably transferable. However, the depth of data seen in qualitative studies does reveal some of the perceptions that young people hold, and the way in which a variety of influences may affect their future choices. This has contributed to my choice of a qualitative methodology drawing on social constructionism to frame the research and will be discussed further within the next chapter.

The main aim of this study is to explore Year 11 pupils' perceptions of nursing.

The research questions framing this study are:

1. What perceptions do Year 11 pupils have of nursing?

2. In what ways do these reflect the discourse(s) within and about the nursing profession, and what role does policy and the media play in this process?

3. Within formal education what experiences may have influenced their perceptions of nursing as a career?

4. What other factors have impacted on their perceptions of nursing?

Chapter 4: Methodology

4.1 Introduction

The aim of this chapter is to discuss the methodology and methods employed within this thesis, exploring the epistemological and theoretical perspectives that have underpinned and guided the research. This chapter argues that a social constructionist approach underpins this thesis, whereby individuals are understood as constructing meaning in the contexts in which they are situated. This study was conducted utilising a qualitative interpretive approach drawing on social phenomenology which is seen to be appropriate to answer the research questions posed. My role as a researcher will be explored both as an 'insider' and 'outsider', along with the ethical considerations that were addressed. Procedures utilised within this study are outlined, including the data collection methods employed, and the way in which subsequent data were analysed.

4.2 Epistemological assumptions

It is understood here that an acknowledgement of the ontological and epistemological position of the researcher, and the way these influence conclusions drawn, is essential if a study is to be valid (Crotty 1998). This section therefore commences with an overview of my own conceptualisation of truth, knowledge and being, in order to explicate the theoretical perspective of my thesis.

As a registered nurse of 22 years and a health educationalist of 10 years, my identity and philosophical viewpoints have continually changed. Having been influenced by the medical model which dominated nursing, where scientific evidence constituted truth, my position was initially one of positivist clinical practitioner. However, through a subsequent mêlée of emerging nursing theories and philosophies debating the nature of nursing as an 'art' or 'science', my position continued to change and develop. This resulted in my adoption of a non-positivist stance, as both an educationalist and researcher within this

study. This can be seen to mirror the recent adoption of qualitative methodologies within nursing research, in particular with the introduction of interpretive phenomenology (Benner 1984) which offered a different perspective from the quantitative methodologies of the 1970's and early 1980's (Chinn 1985). This paved the way towards a new approach involving hermeneutic and holistic qualitative approaches within nursing research (Chan et al 2010).

A shift from a concept of determined universal truth, to the construction of meaning as postulated by Immanuel Kant (1724-1804), allows me to make sense of my changing position drawing on a social constructionist epistemology, with the realisation that the human mind organises all sensory experience to make sense of it in ways we can understand as humans. Although Kant believed that these constructed meanings constituted universal *human* knowledge or truths, a shift from truth to meanings can be seen as a shift away from positivism (Packer & Addison 1991), and towards an alternative viewpoint which I consider to have more relevance to my own beliefs.

Individuals construct meaning in the context in which they are situated in the world, with *meaning* being negotiated through interaction, which is then disseminated or shared in the formation of culture (Keat 1992). How an individual is shaped can be attributed to culture, however we can still explore *being* when we become aware of the influences around us, and reflect on choices made within that particular context. Throughout my doctoral studies I have become increasingly conscious of the various influences that have contributed to my current standpoint, including those of my family, social upbringing and schooling and education. My responses to policy changes and organisational dynamics have also been influential, as have the career choices I have made, along with the conflicting positions that I have adopted along the way. These influences and social relationships have constructed my present world view. As discussed previously, the social constructionism of Dewey (1916) and Bandura (1986) accepts that the way human beings think, act, and

feel, is more about our beliefs than any objective reality. These are shaped and influenced by social learning and interaction within a cultural context, and therefore perceptions of phenomena in the world around us are socially constructed, and this is the position I have taken within this thesis in addressing the proposed research questions. As discussed in Chapters 2 and 3, there are many social influences that will affect the meaning-making of young people, and their subsequent perceptions of careers, including nursing, although these usually remain fluid and open to change, depending on outcome expectations and self-efficacy beliefs (Pajares and Urdan 2006).

However, it is acknowledged that identity is not fixed and neither is our theoretical positioning or view of the world (Dent & Whitehead 2002). Therefore I concede that my philosophical and epistemological stance in this instance is only fixed in terms of the period of time within which my study is placed, accepting that this may evolve in the future. Sartre (1948) also stresses this developmental aspect of being human, in that we are always involved in the on-going project of becoming ourselves. As far as our interpretation of the meaning of the world around us is concerned, we as human beings are in a constant state of what Crotty (1998) describes as 'becoming', suggesting that to remain static for humans is fatal. Steeves (1994) also argues that at any given time in our lives, the meaning we derive from experiences is influenced by our senses, and by memories of past experiences and perceptions of future experiences. Therefore as a researcher I acknowledge the part my own life course will play on my approach to this study, and on the interpretations made from my own social constructionist position.

4.3 Methodology

With this standpoint in mind, I chose to utilise a qualitative research methodology drawing on (rather than fully employing) hermeneutic and social forms of phenomenology influenced by Schutz (1967), Heidegger (1962), Gadamer (1990) and Van Manen (1990).

A qualitative methodology not only incorporates the perceptions of participants, but can also lead to an understanding of the phenomena being explored, which in this instance is nursing (Dempsey & Dempsey 2000, Streubert & Carpenter 1999, Burns & Grove 1999). In addition, Parahoo (1997) suggests that adopting a qualitative methodology is not only congruent with the philosophy of nursing itself, but is highly suitable when studying phenomena relating to nursing roles. However, the role of theory in phenomenology is contentious, with Van Manen (1990) suggesting that although interpretive theorising is acceptable, theory as such can be seen to be opposing phenomenology. This can be related to the nursing theories and concepts discussed in the foregoing literature review, which have been interpreted to give context and background, rather than used to structure the design of this thesis. Theory should be seen as generated from the reflexive analysis and discussions of the data and meaning emerging. The research questions posed for this study are appropriate in a qualitative study which accepts that there are multiple subjective meanings of the world, and that varying social constructs will influence these meanings for individuals and groups (Streubert and Carpenter 1999).

The use of a hermeneutic or social phenomenological methodology from a social constructionist stance also seems appropriate for exploring the views of Year 11 pupils on nursing, since Heidegger's writings are concerned with not only the ontological question of existence itself but the activities and relationships which we live within, and how the world appears to us as a result of these influences (Drummond 2007). Merleau-Ponty (1962) argues that perception is developed from an individual's own embodied perspective, with relations to others beginning from a position of difference. This suggests that although we might explore perceptions of a phenomenon with others, ultimately they may not have a particular experience of this phenomenon, and in that case can never share our perception of this because it is personal to them in their current positioning in the world (Smith et al 2009). As Halling (2008) states, "In everyday life each of us is something of a phenomenologist insofar as we genuinely listen to the stories that people tell us and

insofar as we pay attention to and reflect on our own perceptions" (p145). In the present thesis, participants may or may not have any particular experience of nursing, although their interpretations of information, influences and discourses of nursing will inform their current perceptions.

From a hermeneutic phenomenological perspective, research knowledge is nothing more than a different form of knowledge, there is no particular correct path to knowledge (Van Manen 1990). The endeavour must therefore be to understand the subjective world of human experience. Gadamer (1990) suggests that the interpretive account is the merging of horizons from the participant's text and the interpreter of that text, where the horizon is the view from one's particular vantage point in current time and space. This phenomenological approach lends itself well to the research questions posed in this study as "experience of things or phenomena include.... perception and other phenomena such as believing, remembering, anticipating, judging, feeling, caring, loving, imagining, and willing" (Ray 1994 p127). However, it is important to note that this thesis does not use a pure form of phenomenology. Instead, the decision was taken to use aspects only from the approach discussed above, because discourse analysis and interpretive phenomenological analysis were considered to be potentially limiting when focusing on perceptions, and a more open, broader approach was desirable.

4.4 Nursing in contemporary society

As discussed in Chapters 2 and 3, nursing has been defined by historical discourses and images, and there remain tensions within both the profession and the public concerning what nursing is, does, and should be. Young people making choices about their futures will be considering the advantages and disadvantages of certain life choices. Nursing theorists such as Davies (2003, 2000, 1980) and Benner (1994) agree that both the practice and identity of nursing have been significantly shaped by policy and government

directives, encouraging nursing education and regulation within a knowledge-based economy, in order to adapt to the needs of society. Social phenomenological approaches will therefore be useful in exploring Year 11 pupils' perceptions of nursing, including their views on nursing as a career, nursing roles, their role in society, and how they are portrayed in the media within these contexts, allowing the researcher to gain insight into these areas within the larger socio-political arena. Social cognitive theory (Bandura 1977) and theories of career choice and decision making amongst young people will be drawn on in the examination of attitudes to nursing, and the educational factors influencing them.

Bandura's (1977) social cognitive theory and Lent et al's (1996) social cognitive career theory help to frame this exploration of how young people make educational and career choices, and, specifically to this study, what influences these choices and their perceptions of nursing in general. Bandura (1977) emphasises observation as a major source of information, not only within personal interactions and story-telling, but also through the media, which is seen as an important area to explore within this study. The concepts of young people's self-efficacy and outcome expectations are derived from both social cognitive theory and social cognitive career theory, and are drawn upon to discuss participants' responses in respect of their understanding and perceptions of nursing, including why they may not chose to consider nursing as a potential career, and what influences their perceptions and future career aspirations.

4.5 My role as the researcher

One of the main differences between quantitative and qualitative methodologies is that the former researches objectively, and the latter researches subjectively. In the first, the 'actor' is determined by external forces, and in the second acts with freedom and purpose. The latter approach, particularly relevant to a phenomenological philosophy, recognises that the social researcher cannot be some independent, calculating scientific observer, but

is a human being who operates within society and is not independent from it (Hughes and Sharrock 2007). A further discussion of the insider-outsider aspect of my researcher role is needed to further develop my reflexivity with regard to my own research, as suggested by Hellawell (2006) and Hockey (1993).

As my current role is one of educationalist, researcher, and practising nurse, I acknowledge that inevitably the research will be influenced by my personal and professional values, knowledge, and experiences, which will have influenced my choice of research topic, methodology and research questions. I acknowledge that I have prior assumptions around the image of nursing and the way in which nursing roles are viewed by the media, including opinions of how nursing is perceived as a career by teenagers and school career guidance officers.

In my role as a health educationalist within a higher education institution, I regularly encounter nursing students who have recently left school, and hear from them how their views, expectations and perceptions of nursing, often informed by advice given them at school, have now changed.

I also have two teenage sons, one of whom was in Year 11 at the time of data collection, and therefore I could be said to be 'living within' the experience of his career decision-making process. As mother of a 16 year old boy, I was also acutely aware of my maternal instincts when interviewing this age group, so made a conscious effort to suppress this motherly approach and see the pupils as young person participants in a research process.

Whilst some aspects of 'insider' knowledge result from these experiences, I also play a part in the promotion of the image of nursing in my professional role as a practicing nurse (NMC 2008), and feel passionate about the standards and future role of the profession within the healthcare arena. When a member of the West Midlands 'Image of Nursing'

forum, I was involved in looking at ways in which the image of nursing was portrayed in the public domain, and how this could be improved. This insight furthered my understanding of this focus area, and the knowledge gained will add to my insight as a researcher within this process.

It is impossible to totally discard these experiences, or to assume that prior knowledge and perceptions can be obliterated from the research process. Hughes and Shamrock (2007) argue that it is impossible to be totally objective if you have some experience of the phenomena under study, and this 'insider' knowledge should be looked as advantageous, recognising that it can give a deeper understanding of the issues discussed. Nevertheless, there is a need to separate my own values and assumptions rather than eliminate them (Van Manen 1990). Moustakas's (1994) approach suggests investigators set aside their experiences as much as possible, to take a fresh perspective toward the phenomenon under examination.

From an 'outsider' perspective, I am not a Year 11 pupil and have no personal experience of what it is to be within this age group at this current point in time, immersed in the current educational system. Within the school setting, I am a 'non-native' researcher, which I see as advantageous, since it means I see their perspectives as a stranger, with no knowledge of their history, background, experiences, or as Schütz (1964) writes, their 'truths'. Flick (2006) suggests four roles of the researcher: stranger, visitor, insider and initiate. The first two represent an outsider role and the last two attempt to reach into the institution from an insider's perspective. These roles can change over time, depending on the length of time the researcher is involved within the setting. As my role as researcher is limited to one day per school, my relationship with the organisation and participants is very temporary, although I recognise that some insider knowledge may be gained even over a short time period of one day.

It is also important for me as a researcher to reflect on how participants will view me, and the settings within which I will be conducting the research. This is important not only in preparation of the study, but in the analysis of the data. It is possible that the setting of the study may influence responses, since the school attendance of the participants is compulsory at this age (Cohen et al 2007). They may feel obliged to give the answers they feel are expected of them (Cohen et al 2007). Similarly, they may also be influenced by their perception of me as an adult in power, instead of seeing the interview as an equal interaction where there are no rights or wrongs (Walford 2001). Therefore it was important that I tried to establish some sort of connection with each participant, and reassure them of my impartiality and independence from the school, as well of the confidentiality of the interview. I was also aware that my gender may play a part within the interview process, and may influence the responses from both male and female participants, although substantive evidence for this is sparse (Flores-Macias & Lawson 2008, Huddy et al 1997).

When addressing the data, as a reflexive researcher I must acknowledge the above observations and incorporate these into my interpretation of emerging themes, to clarify my personal 'being' within this (Hammersley & Atkinson 1983). Gadamer (1990) states that each interpreter of data will bring a unique horizon which would be totally different to another interpretation, but what is important is that the researcher is 'dominated by the will to hear, rather than to master...and willing to be modified by the other' (Hekman 1986 p104).

4.6 Method

The aim of this study was the exploration of Year 11 pupils' perceptions of nursing and not the construction of factual information, therefore it is not intended to be generalisable. This approach is congruent with the theoretical stance adopted. The knowledge and meaning gained from the interpretation of this data will deepen understanding, including self-

understanding, within the circle of inquiry which is referred to as the "phenomenological nod... where the description and interpretation of experience are something we can nod to and recognizing it as experiences that we had or could have had" (Van Manen 1990, p27).

4.7 Data Collection

In order to address the research questions posed, the method chosen for this study was single face-to-face, in-depth interviews. This is seen as appropriate within a qualitative, phenomenologically based study attempting to gain respondents' views on their perceptions and experiences (Benner 1994). Van Manen (1991) suggests that it is questionable whether this can be termed as collection of 'data' per se, as this term has concrete quantitative overtones, and therefore it may be more appropriate to term it 'gained material', with the thoughts about, and re-encounters of, the interview conversation having being already transformed in meaning, never being identical to when they actually happened. However, for the purpose of this thesis the material collected from individual interviews will be termed as 'data' as proposed by other qualitative writers (Smith et al 2009, Cohen et al 2007, Flick 2006, Crotty 1998).

There is no single prescribed technique for gathering information as a qualitative researcher, however, drawing on a phenomenological methodology, a semi-structured interview is seen as appropriate and 'fit for purpose' for the sample and setting of this research. Factual accuracy is not the object of the study, although participants will respond to questions and probing within their own versions of reality and social constructs (Alexiadou 2001).

A flexible interview schedule was formulated (Appendix 3) to broadly address the research questions of the study, ensuring that potential prompts were identified to facilitate and further explore the individual's response. This was felt to be flexible enough to allow

participants to focus on areas that they felt were important and relevant, although it was acknowledged that Year 11 pupils may not always be able to articulate meaning in depth and may require a more structured question or prompt to clarify what is being asked (Cohen et al 2007). Research questioning during the interview process must be framed by an understanding of the approach selected (Gadamer 1990) and therefore the questions posed within this thesis focus on meaning as is appropriate to phenomenology. Although it could be argued that interview questions should not be pre-determined and should use a 'clue and cue' approach (Morse 1994), a semi-structured approach was adopted to give a loose framework within which to explore the areas identified, whereby participants were not expected to give 'answers' to questions, but rather to shape the interview as it progressed (Benner 1984). The subjective nature of the inquiry lends itself well to this semi-structured style of interview. The following areas within the interview schedule were aimed at exploring Year 11 pupils' perceptions of nursing in relation to the above research questions proposed:

- Personal experience of nursing and what they perceive to be the roles of a nurse
- Where they have seen nursing portrayed within the media, and its effects on their understanding of nursing
- How nursing is seen as a career, and how it compares to other careers
- Classroom information and school advice on careers, in particular nursing.

4.8 Piloting of the interview schedule

As part of the research process, a pilot of the interview schedule was conducted with six Year 11 pupils (4 girls, 2 boys) who were known to me through family and social networks. The pupils were from two schools local to my community that were not included in the final research study and the interviews were conducted in their own homes following pupil and parental consent. This opportunity to pilot the interview schedule was seen to be essential

in ascertaining whether the questions posed were easily understandable, and also to enable me as a researcher to critique and enhance my interview technique. I also needed to establish the length of time needed for subsequent interviews, and to determine whether the questions posed were accessing the responses needed to answer the research questions.

No concerns were identified following the piloting of the interview schedule. All pupils understood the questions posed and were willing to express their views. The interviews took between 30 – 40 minutes to complete, and generated responses that addressed the research questions posed. No changes were made to the interview schedule, however I did reflect on the need to probe further into some of the responses given. This gave me a useful insight into the right approach to use for the main research study.

4.9 Population

The population considered for this study was Year 11 pupils within the West Midlands area. Previous literature is conflicting and suggests that there is no particular age group when choices are initially made with regards to future careers (Atherton et al 2009, Browning 2008, White 2007). However, the choice of future educational and career options for pupils in Year 11 is considerably more complex due to the vast array of opportunities available following post compulsory schooling. Therefore the choice factors and associated rationales within this age group were felt to be particularly relevant with regards to perceptions of nursing. Year 11 pupils are normally aged between 15 and 16, and this was the limitation of age within the sample interviewed, given that many of them would be sitting examinations, discussing career advice at school and with parents, and formulating ideas of their future study or work options (Department for Schools, Children and Families [DfSCF] 2009, White 2007). This year group are likely to soon be formulating ideas of future pathways, whether it be further education or employment, with 'careers

education and guidance' within schools now being a statutory element of the curriculum for all pupils in maintained schools in the UK.

The Education Act (1997) requires that schools provide a programme of careers education to all pupils between the ages of 14 and 16, to "help pupils make informed and realistic choices about their future" (OFSTED 1999, p10). Previous studies have demonstrated that careers advice within schools is concentrated in Years 10 and 11, with little advice given at an earlier stage of schooling (Hemsley-Brown and Foskett (1997). Therefore it was felt that this year group would have been exposed to career advice to some extent, which may or may not be an influencing factor in their perceptions of nursing and other careers. It was also considered that this advice within a school setting, at a point when pupils were considering career and educational options, may also contribute to individual pupils' self-efficacy and outcome expectations.

4.10 Sampling Process

A convenience sample was considered for this study due to access and resource limitations, and therefore the sampling process was restricted to schools within the West Midlands area. Patton (2002) recognises that convenience sampling is not simply to reduce effort, but may be the only way to conduct a study with limited resources of time and people. This research is not intended to be generalisable, therefore the issue of access was one which needed to be at the forefront of sample selection. This stance can, I think, be seen to be appropriate to the theoretical stance employed here (Flick 2006). The choice to interview Year 11 pupils as the population to be sampled as described above can be seen to be purposive, as this group will share similar characteristics which will be drawn upon to explore the research questions identified (Cohen et al 2007).

An initial contact was given to me by a careers officer at my son's school, someone who he felt may be able to assist with access to a school in that area. I asked colleagues, various contacts and friends for suggestions of further head teachers or school contacts they knew within the West Midlands area, who may agree to the study taking place. This resulted in a total of eighteen schools being identified, which included seven out of the fourteen Local Education Authorities within the West Midlands Regional Educational Authority.

As part of the sampling process, the head teachers of these schools were initially emailed to ask for their permission to use the school as part of the study. Information was forwarded explaining the purpose of the study (Appendix 4), including an information sheet for parents and pupils (Appendix 5), a copy of the interview schedule (Appendix 3), and letters for parents and pupils regarding consent (Appendices 6 and 7). An 'opt out' form was also sent, which could be completed by parents who did not wish their child to participate in the study. My contact details and those of my research supervisor were also indicated, in order that head teachers, participants and parents could ask for further details of the research project as required. I was very aware that, within this population sample, there would be pupils preparing for examinations in both January and May/June 2011, and therefore the suggested time period for interviewing was identified between Sept – Dec 2010.

From those schools contacted, six responded with consent for the study to take place. Initial telephone conversations were held with the head teachers of these six schools, to clarify any areas of uncertainty, and any limitations that may need to be imposed by the school, such as time, dates and ethical requirements, for example consent. It was stressed that the interviews needed to be in a quiet area conducive to private discussion, and the environment should be appropriate for interviews that would be recorded using a digital sound recorder. Discussions were held concerning pastoral care, in the event of a

pupil becoming upset or distressed at any time during the interview, with agreement that a named teacher would be available during the specified interview dates and times in each school, should the need arise.

Two schools subsequently declined to take part in the study, after further discussions about the need for pupil consent. Of the remaining four schools, discussions were held with head teachers regarding the voluntary participation of Year 11 pupils in the study, however I did not have any control over the sample chosen within any of the schools, due to school timetabling and availability of pupils. I did however ask head teachers if I could interview a mix of both male and female pupils with a range of academic ability. No limitations from me as the researcher were placed on the sample within each school, except that participants needed to be in a current Year 11 group and between 15 – 16 years of age.

In consultation with my supervisor, academic colleagues and the schools involved, an initial sample of 40 participants was agreed as appropriate to the study to achieve depth and breadth of data in exploring the perceptions of Year 11 pupils concerning nursing. Therefore the sample size was in keeping with my theoretical standpoint, allowing the phenomenon to be explored to gain substantive data (Cohen et al 2007). Each school agreed that ten pupils could be interviewed. All schools agreed to include information about the study on the school website and school notice boards, to coincide with information being sent out to the identified year group/classes involved. The process involved within each school in the sampling of the ten participants is shown below:

School A:

Head teacher identified one Year 11 class to participate in the study. The class teacher gave packs (letters for parents and pupils, 'opt out' form, and an information sheet) to

pupils who showed an interest in participating in the study. Volunteers would then be chosen by the class teacher on the specific day identified for access.

School B:

Head teacher informed pupils of the study during a Year 11 assembly. Those who were not involved with various field trips within the career and higher education week planned on the two dates identified were asked to take an information pack if they were interested in participating, indicating their name and tutor group. From those who wished to participate, ten pupils were chosen by the head teacher and specific time slots arranged over two half days.

School C:

Head of Year 11 identified one class to participate in the study within which volunteers would be chosen by the class teacher on the specified day agreed for access. Information packs (as above) were given to all pupils within this class.

School D:

The Head teacher identified ten pupils from the Year 11 group who had not returned an 'opt out' form and volunteered to participate in the study. Information packs (as above) were given to all Year 11 pupils within this school. Specific time slots were given to the identified pupils throughout the specified day for access.

As the head teachers were the 'gatekeepers' to the population for this study, the selection of the participants from the group of volunteers needed careful consideration in order to ensure they were not coerced to participate, as this offered a potential ethical dilemma (Robson 1993). Due to the power relationship between myself as a researcher and the head teachers' position as gatekeepers, I was not in a position of authority to demand contact to the year group, or be involved with the randomisation of participants chosen.

All head teachers commented on the need for minimal disruption to forthcoming examinations and assessments, and therefore I was given specific dates and times of access to lessen any potential impact on their studies. Head teachers assured me that the pupils chosen would be from volunteers who had not returned an 'opt out' form, and would involve pupils from a range of academic abilities. This could not be verified, and is acknowledged as a limitation to this study. Nevertheless, it was made explicit to all involved (teachers, parents and pupils) that participation in the research study was voluntary and participants could withdraw at any time prior to, during or after the interviews. Contact details for myself, my research supervisor and the associated research governance officer at Keele University were supplied in case there were any queries, any wish to withdraw, or if a complaint needed to be raised.

4.11 Sample

Eighteen schools were initially asked to consider participation in this study within the following local education authorities of the West Midlands region: Shropshire, Wolverhampton, Birmingham, Walsall, South Staffordshire, Telford & Wrekin, and Worcestershire.

The following table shows the demographics of the four schools who participated in the study. The catchment area classifications are based on the Department for environment, food, and rural affairs [Defra] classification of local authorities in England updated guide (April 2009). 'Major' urban indicates an area with more than 750,000 population in 2001. 'Other' urban indicates an urban area with between 10,000 and 250,000 population that is not classed as a 'larger market town'.

School	Local Authority District	Catchment Area	Pupil Size	Type
A	Shropshire	Other Urban	875	11 – 18 mixed comprehensive
B	South Staffordshire	Major Urban	1192	13 – 18 mixed comprehensive
C	Walsall	Major Urban	927	11 – 18 mixed comprehensive
D	Wolverhampton	Major Urban	894	11 – 18 mixed comprehensive

Table 1: Demographics of participating schools

The table below shows the participant sample from each school in more detail:

School	Male	Female	Sample type
A	5	5	Chemistry GCSE class consisting of 15 pupils (One of two 'top' academic groups)
B	5	5	Mixed (volunteers from year group not attending field trips) approximately 100 pupils
C	5	5	Health & Social Care GNVQ class consisting of 20 pupils
D	5	5	Mixed (volunteers chosen by head of year teacher) Approximately 120 pupils

Table 2: Details of participant sample

4.12 Interview Processes

All interviews were conducted in either a quiet area of the school, as in the case of school A, which was a partitioned area of the school library, or else an office which was identified as 'free' for the day, as was the case in schools B, C and D. This helped to guarantee a quiet environment facilitating private discussion, with all interviews being recorded using a digital sound recorder to ensure all material was captured.

I was able to address the classes identified within schools A and C prior to the individual interviews, explaining who I was, the aim of the study, the processes involved and answering any questions. I also re-iterated that participation was voluntary.

Following introductions, prior to each interview a description of the research study was further given, with each participant having the purpose of the study explained to them, ensuring they had the opportunity to re-read the information sheet (Appendix 5). Questions were encouraged, to address any areas of uncertainty, to ensure that each participant understood their role within the research process, and to confirm that their input was voluntary. Issues of confidentiality were explained and checked for understanding, including explanation of the procedures for use and storage of recorded material.

Consent was gained (Appendix 7) and pupils were told they could stop or withdraw from the interview and wider research process at any point without having to give any reasons. It was re-iterated that there were no right or wrong answers, and that the aim of the interview was to gain their particular view-point and perceptions.

A general introductory question was asked to all participants relating to their current studies, concerning which subjects they were studying and whether they were enjoying them. It was hoped that this would help respondents feel at ease and promote an initial

connection, as I was aware the interviews could only consist of 30 minutes duration. It has been argued that the interviewer should be able to pose questions skilfully, be an active listener and be empathetic in the interview as a social interaction, although the establishment of rapport is a concept that cannot be truly realised (Holstein & Gubrium 1995). The researcher can only try to facilitate an environment conducive to open communication. Following this initial discussion, general themes were discussed, as identified within the interview schedule, (Appendix 3) with prompts used to further explore meaning as appropriate.

The interviews were arranged to cause minimal disruption to the participants' studies and lasted between 20 and 30 minutes. At the end of each interview I gave a brief summary of the main points I felt were discussed, allowing for any clarification of meaning that may be necessary. However, it is accepted that within the realms of a phenomenological approach, one could argue that this form of respondent or member checking can actually represent a threat to validity, imposing what the researcher sees as the 'truth' of the material collected rather than the respondents' unique position being protected (Morse 1994). Therefore this process was seen as a means to reduce error in clarifying meaning.

4.13 Ethical considerations

Ethical considerations permeate the entire research process, commencing with the stages of access and acceptance (Cohen et al 2007). Subsequently, all stakeholders in the process needed to be fully informed of all aspects of the study and my role as a researcher. I consciously did not disclose that I was a practicing nurse, following discussions with my supervisor, as it was felt that this could affect participants' answers and have a bearing on the way teaching staff, parents, and pupils may view me and the study. It was felt that the non-disclosure of this information would not be detrimental to the

study, and would not be harmful to participants in any way, with the principles of non-maleficence, beneficence and human dignity being maintained (Simons and Usher 2000).

The protection of the rights of individuals involved within the research process is paramount, with the over-riding ethical issue being to abide by the principle of non-maleficence by ensuring that participants come to no harm (Wagstaff and Gould 1998). Therefore, the issues of consent as discussed above were particularly re-iterated, both with head teachers and participants, prior to the interview taking place, to ensure that they understood the interview process, the aims of the research and what the information would be used for. Participants were informed that their identity would be protected by the allocation of numbers to each transcript rather than names, and that data would be kept in a secure place until the completion of the study, and subsequently destroyed.

Within all four schools there was a period of time ranging from 2 weeks to 4 weeks, from information being given to parents and pupils, to the interviews commencing. This gave time for teachers, parents and pupils to contact the school, myself or my supervisor if they had questions or concerns about the study.

As discussed earlier in this chapter, it was acknowledged that there may be instances where the participant would find it difficult or upsetting to recall experiences of themselves or family/friends receiving nursing care when relating their perceptions of nursing. Although a contact number and name of a teacher had been identified within each school for pastoral support if needed, I was very aware when considering these ethical issues of the way in which this could conflict with my role as a nurse. Potentially I would want to 'care' for any distressed participant, and the necessity not to touch the participant to comfort them in any way was acknowledged. This conflicts with the concept of caring in nursing, where physical touch is used when appropriate to allay fears, anxieties, pain and grief (Yoder-Wise 2002).

It was acknowledged that there was a significant power imbalance in the interview process, where a young person was interacting with an adult in a compulsory schooling environment. Although to some extent this was lessened by the explanation of my role as a researcher 'outside' the school organisation, power dynamics still remained. Fine and Sandstrom (1988) support this, suggesting that whilst trying to reduce the power differences when interviewing children and young people is a guiding principle, the difference will remain and its elimination may be ethically inadvisable.

Prior to commencing this study, ethical approval had been granted by Keele University Ethics Approval Committee, following scrutiny of all relevant documents to be utilised (Appendix 8). It was nevertheless acknowledged that there may be unforeseen problems, which may need to be addressed as the situation presented itself (Kimmel 1988), although everything possible was done to ensure that foreseeable ethical issues were addressed at the time.

4.14 Validity

Various authors (Le Compte and Preissle 1993, Maxwell 1992, Hammersley 1993, Lincoln & Guba 1985) suggest the following as issues to consider when assessing validity in qualitative research:

- Internal validity – the accuracy of data in respect of the findings describing the phenomena being researched. The ability of the research to report a situation through the eyes of the participants which is a fair, complete and balanced representation of the multiple realities and truths of the respondent.
- External validity – the degree to which the results can be generalised to the wider population. Although the aim of this study was not to produce results that could be generalisable, the theoretical constructs from the analysis of the results may be

transferable, to indicate how settings and participants and the particular situation could transfer to different settings and cultures.

- Content validity – the research must cover comprehensively the domains that it purports to cover.

Validity and quality are important to consider within qualitative research, although the focus on validity and reliability that occurs in such studies promotes a different set of criteria with which to assess (Smith et al 2009). Rather than looking for certainty in data results, participant meanings and interpretations are the focus within qualitative research, with Hammersley (1993) suggesting that researchers' accounts will only be representations of that reality, rather than reproductions of it. I acknowledge that another researcher could undertake the study and interpret the responses very differently, and I appreciate others' perspectives are equally valid. Therefore, validity as a term may be better understood as confidence in the interpretation and representation of data. Alternatively, one could look at the quality of a phenomenology-based study and evaluate it using discrete criteria, as proposed by Annells (1999) below:

Criterion 1 – an understandable and appreciable product

Criterion 2 – an understandable process of inquiry

Criterion 3 – a useful product

Criterion 4 – an appropriate inquiry approach

As discussed previously, participant or member checks were not seen as a process which would increase the validity of this study, although checks for unclear meaning or discrepancy in understanding were made following each interview, to reduce error (Morse 1994). Fielding and Fielding (1986) also state that "there is no reason to assume participants have privileged status as commentators on their responses....such feedback

cannot be taken as direct validation or refutation of the researchers inferences" (p43). However, my research supervisor and an academic colleague did review a sample of transcripts and subsequent analysis, to identify any personal bias that may have influenced the process.

4.15 Data Analysis

A phenomenological approach offers various ways of analysing data, each providing scope for the development of themes and meanings through interpretation. (Reid et al 2005). Drawing on social hermeneutic suggestions (Laverty 2003), the bracketing of text to eliminate the prejudices of the researcher's world is impossible, the premise being that we are all self-interpreting beings. This means engaging my own self in the process, and accepting participants' responses as their construction of reality. From my standpoint within a social constructionist framework, there exist multiple, socially constructed realities which are not governed by any natural laws.

I acknowledge that from the moment the interaction with a participant commences, some interpretation will be made in gaining understanding of their language, their perceptions, their judgements of situations and realities that are specific to them in how they make sense of their world. This is shaped by my own culture, experiences and knowledge and continues throughout the research process, by means of reflecting when listening to and transcribing interview recordings, and remembering individual participants, through to re-reading transcripts and gaining further understanding of meanings through immersing myself in the data. However, my approach requires a more critical interpretation of the transcripts, to look for deeper insights and hidden meanings that may exist in participants' accounts, to shed light on the phenomena under scrutiny.

For the purpose of this thesis, I have drawn from the approaches advocated by Smith et al (2009), Alexiadou (1999) and Van Manen (1990), to inform my analysis.

Step 1

Active listening to individual interview recordings whilst transcribing data, including note taking of any relevant pauses, emotions etc. as appropriate. Reading and re-reading the transcripts from recorded interviews to increase familiarisation with the data.

Step 2

Within each individual transcript, initial notes on words, sentences, and phrases were highlighted, as suggested by Smith et al (2009), indicating anything of interest. Further familiarisation with the data was achieved through this process, by exploring ways in which the participant talked specifically about issues, and their understanding of these. These were initially organised as codes following my personal reflection on the interpretations I had made at that time, acknowledging that my own pre-understandings would be changed through immersing myself in this data, to form new understandings. Descriptive comments were made in margins to record my initial thoughts and interpretations. Van Manen (1990) suggests structuring this analysis as an 'organic wholeness' (p168) rather than simply ordering text. However, the approach I took allowed for some preliminary interpretation of the meanings of the individual transcripts, in order to make sense of responses.

There were some phrases which I did not feel needed coding or comments at this stage, as they did not seem significant in the meaning making of the participant. However as Alexiadou (1999) suggests, data seen as lacking significance at an early stage may be utilised later, when other transcripts have been analysed, which may support the identification of additional links, and therefore no data is dismissed completely.

Step 3

The initial codes identified were then revisited to allow for conceptual meaning. An example of this is an extract from School A, participant A3M's transcript, in the following sentence:

well...erm...I suppose like acting professional…I don't really know how to describe it... like acting professionally, not being stupid or laughing and joking in front of patients....being serious and doing the job I suppose......doing things the correct way.....like...

The initial coding was related to 'role' and subsequently prompted me to ask further questions. Codes that shared conceptual meaning became categories. In the example above, the concept of 'professional identity' emerged and thus became a category. This is what Smith et al (2009) suggest is "the opening up of a range of provisional meanings" (p89). It is this revisiting and engagement with the transcript that sheds new light on initial interpretations, and challenges my own reflexivity in drawing out my perceptions and professional knowledge to understand the participant's world.

Step 4

At this stage, the development of emerging themes is the next step within the analysis. Some overlapping of codes between categories was initially identified, which was noted at this point as having a place in a particular category, but also having links to others, as suggested by Alexiadou (2001). The categories that had previously been identified were now revisited to make further sense of the participants' meaning, in order to organise those meanings into themes. This sometimes included renaming categories following the moving of phrases or codes, or combining categories following further interpretation. Following this analysis of the individual parts of the data, the transcript as a whole was then reconsidered as a whole. In the example given above, the category of professional identity was combined with education and training, status, regulation, terms and

conditions, prospects, responsibility and autonomy, to become the theme 'nursing as a profession'. Appendix 10 shows how existing categories were combined to become themes.

Step 5

From the emerging themes now identified within each individual transcript, familiar themes were then looked for which were common to all transcripts. This made possible the identification of patterns and theoretical links between themes, which could then be assembled to create a super-ordinate theme, as described by Attride-Stirling (2001), as part of a thematic network bringing together the data as a whole, in order to present a summary of the existing interpretations, making sense of the clusters of data identified in the previous stages. Appendix 11 shows how existing themes were developed to become super-ordinate themes. These super-ordinate themes are the essence of the study and guide the discussion relating to the research questions posed. They were then further explored with connections between categories and themes noted, to demonstrate the emergence of concepts, and explicitly show the patterns that emerged.

Step 6

Relevant theory underpinning the original research questions was now drawn on in order to understand how the summarised data, with examples from the texts, could form new knowledge and insights, considering alternative positions based on the themes and patterns that had emerged. These are discussed in Chapters 5, 6 and 7.

4.16 Summary

This chapter has detailed the methodology employed in this thesis, arguing that a qualitative interpretive approach, drawing on social and hermeneutic phenomenology, is an appropriate and effective way of addressing the research questions posed. The

methods of data collection and analysis have been explained, including the way in which

ethical issues were addressed. Subsequent links to the theoretical framework drawn from

social cognitive learning theory and social cognitive career theory have been discussed in

relation to the focus of the study. The findings from the study are presented and discussed

within the following three chapters and relate to the super-ordinate themes identified,

namely: an image of nursing; nursing as a profession; and social, educational and political

influences.

Chapter 5: An Image of Nursing

5.1 Introduction

The purpose of this chapter is to present and discuss the findings in relation to the research questions proposed at the outset, particularly the super-ordinate theme of 'an image of nursing'. The term 'image' in this instance refers to participants' views, reflections, and ideas of nursing, in addition to any particular likeness or appearance they perceive nursing represents. This super-ordinate theme relates to categories and emerging themes drawn from participants' responses within individual interviews, in respect of their knowledge and understanding in several areas, namely: what they view a nurse to be; the societal function of nursing; the image and appearance of nursing; how perceptions have been influenced by the media and personal experience, and finally their perceived ideas of the traits and characteristics of nurses. Direct quotes from participants' transcripts are included to inform the discussion and analysis, with codes used to ensure that individuals are not identifiable and anonymity is maintained. For example '**A1F'** indicates school A, participant 1, female.

As has been outlined in the previous chapters, the concept of nursing is complex, with various views and opinions of what nursing is and should be, and with conflicting definitions and divisions from both the public and the profession itself (D'Antonio 2006). Studies have suggested that the public has little understanding of the current roles and responsibilities of nursing, and continues to draw on stereo-typical imagery and out-dated roles of nursing which are inconsistent with current nursing mandates (Fletcher 2007, Takase et al 2006, Brodie et al 2004). Kelly et al's (2012) study concurs with the suggestion of nursing having both favourable and negative stereotypes that may not reflect the reality of current nursing, identifying nursing portrayals on YouTube video clips as "a skilled knower and doer, a sexual plaything, and a witless incompetent" (p3). This chapter outlines participants' understanding and perceptions of nursing, and argues that

traditional views and stereotypes of nursing are evident in this group of young people, with media influences reflected, although not always perceived as accurate in reality.

5.2 Knowledge and Understanding

Participants were asked if they had any personal experience of nursing or knew anyone who was a nurse, as this was felt to be an important aspect of interpreting whether a respondent's perceptions were based on their own experience, or whether they were socially constructed from other influences. Their knowledge and understanding of nursing was explored, drawing from these considerations.

All but two participants had some personal experience of nursing (n = 38). This varied in degree from "a mate's mom who's a nurse" to observation of nursing care of a friend or relative in hospital, or personal experience of school nurses, Accident and Emergency experiences, GP practice nurse, or of a hospital nurse. Many participants also had relatives and family members who were in the nursing profession. However it was interesting to note that many respondents needed to check with the researcher whether nursing within schools (school nursing), nursing in the home (district nursing) and nursing within their doctor's surgery (practice nursing), "counted" as nurses. This was further evidenced when respondents were asked if they had ever had contact with a nursing service such as a school nurse or practice nurse, following their initial reply of never having had any personal contact with nurses. All but two then affirmed this.

"Oh yeah, I've seen the school nurse, didn't think you meant that". **B3F**

"Yeah my granddad had one of those nurses come to the home and they.... like take wee samples and that......when they did his leg......are they nurses?" **D6M**

"You mean the one who checks asthma and that.......yeah I go to her before I see the doctor….she like checks my inhaler and peak flow reading……yeah I suppose she's a nurse, not like a proper nurse though….like the ones who work in the hospital" **A4F**

This suggests that young people may have already formed perceptions of what nurses do, and the function they perform in society, despite their interactions and personal experiences of varying types of nursing service, which may differ from those perceptions. Other factors may have influenced their thinking and meaning making, which will be discussed in subsequent chapters, from a social constructionist perspective. The majority of respondents described nurses as working in a hospital, wearing a 'uniform', mainly a blue or white dress, apron, and even a hat, as shown in the data extracts below. From the point of view of Bandura's (1977) social cognitive learning theory, this can be seen as a 'mental coding' of nursing imagery, where these images have become pervasive through observation or prior learning.

"Well they look like.....like have a blue dress and apron thing......like a white hat with a red cross on sometimes.....the matron one has a dark blue dress I think....and she like takes control and charge of things...like the strict one.....and the others have to do what she tells them....like with the doctors....." **D7M**

"erm…..they work in hospitals…..have a white dress or a navy one if they are like the sister…..and a belt/buckle like thing….some wear hats…I think they're the ones who are like in charge…..so it would be the sister wouldn't it…..I'm not really sure…" **A7F**

"I've seen nurses in the hospital…..they wear a uniform…. either a blue dress or I think there's sometimes other colours but I'm not sure whether they're

nurses…..some wear trousers……I suppose I always think of nurses as wearing a dress though….like smart with their hair tied up……I know there's a nurse who comes into school but I think she's a different type…..the majority work in hospitals don't they…." **C2F**

This does not appear to correspond with current nursing roles or attire, and seems far removed from the modern image that nursing wishes to portray (NMC 2011). The current discourses of nursing may have added to the apparent confusion of what nursing constitutes, with an increasing variety of roles and responsibilities that have not been well publicised or understood by both the public, staff within the NHS, and within the profession (Nelson and Gordon 2006). In analysing the above responses, it is apparent that the current reality of nursing as seen by the nursing profession does not correlate with the image young people currently have. As previously discussed, individuals construct their own reality and it can be argued that they choose which reality they wish to accept within their own culture, context and belief system (Bandura 1977, Dewey 1916).

As discussed in Chapter 2, Stanley's (2008) research alludes to the notion that nurses have been portrayed in certain ways to influence public perception, and that this imagery retains an almost unassailable tenacity, even though current nursing does not confirm to it. The descriptions offered by some respondents reflect an historical imagery of nursing which is still considered as the stereotypical representation of a nurse (Lesolang 2011). Whether this relatively austere image of a nurse with perceived authority relates to perceptions of trust, confidence, and dependence, and whether it is based on historical facts or learned stories, is difficult to interpret, as respondents were unable to articulate why they have this image of nursing. However, it does suggest that even though they are not consciously aware of how the imaging was formed, influences and experiences have contributed to their current understanding of the portrayal they illustrate.

"I don't know why I have this image really.....it's just what you see isn't it I suppose....like what you know and see.....like in your head.....can't remember where I've actually seen it though.... (laughs)" **C3F**

" I suppose it's what you learn from books and tele…..pictures and that..... I have seen nurses in the hospital but it's like....well.....I don't always think of them when I think of a nurse....I have like a picture in my head that's like the traditional nurse" **B1F**

This is supported by Bandura (1977) who suggests that biased conceptions may be developed by over-generalising on the basis of a restricted or limited exposure to a phenomenon. This could easily be attributed to exposure to media projections; amongst the young people interviewed, television was the medium they engaged with where they were most likely to see images of nursing. Therefore it is unsurprising that young people who do choose nursing as a career can be disillusioned with the role and attrition rates remain high, which may be due to their lack of knowledge and understanding of the reality of nursing (Scott 2005, Brodie et al 2004, Spouse 2000).

In contrast to the above, those participants who had family members or relatives in the nursing profession expressed different views, with their understanding and perceptions of nursing more likely to be influenced by these more personal observations and influences. However there was still some confusion about what constituted a nurse, with many assuming midwives, carers and physiotherapists were nurses, which concurs with previous literature discussed above. This suggests that although individuals learn through observation, experiences and their environment, particular knowledge and understanding of concepts may vary, and not always reflect the perceptions of others (Bandura 1986).

"my auntie's a nurse...she helps deliver babies...I think she's only just finished her nursing course.....she said it was really hard but I don't think she's gonna stay in it......she wants to go into social work.....she said it's not what she thought it would be......" **B8M**

"*my sister works in a nursing home......she's a nurse.....(researcher asked if she was a qualified nurse, qualifications)...yes she's a qualified nurse but she hasn't done any qualifications....she's been there since she left school......she doesn't like it but it's a job....*" **B1F**

The resulting discussions with these participants all contained negative views and opinions of nursing, with 100% of these stating that their relative or family member would not recommend nursing as a profession for them to consider, as indicated within the responses below:

"yeah my auntie's a nurse...she works at ****.Hospital.....she says it's really hard work and she gets fed up with having to go in on days off to cover people.....they're always ringing her at weekends at that......I think she going to leave anyway to set up a cake shop or something....like wedding cakes.....she always says to me......don't become a nurse - you can do better" **D9F**

"*my mom was a nurse but left when she had my sister.....she just said it was too much hard work to carry on that sort of a job with a family....she worked with cancer patients and that was quite hard I think.....she used to come home really tired and upset some days.....my dad was always telling her to leave.....I think she worked nights for a bit and then left but she said she wouldn't go back.....she works in my dad's business now and is loads happier*..... (researcher asks if this has affected her

views on nursing and career choice)....*well I wouldn't go into nursing... no....so yes it's probably affected me in that way.....she wouldn't want me to.....'*D3F

"my cousin's a nurse...she goes round peoples home....she does checks and that to see if the old people are ok.....think she has to give injections sometimes and does bandaging...that sort of thing....and visits when they come out of hospital.....she got stopped.....like .....once though when she was in some flats.....she was off work for ages....it really shook her up cos they were asking for drugs and that....I don't think she likes her job really...she's always moaning about it.....I wouldn't want to do it....." **C1M**

It was not substantiated whether the relatives participants referred to within these extracts were qualified nurses. However if the individuals were qualified nurses, it appears from these responses that many nurses have a negative view of their profession which may inform young people's understanding and perceptions of nursing. This concurs with studies which suggest that nurses themselves do not have a positive image of nursing or of themselves as nurses (Scott 2005, Fletcher 2007). The attempt to clarify a credible professional identity for nursing continues to cause debate, along with the complex relationship between academic and practice elements in the profession (Shields et al 2011, McKendry et al 2011). If the image of nursing is to change and reflect the realities of the role, the data from this study would contribute to a change within the profession itself, increasing positivity, sharing the excellent episodes of care, discussing achievements, and embracing opportunities to improve nursing's self-image. Subsequently, this may lead to the promotion of a positive image of nursing to the public, from within the profession itself.

The apparent credence given to the personal experience of family members within nursing suggests that outcome expectations, a component of social cognitive theory, affects the

behaviours and perceptions of these individuals. Drawing on Bandura's theory (1986), those participants may have imagined consequences of entering the nursing profession that were based on the negative views given through 'verbal persuasion' and perceived social outcomes from family and peers, such as 'lacking approval'. Personal goal representation may therefore be affected when contemplating nursing, as perceptions will be driven not only by external social constructs and influences, but also internal emotions in respect of a more personal experience of nursing. As previously discussed however, perceptions and identity are not fixed and can change as a result of varying experiences and influences that may challenge current views.

5.3 Media versus reality

On further exploration of how television may be influencing perceptions of nursing, it was found that the types of programmes that were viewed did not project the traditional images of nursing described by the participants. The programmes viewed were set in the present time period and involved nurses of both genders, in either modern nursing attire (dresses and trousers/tunics) or 'theatre scrubs'. Therefore it was apparent that respondent versions of reality, when asked to describe a nurse, were very different to the contemporary images that were currently viewed on television programmes. When asked how they felt the programmes portrayed nursing, the responses varied:

" well......it's more like the comedy side of things.....so it's not really like a nurse....a true nurse......cos it's a TV programme......it's just about trainee doctors and nurses really......in America so it's different from here....." (Scrubs) **A9M**

"it's like .....well....the social side of things really.....but I suppose you see them caring for people and that......so that's pretty true to life.....I would think.....but at the end of the day they're only acting….so it's like not real is it…." (Casualty) **C2F**

"I've seen like briefly......documentaries.....they also look at the negative side of things....like abusing patients....not caring and that.....so I don't think that's really.....like true of everybody.....you get that in every job....the bad ones...don't you" **A5F**

"I think it portrays the typical stereotype of a nurse.....caring.....friendly....but I know they're obviously having to play the part......not sure if it's like that in real life" (Holby City) **D2M**

"In 'Meet the Fockers' the guy in that...he's a nurse.....like they all think he's gay...but he's not.....it's really funny.....I suppose that's why it's so funny.....cos he's a bloke.....and a nurse...." **A6M**

As shown in the above responses, participants were aware that the fictional programmes viewed may have an element of reality but were not convinced that this was a true picture of current nursing. They were able to differentiate the 'acting' within these programmes, primarily made for public entertainment, from the reality of nursing. This may be why the image of nursing they described did not relate to the images projected within the current television programmes that were viewed. However, when asked if they felt that these images had influenced any decision to consider nursing as a career, only one of the respondents (B5F) said 'Casualty' had influenced her positively in respect of considering a career in nursing. All other participants stated that television programmes may affect their decision, but only if they had been considering nursing as a career, although they acknowledged that they did not portray an image that they would aspire to. Nevertheless, on further investigation into the influences of TV and other media on career attitudes, many respondents stated that their views of many careers were influenced by what they

had seen on TV and in magazines, in addition to personal experience, and talking to family or friends, as seen in the quotes below:

"Yeah I think it does really.....I always wanted to be a nurse anyway though.....like when I was younger and that.....I'd play nurses......it seems like the sort of job I'd expect from a nurse.....like A&E stuff.....emergency things.....so.......yeah I think it's made me think I might want to do something like that...". **B5F**

"No....I've never considering nursing.....it doesn't really appeal to me.....I don't think Casualty and that really helps.....(R asked to explain further)......well...it like.....they always seem stressed and miserable......couldn't be doing with the blood and sick either.....". **A7F**

".....I suppose everything you learn and expect from some sorts of jobs you would only ever know from the TV and that.....if you didn't know anyone who did the job I mean.....like lawyers and judges.....I don't know any but I've seen them on TV....and....well I suppose I would say I know what they do from that.....". **C6M**

The nature of nursing itself is varied, and there appear to be some anomalies relating to the varying images that these respondents have formed, as expressed in the interviews. This may be due to the continuing change and confusion within the profession itself, with nursing still struggling to find an image and identity that reflects the professional role (Fletcher 2007). It appears from the data collected within this study that media portrayals can have a substantial effect on how the profession is seen, both in terms of nursing roles and whether young people will choose to become nurses. However some participants, although accepting that that their views may be influenced by television drama, also acknowledged that this may not be the reality of nursing.

It is also apparent that within a globalised society, where images of nursing from around the world can be viewed, current popular programmes and films that portray images of nursing outside of the UK are predominantly American, which may also influence people's understanding and expectations of nursing (Murray 2002). This is indicated in the responses above relating to American TV programmes and films. Literature suggests that previous decades of media portrayal of nurses as 'angels' and those that chose nursing as a career had a 'calling' (Jinks & Bradley 2004) and may still be relevant for some people today, with some participants' descriptions appearing to relate to the more traditional historical images, as seen below. These may have been drawn from parental or educational influences.

*"Yeah....I've seen like pictures of nurses .....like Florence Nightingale.....at school and that....in the war.....helping the soldiers...".***B6F***.*

"Well I know they are like the ones who have always wanted to help people.....like it's not just a job is it.....they've always wanted to do it......like angels.....that's what my dad says..." **A1M**

"I suppose it's like well-known about nursing and the wars….that's when Florence Nightingale was alive……when she like started nursing really…..like with nurses helping to look after the soldiers when there wasn't enough doctors….and I don't think they got paid or anything….they just did it to help care……it must have been really hard but I suppose it's what they felt they were meant to do" **B8M**

Conversely, despite the traditional image of nursing held by the respondents, when probed further in relation to social media and asked if they had seen other types of nursing images, almost all stated that nurse uniforms were a popular outfit for fancy dress parties, usually with a 'sexual' undertone, and were seen on '*Facebook*' and '*YouTube*'.

Nevertheless, social media was not initially referred to by any participant in relation to their perceptions of careers. Participants were also asked if the fancy dress image was the same as their initial image of a nurse, and subsequently, why they thought this was. All respondents stated that this was not a real image of nursing but found it harder to articulate why they thought this was the case, and why they felt this image had emerged.

"well...(laughs)...it's obviously more sexualised...not like the caring bit...I dunno....it's just something that men like I suppose...like the opposite of what it is....and like....girls like to look sexy as well....otherwise they'd go as ....like....I dunno....some sort of nun...(laughs) Don't know why though....". **B1F**

"it's like the perverted....not necessarily old men.....who like that sort of image.....it's like female nurses treating male patients.....doing everything for them I guess......" **B2M**

" it's just dressing up isn't it.....I wouldn't think anything of it....it's the same dressing up as a policewoman and that...everyone knows it's not like the real thing.....probably comes from the old days when you had to dress up in something you'd already got maybe?..." **C8F**

This is consistent with how the nursing image has developed since the early 20th century, from 'caring angel' to 'naughty nurse', particularly depicted within the 'Carry On..' films of the 1970's (Stanley 2008). This image is widely utilised within the sex industry, accessible on porn websites and from other media outlets, although no respondent gave these as examples of images that they had seen personally. This may be an area that respondents felt was too personal to them, so they were not willing to discuss it; however it is believed that young people access porn sites on a regular basis. Ferns and Chojnacka (2005) suggest that media sexual stereotyping of the nursing profession is a well-recognised

phenomenon, although the images used by the pornography industry are much less publicised or discussed, yet it is significantly visible across a wide range of pornographic material.

It is not within the remit of this thesis to explore the sexualisation of nursing, although it is seen as relevant in respect of the images that young people hold of nursing, which may affect their perceptions of the role and the effect this may have in their consideration of nursing as a career. The various images of an angel, matron, and whore, depicted in nursing imagery across the media and sex industry, can be seen to influence young people to a greater or lesser extent, but suggest that this could lead to confusion and superficial understanding of the reality of nursing (Stanley 2008).

The essence of nursing as a caring profession is deeply rooted within nursing theory and application and therefore remains a positive focus of respondents' understanding of the role (Watson 2008, Latimer 2000, Roper 1988). It is this image of a caring individual that has sustained the traditional concept of nursing and remains the focus of both the artistic and scientific aspects of nursing today. It is interesting to note that, despite the current media reports of poor care within health services, an issue which involves nursing care, few respondents identified this when asked if they had viewed or heard of any other reports or stories about nursing. This is accepted as not unusual for this age group, as news items and current affairs may not be of particular interest. However, as this would constitute a challenge to their views and perceptions of nursing, it became apparent that even those few that did refer to news items within the media depicting poor care, confronted these reports somewhat defensively, stating that the media only produced items of negative news, and intimated that this wasn't generally true of the profession as a whole.

"Yeah I've seen on the news about poor hygiene things and that......and about poor care in nursing homes and ......like abusing patients.....but I think that's just the

media isn't it.....like there's always gonna be bad people in all jobs....doesn't mean it's everyone....it's just the odd few." **C3F**.

"well I've heard about the hospitals not being clean....but I think they look fine when I've been in.....and the nurses always have the soap things they use.....like they generalise Britain....but I think it's just a few hospitals that have let the rest down....and they make it more than it is in the news...." **A7F**

"I know there's been a lot about bad care in hospitals and homes.....but they always make it out to be worse don't they.....it's not like everywhere......only one or two places......they never report the good stuff....." **D8M**

This may relate to their prior understanding of nursing and the traditional characteristics that were indicated such as caring, helping and being kind, with any information seeming to challenge or question those assumptions being dismissed, in order to preserve their own perception of reality.

Despite the traditional image that participants described, those who had received or observed a nursing service appeared to be confused to some extent as to who were 'real' nurses. Respondents were unsure whether other caring individuals they had seen 'counted' as a nurse. Some were also confused as to whether 'nurses' in care homes were nurses or care workers, and they found it hard to distinguish who was who, suggesting this was due to the variety of uniform colours. This seems to relate to their expectation of a woman in a blue dress and white apron, and the challenge that departures from this image represents.

"well I don't know whether she's a nurse.....she wears like blue trousers and a purple tunic thing.....but she has a watch thing and that...and takes my nans pulse....and takes her to the toilet....would she be a nurse?....." **D5F**

*"I go for an asthma check at the doctors.....does she count as a nurse?....she doesn't wear a uniform though...."***C9M**

"he like takes charge of the place.....I think he's a manager....but then he does do my grandma's leg......like put the bandage on.......he wears a like a grey top though....so he might be a nurse......I dunno..." **B9F**

The context of nursing has changed dramatically over the past fifty years, with new roles not only for nursing but also for health care in general. The promotion of advancing roles for nursing, incorporating increased elements of traditional medical roles such as physical assessment and diagnosis, prescribing and treatment, has also seen the introduction of health care support workers and assistant practitioners, taking on the once traditional roles of nursing such as personal hygiene, maintaining nutrition, and health promotion (Skills for Health 2011, Dean 2010). This has not been readily understood by the general public, and may have added to the lack of understanding of nursing from the participants in this study. Brindley (2009) suggested that we hold traditional images of specific events, how people should act and what they should look like, to give meaning to our world, and when these vary we have to make a choice whether to accept this new image or reject it. This can cause confusion, and needs further repetition of the episodes of change in order to embed these new images within our thinking. However, it is apparent from the participants of this study that the traditional image of nursing is still very current.

There have been many calls for clarity with regards to nursing uniforms, as the current variety of colours and styles has been said to cause confusion with both patients and

within the profession itself (Albert et al 2008, Skorupski & Rea 2006). However, it remains doubtful as to whether a national uniform will ever be reinstated, due to the huge costs that would be involved, and although nurses have one regulatory body (NMC), the various health care organisations which are now privately owned may not wish to conform to a national proposal.

Within the interviews, participants were asked if their image of nursing felt positive to them, as they felt a nurse 'should' be. Responses suggest that a uniform is needed to fulfil the image of a nurse, and most didn't feel that this should be discarded. However on further probing, they were unable to articulate why a uniform should be needed and what practical purpose it held, apart from identifying them as a nurse.

"well they wouldn't be able to be a nurse if they didn't wear a uniform….no-one would know they were a nurse (laughs)….yeah I can see if you didn't work in a hospital maybe…..but even then you need a uniform for people to know who you are….otherwise you could be anybody couldn't you……" **C7F**

"yeah...I think all nurses need a uniform cos otherwise you wouldn't know who she was....it could be anyone coming up to you.....I wouldn't like that (laughs)......I suppose......I don't really know why else she would wear one.....it's like police.....and judges and that.....they all have like uniforms so you know who they are....." **B6F**

"All nurses have to wear uniforms don't they?.......I don't know any that don't.....it's so you can know who to call and ask for help.......they have the watch and pens and things in the pocket as well....for checking and that.....I think they should wear uniforms.....you know who you can trust them then......" **A9M**

It was interesting to note that the term "trust" was used in relation to identification of a nurse through their uniform, which may be attributed to young people's experiences, or constructed perceptions of other professions who wear uniforms, such as police, doctors, firemen, and pilots, who hold positions that we are brought up to believe we can trust. However, this did not appear in the data collected concerning traits and characteristics, although nursing literature asserts that it is a characteristic fundamental to nursing (Kozier et al 2007, Rush & Cook 2006). The professional identity of nursing will be further explored in Chapter 8 of this thesis.

5.4 Nursing traits and characteristics

A discussion follows of participants' perceptions of the need for nurses to possess a certain skill set or personality type, along with consideration of why they felt these were important.

"Well you need to be caring obviously and helpful......smiling and happy.......you need to be able to talk to people for ages and help with their problems......not get angry or upset...not like me (laughs)" **D2M**

"You've got to be caring.....wanting to help people really.....it's something you've either got in you or you haven't......I don't think anyone can be a nurse.....you've got to have that special sort of personality haven't you.....like just being dedicated to your work....." **A8F**

"Erm...caring....like looking after people.....like helping them and that.....being nice to people....even if they're horrible to you.....or need cleaning up.....you have to be able to be that sort of person......I couldn't do it" **A10F**

"well....you have to be a special sort of person to want to be a nurse....kind and caring....I think you've like... always have wanted to be a nurse...from when you were little.....it's not something you just decide to do is it...but then you have to be strong as well....like you have to care for people who are dying so you can't get upset and that...." **D1F**.

In addition to those responses illustrated above, these discussions could be attributed to the participants' perceptions of traditional nursing and concurred with previous studies (Hemsley-Brown & Foskett 1999). The characteristics stated included: caring, nice personality, calm and relaxed, helpful, polite, smart, dedicated. Participants however found it difficult to articulate why they felt these characteristics were needed to become a nurse, only reiterating their understanding of the role of the nurse as they had previously discussed. However, even though these characteristics were discussed positively, they were not characteristics that the participants stated they themselves necessarily possessed, appearing to re-iterate that nursing was something you may be "destined" to do or "drawn towards" if you had these characteristics.

Some participants also likened the characteristics of nursing to those of motherhood, expressing the caring and helping attributes to looking after people in a matriarchal sense.

"they have to be caring and.....like look after people really... suppose like your mom....especially if they were looking after children.....or like old people who were a bit like senile" **C5M**

"well I suppose they're like mom's really....if like you were a child in hospital....they'd look after you and help you get better....make sure you were ok and that....so they'd have to want to care for people...." **C7F**

The concept of caring, nurturing motherly love that has been associated with nursing, may be a contributing factor to young people's perceptions (Watson 2008), and may indicate why they feel only certain types of people with a specific set of characteristics such as caring and helping, would be suited for nursing (Rush and Cook 2006). The traditional image of nursing would support these perceptions, and remains a central component to an understanding of what nursing is, and is not. Within much history of nursing literature, nurses were likened to mother replacements in some instances, with women 'healers' usually being a dominant, respected mother within a community (Dingwall et al 1988, Davies 1980). However, historical accounts of nursing are usually narrative in nature, and have been interpreted by individuals for a specific purpose. Many historical writers will want to show progress made over time, or how social change has influenced events over a period. It has been suggested that the histories of professions are written to serve a purpose of instilling faith in a profession, by describing how the origins have developed into the competent, trusting profession of today. One respondent particularly related her understanding of nursing to historical literature:

"well I've been studying this at school.....in history we're doing about medicine through time....so we've been looking at nurses and that.....from where they came from.....like originally they were just women in villages who people trusted....and they like cared for people when they were sick....and delivered the babies......but some were paid in alcohol (laughs).....and then over the years they became more....like had more things they could do.....like helping people get better...., stitching wounds....and the doctors let them do more things ....especially in the war......then they like became....well it was a proper job that you wanted to do......but you couldn't get married... and had to live in the hospital......I know you don't have to do that now...but you still have to really want to do that sort of thing don't you....I think you can still live at the hospital." **C4F**

It is also of relevance that many historical writings concerning nursing have been written by men and therefore have a gender bias in their interpretations (Davies 1986). Therefore, the way in which the young people in this study perceive the image of nursing may also be based on historical narratives received through parents, schooling and media, of which they may not be conscious, but which may have been influencing factors in their meaning making (Bandura 1977).

5.5 Societal function

Those participants who had personal experience of a nursing service discussed how this made them feel about nursing, and whether they thought the experience had shaped their views and perceptions. As noted above, 38 of the 40 participants stated that they had some personal experience of a nursing service. From those that had received nursing care themselves, all were positive about the experience, stating that the nurse was 'kind', 'caring' and 'helpful', which again concurred with previous literature relating to traits and characteristics of nurses (Hall & Ritchie 2011, Watson 2008). All felt that the image they held of nursing prior to the experience had been reinforced by the episode of care, although the problems associated with distinguishing between the uniforms of 'traditional' nurses and others, remained apparent. Many respondents continued to describe nurses carrying out requests from doctors within their personal experiences, which, they felt, had reinforced their perceptions.

> *"well I go to see the nurse at the doctors for my asthma....about twice a year for check-ups....she checks my inhalers and breathing and that....and then she has to send me to the doctor if there's anything wrong or my breathing's worse......she's really nice though and you can ask her any questions....then the doctor might tell her what she's got to do next....like if I have to change my inhaler she shows me how to use it and that..."* **D4M**

"yeah I was in hospital last year....the nurses were nice and told me what was going to happen.....the doctor did the procedure though...and they handed him things and helped him....they were kind and asked if I was ok and held my hand..." **B6F**

Contemporary literature, regulatory body standards and competencies, and continuing government health policy, all promote autonomous working and nurse-led services (DH 2011b, 2008, 2002, NMC 2010). The understanding of these young people seems at variance with the current reality, therefore, with the experiences encountered continuing to reinforce their perceptions of the traditional, stereotypical image of nursing. It is acknowledged that nurses and doctors do need to work closely together to address patient/client need, and both professions have specific knowledge and skills which need to be utilised to complement each other for the best outcome (Coombs and Ersser 2004, Davies 2000). However, it appears from participants' responses that it may be the perceived power and status relationships that underlie many of these perceptions, in respect of societal expectations and understanding, with the nursing staff 'being told what to do' and medical staff having the ultimate say in decision making.

"well the doctor's in charge really.....so he says what the nurse should do.....when I was in hospital visiting my granddad the doctor used to come round and examine him......then the nurse.....who was with him.....she was told what needed to be done.....he (the doctor) had the power really....I don't think the nurses make any decisions do they?....well not the important ones.." **A4F**

"It's always been the doctors making the decisions.....like the life and death situations....the nurses carry out the orders like.....so there can't be one without the other.....but the doctor has the main power...cos he's responsible at the end of the day...." **A2M**

Literature relating to the working relationships of medical and nursing staff is conflicting; many studies continue to debate the power struggles between these roles, however more recent studies suggest that medical and nursing staff accept each other's strengths and limitations, embracing their differences to ensure quality care for the patient (Stein-Parbury and Liaschenko 2007, Fagin and Garelick 2004). This is not apparent within participant responses, with the majority suggesting that doctors are ultimately in charge, and direct the nurses in their tasks:

> *"Well.....the doctor makes the decisions and then the nurse follows them....like she'll do the care that the doctor tells her....like what the patient needs....when I was in* (hospital) *the doctor told them what dressing I needed and what I could eat and that....and told them when they could take the drip down....."* **A6M**

> *"yeah I'm a diabetic so I have to go the hospital for check-ups and that...I have to see a nurse to do the basics like blood tests and that...then I go to the consultant who does the main things.... proper check-up.....yeah the nurses are always nice and smiling....they're helpful and that.....they have to do what the consultant tells them though..."* **A8F**

The notion of the nurse being seen as 'necessary' to carry out doctor's orders was then discussed, with the societal function of nursing being further explored. Participants were clear that nursing could be seen as an essential function in society and would always be needed, without necessarily having to relate to medical staff direction. They seemed, however, to relate this again to characteristics and traits, with the notion of only a certain type of person becoming a nurse.

> *"there's always been nurses hasn't there......like in the wars and that.....you couldn't not have nursing.....otherwise people would... like die and not get better...."* **D2M**

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"nursing will always be needed....you just have to be that sort of person though.....wanting to help and look after people....being able to deal with blood and sick and that...." **B10M**

"I think you'll always need nursing because there'll always be people who are ill…..I suppose you don't have to have a doctor to tell them what to do…..but then someone would have to do the medical things……the operations and that……so nurses would like be…..like just caring for people really……not actually making them better…..well helping them get better…..but in a different way……I can't explain…..like washing them and sitting and talking to them……giving them drinks and food…..helping them to the toilet…..that sort of thing……" **D5F**

Lynaugh (1980) suggests that the role of nursing in all countries and at all times depends on the status of women, although the same could perhaps be said of all professions, depending on one's viewpoint. Both male and female participants expressed similar motivations and ambitions for their future careers with no gender-specific roles identified in their proposed careers. Therefore, nurses (and doctors) may inspire a particular perception linked with traditional imagery, as argued by Takase et al (2006) and Buresh and Gordon (2000), who suggest that although nursing roles have developed, the public continue to have a variety of perceptions of nursing, and have not always been effectively informed of the dramatic changes in the profession. This concurs with previous literature, which argues that nursing as a profession fails to promote a current image that is really understood by society (Scott 2005).

5.6 Summary

It can be seen from participant responses that knowledge and understanding of nursing varies considerably, with perceptions of the image of nursing being influenced in some

instances by past and current media, in addition to any historical imagery. Interestingly, the data strongly supports the helping and caring concepts associated with nursing, even though current media coverage of nursing appears to be negative, and young people's responses appear defensive of any portrayal that does not fit with their image of nursing. However, further exposure to negative views of nursing in the future may change this perception, and their understanding of what nursing is and is not.

Chapter 6: Nursing as a Career Choice

6.1 Introduction

This chapter will present and discuss the findings from this research in relation to the identified super-ordinate theme of 'Nursing as a profession', in relation to the questions initially proposed. This super-ordinate theme relates to categories and emerging subordinate themes drawn from participants' responses in individual interviews, and includes: understanding of nursing roles; views of nursing as a profession; young people's expectations of nursing and its perceived value in society, including discussion of their own future careers, and finally personal identity, including self-efficacy and gender issues.

As previously discussed, the existing literature identifies multiple perceptions of nursing from both within and outside of the profession, with traditional stereotypes remaining (Kelly et al 2012, Fletcher 2007, Takase et al 2006, D'Antonio 2006). This chapter argues that young people continue to be influenced by these stereotypes and will make judgements based on these ideas, about the value of nursing in society, and about their own interest in it as a career. Bandura (1986, 1977) and Lent et al (1994) suggest that perceptions of potential roles within society will influence their own career choices, but will also depend on their perceived self-efficacy with regard to their choices, abilities, and outcome expectations. This chapter draws on this theory to analyse the responses from this study, and contends that current discourses of nursing shape young peoples' perceptions of the profession, and will ultimately affect their decision to further their knowledge and understanding of nursing as a potential career option. Current social policy and educational influences are seen to have a substantial bearing on future choices, with this year group who are particularly engaged in planning for further/higher educational options and potential future careers.

6.2 Nursing roles

It was interesting to note that that the majority of responses referred to the role of a nurse being predominantly within a hospital setting, which again may be attributable to perceptions formed from media and historical imagery. However the role of a nurse in respect to 'what a nurse does' did vary, although the caring and helping aspects remained a dominant focus, concurring with previous studies (Brodie et al 2004, Hemsley-Brown and Foskett 1999).

> *"erm....well they care for people....they help to make people well again I suppose......they kind of like....look for symptoms.....what things are....like if there was anything serious...they'd take them to the doctor...I dunno really....caring for people".* **A6M**

> *"they deal with blood and that....dead bodies...help the doctors with emergencies...pass the things...the instruments or whatever they're called...like when they have an operation.... "* **C10M**

> *"they're friendly and caring....help unhealthy people......look after patients....talk to them if they were having surgery or something....I dunno really.....helpful....they give injections as well like for blood..."* **D8M**

> *"they clean up people when they're sick or need to go to the toilet....they help them to eat and drink and that as well.....get them blankets if they're cold..."* **B3F**

As discussed in the previous chapter, it appears from responses that the traditional view of nurses helping doctors remains, within this cohort of young people at least. Whether this is from personal experience, observation of episodes of care, media portrayals, or a combination of all of these, is difficult to confirm. Nevertheless it does demonstrate that

young people in this study have either not embraced, or been introduced to, the contemporary image of nursing relating to current roles. If recruitment to nursing from the younger part of the population is to be maintained, it is a matter of concern for the profession as a whole that an accurate representation of nursing should be promoted.

Although most participants saw nurses as based in hospitals, some did acknowledge other nursing roles when examples were given, as can be seen in the quotes below:

> *"yeah.....we have a school nurse....I didn't really think of her as a nurse though.....she gives paracetamol if you've got a headache and that.....she weighs you each year as well and sees the kids who are overweight....think I've only been to her once...she gives out 'C' cards as well for the.... contraception (laughs)."* **B2M**

> *"My friend's mom works going round the houses when they've had babies – that's not a nurse though is it?....she just gives advice and that....she doesn't actually look after them....."* **A8F**

> *"I go to the practice nurse for an asthma check.....I think you have to work in a hospital first though before you can do any other kinds....cos they're like the proper nurses aren't they...".* **D2M**

Although there are current television programmes which portray other types of nursing, such as practice nursing, community nursing, mental health nursing, and also midwifery, it appears that these have not influenced this cohort of young people in their responses. They continue to draw on traditional roles of nursing to inform their views, which does not correspond with current government drivers to increase community-based care delivery within nursing (DH 2011, DH 2010). One contributing factor may be that young people have not been exposed to such roles in reality, being more likely to have had personal

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experience of a hospital environment through their own treatment, or when visiting others. Despite some participants acknowledging other fields of nursing, it remains apparent that these additional roles are seen as peripheral to the domain of a 'hospital nurse', which is more readily identifiable to them, and confirms previous literature relating to the continued stereotypical roles of nursing as a reference point for people's understanding of the role and function of nursing in society (Takase et al 2006, Hallam 2000, Dingwall et al 1988, Maggs 1986). Therefore, policy directives for increasing a community-based health care system do not appear to be engaging young people, in particular with regard to their understanding of nursing. The perception that nursing is based within a hospital, dealing with acute conditions, involving 'bodily fluids and blood' and 'assisting doctors' will influence and perhaps reinforce individuals' acceptance or rejection of nursing as a possible career choice, in relation to their sense of self-efficacy and outcome expectation of a future career. However, if participants had some knowledge and understanding of the community-based, health promotion and public health options available in nursing, this may contribute to a more informed basis when considering how they view nursing. As Bandura (1986) and Lent et al (1994) concede, increases in knowledge and understanding of any prior state will continue to alter perceptions.

It was also apparent that respondents were not aware of the specific fields of nursing that applicants choose when initially considering nursing as a career, such as mental health nursing, children's nursing, adult nursing, or learning disabilities nursing. They were also not aware of specialist or advanced nursing roles. The concept of nursing as a predominantly 'generalist' role is evident within the following responses:

> *"well I think you train to be a nurse and then you can specialise afterwards but the main thing is the hospital work isn't it.......that's where nurses learn....no I don't think you have to train first to work with children or that......[R= how about nursing patients with mental health problems or learning disabilities?].......erm.....not sure*

really…..do you have to be a nurse to do that?.....I think that's like a separate job isn't it…..unless they're ill and have to come to hospital I suppose…..nursing's about caring for everyone though isn't it, it doesn't really matter what's wrong with you really. [R – what do you mean by specialise?] Well you can work with one sort of illness I suppose….like specialise in diabetes where you would work on a ward that cared for that sort of person….but I think you'd still have to care for other people as well….like if there was any other patient to be looked after " **C2F**

"I think when you're a nurse you're a nurse aren't you?......you can nurse anybody……obviously you can have better like…..be more specialised in certain things…..but nursing is about anything isn't it….I'd expect them to be able to nurse anyone…..not just those things….[mental health, children, learning disability]…you wouldn't just want to be nursing one type of patient would you?" **C7F**

"I don't think you choose what nurse you want to be….I don't think you can, can you? You have to like do everything first….learn all the areas in the hospital like heart, operations……things like that…..and then I suppose you choose which ward you work on….so I suppose you can then choose to work with children or mental patients…..but you can always be called to anywhere I suppose…..if they needed you like on another ward……you would be expected to I think" **D10F**

The above responses can be seen to relate to much of the previous literature discussed concerning identification of nursing roles, in particular Harmer (2010), who suggests that in seeking to extend and delegate nursing roles over the past two decades, confusion has prevailed, with the complexity of nursing roles not understood, resulting in the public holding onto the perception of nursing that they are familiar with. The report by Maben and Griffiths (2008) also highlights the conflict of nursing identities and the blurring of health

care professional boundaries, along with differences in how society continues to perceive nursing, and how nursing sees itself.

One participant in particular responded with more in-depth knowledge of nursing roles, as she had chosen this area as a focus for a GNVQ health and social care course she was studying. Within that particular school (C), all pupils participating in this study were studying a health and social care course, however only one pupil displayed a further knowledge of nursing:

"well nurses do lots of different things depending on what job they have.....like they could work in a hospital and care for people who have had operations or diseases.....like a heart attack or stroke......or they can be like....be a practice nurse or district nurse.....they see patients in the surgery or at their house......and then there's ones who work in nursing homes....like caring for old people.....oh..and there's like midwives as well but they don't have to be nurses......all nurses have to care for people though....they can give medication and injections.....help with wounds and put dressings on......take stitches out....put up drips....wash them and help with feeding...erm....like help people walk again and that....." **C3F**

It was interesting to note that the participants from School C stated that they had not discussed nursing as part of their health and social care course up to this point; all stated that the main teaching had focused on child care and social care, with many of these participants being drawn towards child care and social work as potential career areas. It is of course possible that nursing was planned as a future element in their programme of study but it is concerning that pupils may only have an opportunity to explore nursing as an option if they specifically chose this as one of their areas for coursework.

When exploring nursing roles further, it became apparent that many participants saw a scientific basis for the care received, alongside the humanistic approach of 'caring'. This relates strongly to the philosophy of nursing, which combines evidenced-based practical and technical knowledge with moral and phenomenological understanding of what it is to be human (Edwards 2001), and argues that nursing is both an art and a science. The responses below suggest that nursing roles combine both these areas of knowledge and practice:

"....well they have to be caring anyway that's for definite......but yeah they have to have skills as well don't they......like know how to give an injection....like know about the body and that....where to give it....and what to do to stop bleeding....that sort of stuff." **A6M**

"*they have to be the sort of person who wants to help people...like care for them and that...you have to be that type.....I suppose they have to study biology or chemistry.....or a science subject.....(Researcher why?).....well they need to know about organs and the heart and things like that.....like cells....what makes us tick... (laughs)....they need them to do their job I suppose....to know what could go wrong and to give advice and that...*" **B6F**

"....yeah nursing is mainly about caring......but you've got to know about diseases and how all the equipment works and that haven't you......you need to know what to look for if there's anything going wrong.....like ....signs of illness and shock.....and how to treat it.....what to do......" **A3M**

Participants' perceptions of nursing roles relating specifically to nursing knowledge and skills are of particular importance and interest, as the articulation of a body of nursing knowledge will contribute significantly to the unique identity of nursing (Parse 1995). What

nurses *should* know, and the concept of expertise, were not explored with participants, although it was apparent from some responses that particular skills and knowledge would be needed to be a nurse:

"*I think you definitely need a good knowledge of biology to learn how to care for sick people in hospital….so yeah nursing does have to have certain skills…..and I think doctors can teach them extra skills as well……*" **A10F**

"*well not everyone has skills to be a nurse…..so they have to learn them don't they….I can imagine it's like…. quite specialised in somewhere like intensive care….you need to understand a lot of things there……*" **B7M**

This does relate to previous literature suggesting that technical competence is understood by the public as a requirement of nursing (Porter et al 2009), although again the responses were much more likely to relate the requirement of skills and knowledge to nursing within a hospital setting. There appear to be two contradictory discourses through which nursing is focused: the holistic, caring, compassionate discourse; and the mechanistic, technical, scientific, medicine based discourse, both of which are part of the nursing agenda (Allen 2004, Latimer 2000). Alongside the academic debate relating to the educational requirements for nursing, and the vocational and professional status afforded, the understanding of what nursing is and the roles it comprises, continues to promote discord (Andrew 2012, Thompson 2009, Thorne 2006).

6.3 Professional identity

Allen (2004) examined field studies of nursing work between 1993 and 2003 and suggested that nurses themselves find it difficult to articulate what it is they do. This appears to correlate with other studies arguing that there is a mismatch of the reality of

nursing work and the professional mandate imposed by the NMC and Government (Keeling and Templeman 2012, Kneafsey and Long 2002). Therefore the uncertainty of participants' understanding of what nursing is and what a nurse does may be directly attributable to the confusion within the profession itself. As nursing roles become more blurred and complex, society may have multiple images of the profession, and therefore cling to more traditional images to make sense of the confusion, as indeed nurses may also do (Maben and Griffiths 2008).

The responses below show participants' perceptions of nursing as a profession, where they were also asked to think about the status of professions by comparing given examples of nurse, teacher, physiotherapist, lawyer, and doctor:

"*well yeah it is a profession I think.....'cos you have to train to be a nurse don't you....like have qualifications and that.....but it's not like a doctor.......out of those four (*Researcher asks to comment on status of other professions) *I'd say the doctor is like the top profession and the lawyer.....then the physio.....then the teacher and nurse the same I suppose.....*" **D9F**

"*I don't know whether you'd call it a profession as such.....it's not like a doctor is it really.....you don't have to have loads of exams and things....anyone could do it for they wanted to....like as far as qualifications go......*" **C4F**

"*ermmm.....yeah I think it is a profession.......all jobs are professions aren't they really....but there's just different ranks like......some are like better than others......like seen to be better.....like doctors and surgeons.......I'd put doctors and lawyers at the top.....then physio's and nurses ......then teachers....*" **A1M**

All participants gave either law or medicine as the top professions in terms of status, with nursing being last or last but one from the five examples given. Many were unsure whether nursing was a profession, although appeared sure of the others. Dent and Whitehead (2002) argue that the 'new' professional identity is changing, dependent on pressures relating to knowledge, regulation and status. Consequently, traditional professions are being questioned, and the associated assumptions society has of these identities are being opened to scrutiny. In a globalised society, information relating to varying professional roles outside of our own immediate environment is readily available; leading to questioning and uncertainty about these organisational players and the perceived power they hold.

Concurring with previous studies (Takase et al 2006, Hemsley-Brown and Foskett 1999), participants continued to hold medicine and other professions in a higher regard than nursing, which may be attributed to the continuous changes in nursing education, role diversity, regulation, and media influences. This was explored further to find what participants understood by the term 'professional', and why they perceived one as having higher status than others:

> *"well.....it's like someone who's got to have training to become a professional...like doctors have to study for 5 years.....and I suppose like when you've got that qualification you get the kudos don't you.....like you're a doctor.....everyone respects you......you like make the decisions.....get loads of money....tell others what to do (laughs).....but you already have to be intelligent before you can even get onto the course…..like with GCSE's and that…."* **C6M**

> *"I think professions like lawyers and teachers....they like have always been professions haven't they so it's like historical.....I don't think shop workers have ever been seen as professionals.....probably because you don't need any qualifications to*

work in a shop......so yeah...that might be the reason really.....like you've got to be clever already to do those professions.....with nursing.......it was really like a job I suppose wasn't it....you didn't really need exams.....I know you do now I think...but that's quite recent isn't it..... **A8F**

"well if you compare like a physio to a nurse....you can set up your own business if you're a physio...my mates dad is a physio and owns his own sports therapy centre....you can't do that as a nurse....so I think like professionals are able to work on their own...like set up their own business or practice....like even a teacher can be private like setting up a tuition firm or something.......but a nurse couldn't could they....." **B2M**

Many responses, including those above, discussed the notion of autonomy in connection with being a professional, but felt that nursing didn't allow for this. The perception that professions indicated the need for a higher level of qualification, leading ultimately to higher remuneration and opportunities, was apparent in most participants' responses. Alongside this, the concept of intelligence arose, where professions were viewed as demanding higher educational attainment prior to commencing training or related higher education qualifications.

The historical, traditional views of the professions again became evident, although some participants were unable to articulate *why* they perceived law and medicine as being a higher status career than nursing, or how their views had been shaped, although they did relate these to their understanding of social status. The roles people are perceived to play in society, through various discourses over time, affect perceptions of the relative status and social value of professions, including the incomes they attract, and the skill levels and intellectual capacities of their practitioners (Dent and Whitehead 2002). As discussed in previous chapters, as societies change, the roles of professions and occupations within

them change, although individuals may continue to hold on to previous perceptions and assumptions they feel secure with, in particular if there is no dissemination of new knowledge and understanding to challenge these views (Quinn 2010, McDowell 2003).

"well they just are....I don't know why....they've always been like top professions haven't they....like I suppose even in the Victorian times.. throughout history really….like it was the rich who were able to go into law and medicine and the poor had to do the other jobs….I think like nursing was one of those….you didn't need to be rich…..just caring…." **C7F**

"I dunno really.....I just think they [medicine/law] are.....like everyone knows they are....it's just what you grow up with.....it's like expected of people who are really clever and posh to do those sort of jobs…..whereas anyone can do nursing……you don't have to be rich and go to private school….."' **D10F**

It remains difficult to identify how these perceptions have been shaped, but influences such as schooling, media, family and personal experiences may all have a part to play. It is however evident that the professional identity of nursing is not understood by this cohort of participants, which is supported by studies suggesting that the continual changing of the concept of nursing itself is blurring its professional identity (Maben & Griffiths 2008, Allen 2004, Cook et al 2003). As nursing leaders and educationalists continue to debate the role and identity of nursing, they will need to make society aware of current realities and future proposals in order to promote some insight into nursing both in terms of their general understanding as citizens, and as a potential career (Cook et al 2003).

6.4 Expectations and the perceived worth of nursing

Participant responses varied in respect of their expectations of nursing. Although they continued to discuss the person specification as one of a caring and helping individual, the expectations of nursing as a career option and the opportunities it could offer were seen as limited. The knowledge and expertise required in nursing was not readily offered in responses. The fact that many participants were unaware of the educational preparation required to qualify and register as a nurse is demonstrated below:

"I don't think you have to go to uni or anything like that.....maybe a health and social course like at BTEC or something?.....you have to train on the wards though...like the doctors and sisters would show you how to do things......" **D1F**

"I think you have to do training but not a degree.....probably college.....I think you need A levels though...probably biology...psychology maybe.....not sure" **B5F**

"erm....not sure really.....I don't think you need any qualifications as such but you would need to do something....like to learn about what to do.....how to do the bandaging and blood pressures and that....you'd probably need to have a certain amount of GCSE's though...." **B8M**

"I think you still have to have GCSE's but I'm not sure about A levels….oh yeah you must have to because the courses are like in universities now though aren't they…but I don't think it's like a normal degree….I don't think it's like 3 years….maybe 1 year at uni and then more training on the wards?.....I'm not sure….I should know this shouldn't I as my sister's a nurse (laughs)" **B3F**

Nursing education has changed dramatically over the past 22 years since the inception of Project 2000. It introduced the delivery of nurse education in higher education institutions,

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increasing academic components to constitute both an academic and professional qualification on completion of the programme of study, and brought about the move from certificate level to diploma level, and now to an all-degree-level training (Harmer 2010), culminating in the current NMC requirements of a minimum of 240 points at A level or equivalent in order to access nursing degree programmes.

This change in the educational requirements for nursing does not appear to have been communicated to the young people in this study, with many seeing nursing as something you train to do 'on the job', rather than requiring a high level of academic achievement, indicating that the status of nursing remains low for young people considering career options as discussed within previous chapters (Neilson and Jones 2011, Reay et al 2010). This may be due to the participants' limited knowledge of the recent changes to the NMC requirement for an all degree programme of study, rather than the previous diploma course which required a minimum of 5 GCSE's including Maths and English. However it was interesting to note that when participants were subsequently probed to ascertain the importance attached to education in respect of their own career expectations, many stated that the higher they perceived a career in terms of status and professional worth, the higher they perceived the educational requirements to be. This may suggest that knowledge attainment, and the specific requirement of higher educational qualifications, is a key factor in terms of career worth, as seen in the responses below:

"well the more qualifications you have to have.....the better the job will be won't it.....like you have to study for 8 years I think to be a vet.....where as you don't have to be qualified to be a factory worker.....so yeah....I think you've got to have a degree now to do anything that's gonna be a good career" **B6F**

"all professions have got degrees you need to get.....like doctors and lawyers.....but they're like for the really clever people who do A levels an' that.....a lot of people can't do that....so have to do apprenticeships or just get a job....." **D6M**

"I'd really like to be a sports physio or something like that.....but you have to get really high A levels to get onto the degree course..... so I'll probably have to do something lower like a sports coaching course or something....." **B7M**

This suggests that many participants did not see nursing as requiring particularly high academic qualifications compared to other professions, and it therefore may not be an attractive career option, or something that they would aspire to consider if they were high achievers at school. This impression accords with previous literature concerning career choice (Neilson and Jones 2011, White 2007, Hemsley-Brown & Foskett 1999) where young people assess their likelihood of success or failure in a particular field, with those who are seen as high achievers expected to attain higher status roles in society (Riddell 2009). Nelson and Gordon (2004) also consider the view that with nursing continually trying to reinvent itself to increase its status in society, the altering of role boundaries is putting professional identity and social legitimacy in jeopardy. As discussed previously, the profession itself is in confusion, with many nurses either not understanding or not accepting the changing expectations from within the profession and standards required from the regulatory body.

Despite the continual changes within nursing, there are increasing opportunities in clinical leadership, education, clinical specialism and management, affording increased remuneration and flexibility (DH 2006). Opportunities are available in a variety of nursing fields, offering the possibility of travel and work in other areas of the world, as well as in NHS and private health care organisations. However, this was not recognised by any participant in this study, as indicated below:

"I'd definitely want a career that you could progress in...like climb the ladder....I'd hate to do just the same thing all the time....I don't think there's much opportunity for that in nursing but I might be wrong.....but you'd have to like become a doctor or something to get on...." **A7F**

"I think a good career would let you have opportunities....to do different things.....I suppose you could go onto different wards in nursing and different specialisms like the heart and bones and that....but you'd still be a nurse" **B1F**

"I'd like to be able to travel.....I'd like a gap year after my A levels before I go to uni....but I'd like a job that I could travel with....like marketing or international business....you couldn't really do that with nursing..(laughs)....". **D8M**

"I dunno what else you could do from being a nurse....a sister I suppose....but that's why you go into it isn't it....to just be a nurse and care for people....." **D9F**

Alongside previously-discussed responses relating to their understanding of the variety of nursing roles, these comments suggest that the young people in this study have not had exposure, either on a personal level or from other possible influences, to shape their perceptions of the actual opportunities nursing can provide. They appear to see nursing as a vocation rather than a career, and perceive little opportunity to progress. Allen (2004) suggests that the "multiple agenda" for nursing continues to cause conflict within the profession, with many nurses themselves feeling trapped, feeling that the only way to progress is by applying for management positions, despite government drivers to increase clinical leadership (DH 2011b). It appears that the lack of role models, and the lack of publicity about opportunities in nursing on the part of regulatory, and professional bodies and the media, continue to hinder the public's perceptions of nursing as a career.

As previously discussed, young people have a wealth of perceived opportunities and are encouraged to aspire to occupations that are well beyond the traditional class boundaries, accepting that a university education can be accessed by the majority (Atherton et al 2009, Croll 2008). It is evident from this thesis that participants have begun to consider their futures, believing that they can reach their expected goals through either higher education or further training, and it is also clear that they have already become aware of the possibilities (or lack thereof) for them individually. Nursing is not seen as a career requiring a high academic attainment, and appears to be seen as something that one would only consider if expected grades were not realised, or if 'you were that type of person, wanting to care for someone' which concurs with previous studies (Neilson and Jones 2011, Foskett 1998).

Despite this, many participants held nurses in quite high esteem, and felt they "'did a good job" in society where "we couldn't do without them". Responses below also demonstrate comparisons made with other working roles which they felt had less value socially. The participants appeared to associate social worth with level of income, in the case of doctors and lawyers for example, yet they also seem to intend 'worth' to mean moral value:

"well like...if you compare nursing to like a footballer who does nothing for society but gets paid a fortune......that's not really fair is it....like the nurse should earn more...I think...cos like they're just doing a sport they love...it's not like a hard job.." **B2M**

"if you look at like someone who's an actor.....like Robert Pattinson or somebody....they get paid millions just for one film....I don't think they should get that much.....like compared to people like nurses...." **C3F**

"I mean.....like pop stars....they get loads of money for just singing and touring...yet people who help people....like nurses.....they don't even get a quarter of what they get....." **A10F**

Again this appears to relate to the caring, helping and probably vocational nature of nursing, but also to a perceived fairness in monetary terms of the type of work people are employed in. This suggests that a helping profession is perceived as being more morally acceptable to these young people than sporting and entertainment roles, yet despite this, when asked if they felt they would rather pursue a career in nursing, on the one hand, or football or entertainment on the other, all participants chose the latter, as shown below:

"well yeah obviously I'd love the chance to be a professional footballer....cos as I said...you'd be doing something you love and getting paid lots of money to do...(laughs)" **B2M**

"who wouldn't want be a pop star.....I'd love to be famous but I never will be...I can't sing (laughs)...but it must be great having that sort of lifestyle....being able to buy what you want....big house, big car....being able to go on holiday anywhere in the world...." **D5F**

However, despite these responses, it was clear that young people had made the distinction between what was realistically attainable and what was not, as discussed in Lent et al's (1994) social cognitive career theory, where the perceived barriers of a particular career would determine the realistic self-efficacy beliefs and outcome expectation of the individual with regards to the opportunities available to succeed. The moral 'compass' used in the above responses can also be seen as linked to the participants' meaning making around their careers, justifying their perceptions of the roles in question, along with and constructing the reasons why it would not be an appropriate

choice for them to pursue (Bandura 1986). Foucault (1988) discusses a 'higher calling' (p22), whereby a profession can demonstrate that they are professing in the name of something beyond their own and commercial interests. This could be attributed to the nursing profession, and appears to be demonstrated in participant's responses. It is this dichotomy of choices, based on an individual's own sense of morality and values, which may ultimately influence young people's perceptions of careers available to them. The notion that the drive for money, power and scientific evidence has either detrimental effects on modern life, or is needed for a successful life, will need to be considered in order to move forward with career aspirations, and may shape young people's perceptions of professions (Fournier 2002).

6.5 Personal identity

Personal identity is fluid, continually being shaped, with experiences, influences, knowledge and understanding contributing to our individuality. How we see ourselves will affect how we see our futures and potential opportunities. Many respondents were very confident in their opinions of what they did or did not see themselves doing when they had completed compulsory education, and related this to their own perception of self:

> *"yeah I'll be going to college I think...cos there's no jobs is there.....I'll probably do an electrician course or something....I don't want to do anything with exams or anything.....I'm no good at them..(Laughs)...I think leaving school's the right thing for me...I'm not a studier."* **D7M**

> *"I dunno what I'm gonna do yet.....I'll probably get a job with my dad....he's like a builder....he contracts and that...so I can work in the office....I'm not really bothered as long as I earn some money...I'm not bothered about having a great career or anything like some."* **B8M**

"I'm going to university to study Law....I've already had a look at the Law schools and what you need to get in....on UCAS and that......I've just got to get the grades now....I want to study English combined, history... and French at A level....and we have to study ICT as well...I know it'll be hard...but it'll be worth it in the end.....(R what do you hope to achieve eventually?) ....it'll get me a good career with good money and something I can always go back to if I wanted some time off to travel or anything...it's something you've always got and you can take it further...like I could become a barrister....I'm a very determined person (laughs)....but stubborn as my mom always says.". **A1M**

This again concurs with previous studies which found that many young people have an idea of what career they wish to pursue, but many do not. Most of them realise that their ambitions may be affected by economic conditions, their educational attainment and influences from family or peers (Furlong and Cartmel 2010, Pajares and Urdan 2006).

People's self-perceptions can be seen to affect their choice of potential careers, with all but one participant in this study being very clear that nursing was not for them. Many felt they were not suited to this role, relating their decision to their perceptions of what the role of a nurse entailed, and the traits and characteristics they felt were needed to become a nurse. This decision was then conceptualised in terms of their perception of their own identity (Perry 2008).

"I couldn't be a nurse.....I hate blood and that....it's just not for me...I'd get mad with people...(laughs)" . **B1F**

"No I'd never consider nursing as a career......I'm just not cut out for that sort of thing.....you have to really want to help people and like care for sick people...I

couldn't be doing with.. like cleaning up for people....I think you've gotta always have wanted to be a nurse....." **D5F**

"I definitely couldn't be a nurse....I'd be rubbish at it.....I wouldn't be able to have the patience....like to have to help others all the time......I'd be more suited to something like business. **D3F**

Again, it appears that traditional images of nursing are drawn upon when describing their reasons for rejecting nursing as a career option, with no apparent knowledge or understanding of the variety of nursing roles that do not involve caring for sick patients. Participants may not see themselves as helping or caring people at this age (15/16yrs), as they may not at that stage in their lives have had any opportunity to engage in care, as is shown in the responses below:

"I've never had to care for anyone so I don't think I'd be a very good nurse.....I think you've got to have that in you haven't you....like if you've had to care for your grandma or something.....like...I wouldn't want to do that....cos I know I'd be crap (laughs).....it wouldn't be enough for me....I know they're great and everything and we couldn't do without them....but I think I'd get bored....." **A9M**

"No I couldn't care for anyone unless it was my family…..but then I suppose I might do when I'm older……definitely not now…..I'd be rubbish at caring for anyone ill……you just don't want to do that sort of thing……I've never had to do anything like that…." **A5F**

It is clearly important that the profession promotes these fundamental and traditional characteristics of caring and helping alongside other qualities that are needed for nursing, such as critical thinking, numeracy and literacy skills, communication skills, team work,

and leadership/management, and does so in a way that can be understood by young people. This may help them draw on alternative perceptions of themselves to consider nursing as a potential and viable career option. Thus, their personal identity, which will be influenced by the interactions they have with people and their environment, will provide a framework for examining their potential professional identities (Blustein and Noumair 1996).

There are numerous studies focusing on the personal and professional identities of nursing students which suggest that the perceptions of nursing prior to commencing a nurse training course were significantly altered after a relatively short period of time, with many expectations and perceptions not realised (Wright and Wray 2012, Safadi et al 2011, Brodie et al 2004). Foucault (1980) and Sarup (1996) both discuss questions of the self, and how this can affect choices of employment, within the context of history, narrative and power, and appear to support the findings of this thesis. The importance of self-knowledge and self-construction relating to career choices will be discussed in more depth in Chapter 7. It is however apparent that the young people involved in this study had clear perceptions of their personal identity, and had relatively fixed ideas when considering career choices, in respect of what they felt they 'couldn't do' or 'wouldn't want' to pursue.

"I'm not sure what I'm gonna do but I definitely couldn't be a nurse......I'm not cut out for that sort of work....I'd rather work in an office or something....I think I'm more suited to that sort of thing...." . **B9F**

"I wouldn't want to be a nurse 'cos I hate blood and hospitals and that…..and I definitely couldn't be a doctor 'cos I'm not clever enough for that….". **D4M**

Again, perceptions of the type of work involved in varying careers appear to influence respondents' choices and aspirations following compulsory education. This is then

reflected upon in terms of their personal identity, and either accepted or rejected as a possible viable option for future consideration (Stead and Bakker 2010, Donelan et al 2008).

6.6 Gender and nursing

Although gender was not a focus of this study, issues pertaining to gender were invariably raised in participants' responses. When asked to describe a nurse, all responses described a female form and used gender specific language when describing nursing roles and characteristics:

> *"erm...like she'd be wearing a dress and flat shoes....smart....quite strict but caring I suppose....maybe a hat....and like one of those watches....".* **A7F**

> *"well...a female.....white dress....she'd be smiling and helpful....."* **C9M**

> *"the nurse is usually doing what the doctor tells her to do...he makes the decisions...."* **D3F**

This continues to reinforce the stereotypical image of nursing (Baly 1995), and reflects the reality of the profession today, with nursing remaining a female dominated profession (NMC 2010). However as male nursing continues to be encouraged within the profession, and male nursing role models appear more frequently in in the media, perceptions appear to be changing (Bartfay et al 2010). Despite many participants referring to 'she' or 'her' automatically, when specifically asked about gender differences within nursing and how they felt about men pursuing nursing careers, the responses were largely encouraging and accepting of male nurses:

"Erm... I dunno really....like a lot of people think like that men couldn't be nurses...but I suppose I think it's ok for a bloke to be a nurse... you have to be patient...like helpful and that...be nice to people and not get angry.....I think it's ok for men to be nurses if they want to..." **A3M**

" yeah there are male nurses but not many...I think if one of my mates said he was going to be a nurse...I'd probably be a bit shocked but if that's what he wanted to do ...fair enough...I'd say do it..." **A8F**

"I don't see a problem with men being nurses....women can do jobs that used to be only for men...like lorry driving and miners and that....so why shouldn't men be nurses....it should be equal opportunities shouldn't it..." **B2M**

"well you see like Charlie on Casualty but he's old...but the one in Meet the Fockers is young...I think it's good that men want to be nurses....it's just that you always think of nursing as a woman's job.. which is wrong really..." .**9DF**

It is difficult to determine whether these positive responses from participants in respect of male nursing were formulated to be seen as non-judgemental statements for this study, and whether the same participants may articulate different responses when discussing this subject alone with their peer group. However it is encouraging to note some evidence of a change in the perceptions of men entering the nursing profession among this group of young people, both male and female, challenging the traditional gender bias against men in nursing (Evans 2008, O'Lynn and Tranbarger 2007).

Men have been able to register as nurses since the 1940's, with a particular rise during the Second World War (Dingwall 1988). A distinct drive for male nurse recruitment occurred in the 1960's, particularly focusing on attracting men into psychiatric and prison

nursing, with Stones' (1972) study finding that male nurses were career motivated at this time and not vocationally orientated in their outlook. More recent research also suggests that men tend to enter nursing with a career pathway in mind (Evans 2008, Stott 2007). However, the participants in this study regularly articulated the idea that male nursing was 'new', commenting that there are more male nurses entering the profession in very recent times, as seen below:

> *"well male nursing is only just starting isn't it....it's quite recent so it'll take time for people to accept it won't it.....cos it's always been women....I'd say within 10 years we'll have loads of male nurses..."* **B2M**

> *"there's not many male nurses yet is there....but I think it's because nursing has like....been for girls....but there's some in hospitals and that....so it'll probably like get more popular...."* **C4F**

This suggests that over the last two decades nursing has not been promoted effectively as a career for men. Perceptions of nursing as a predominantly female career remain the viewpoint of the majority of responses in this study, concurring with previous literature relating to gender issues in nursing (McLaughlin et al 2010, O'Lynn and Tranbarger 2007, Miers 2000).

It was interesting to note that some participants saw the male nursing role as somewhat different from the female nursing role, defining the differences in relation to the 'type' of nursing role they perceived them to have, as indicated in the quotes below. These responses not only concur with Stone's (1972) study but also more recent research suggesting that male nurses progress on to leadership and management roles, or predominantly work in mental health, ITU, and emergency departments (Evans 2008, Tracey and Nicholl 2007).

"yeah there's male nurses....but they're usually in A&E or like in the operations bit aren't they....like helping in theatre and that......" **C9M**

"I think male nurses are probably like the ones who work in casualty....you know like the emergencies....like paramedics....where... like the women nurses are more like on the wards aren't they...caring for the patients" **B5F**

"I think male nurses would be like....well like go for the macho sort of roles....the exciting bits of nursing.......like the drama and that (laughs).....I dunno…probably like surgery or heart wards…..maybe casualty….that sort of thing….." **C5M**

An interesting response was made by one male participant who discussed why he felt that there were so few male nurses:

"I think it's because nursing has always been classed as something that is best suited to women...like for caring and helping people....I think it's like a genetic thing isn't it...like that's how we've evolved.....with men having certain characteristics...like for being the physically strong one...and that women have different... like characteristics and genes....to bring up their young...children... it's like we've evolved...but there's still certain roles that I think are just within us....like we've done genetics and that in biology and you can't just turn off thousands of years of that.......I also think that the word 'nurse' puts boys off because it's always seen as something girls want to do....I think if you changed the word....they might go into it.....like you get a lot of boys wanting to go into medicine or physio or paramedics...so if it was called something different....I dunno ...like hospital practitioner or something...it doesn't sound so female...does that make sense (laughs)?...." **A2M**

This response makes an interesting point for debate, as the historical association between nursing and female gender is well known, and difficult to change (Davies 1995). However, whether a realistic alternative term to 'nursing' could be found, or indeed would be desirable, remains to be seen. Nevertheless these points do highlight the formidable power of language and discourse in the construction of social roles, suggesting that stereotypical perceptions may be reinforced through associations with language usages that go unchallenged and unrefuted.

If there are difficulties associated with the recruitment of male nurses, other forms of patient care may be seen to be more attractive to men, such as in the work of paramedics, occupational health practitioners, operating department assistants, physicians' assistants and physiotherapists, where it appears that recruitment of men does not pose a problem, as indicated by registration data from the Health Care Professions Council (HCPC 2012). Therefore, although many of the responses within this study suggest that the concept of a caring role may be a barrier for young men considering nursing as a career, it may be the perceptions of the term 'nurse' that ultimately affect their decision making.

6.7 Summary

This chapter has discussed the varying influences and discourses that have shaped participants' perceptions of nursing in respect of their understanding of nursing roles and their expectations of nursing as a career option. Traditional stereotypes of nursing remain, although certain responses suggest that this may be changing, particularly with regard to the acceptance of male recruitment to the profession. Nursing continues to be perceived as a vocational option for many, with other professions seen as more prestigious as career options. The educational requirements for nursing are not always understood, and perceptions of nursing indicate that it is not always understood as a profession, although it is seen as morally and socially worthy.

Hospital nursing remains the area most referred to when discussing nursing, with few participants having knowledge of any other nursing roles, nor of the career opportunities the profession affords, resulting in the fact that nursing does not currently appear to be a viable option for the majority of participants of this study. Participants' self-efficacy, outcome expectations, and personal goals were evident at this stage of their schooling, with many having considered possible career and educational pathways relating to their current interests, perceived success, and subject grades. Current perceptions of nursing, its perceived status and the roles associated with it all seem to contribute to the dismissal of this profession as a possible career option.

Chapter 7: Social, educational and political influences

7.1 Introduction

This chapter addresses the questions posed for this study through the presentation and discussion of participants' responses relating to the super-ordinate theme of social, educational and political influences. This theme relates to categories and emerging themes drawn from participants' responses in individual interviews, relating to: policy influences, family and peer influences, career opportunities, education and schooling, and career advice.

As discussed in previous chapters, policy drivers over the past two decades have encouraged young people to access higher education, with a view to fulfilling the need for a more skilled and better educated workforce, to enable the UK to compete in a globalised economy (Furlong and Cartmel 2010). It has also been argued that widening participation in higher education has resulted in an accepted cultural norm that anyone who wishes to enter university can do so, with many young people having career aspirations that would have traditionally presented barriers such as finance, social expectations and class boundaries (Brown 2011, McDowell 2003). This chapter will argue the importance of societal, educational and family influences on young people in formulating their perceptions of possible career options, including nursing, and how conflicting discourses of nursing have resulted in the misunderstanding and lack of current knowledge of what nursing is. This lack of insight affects how nursing is viewed in relation to individuals' self-efficacy, outcome expectations, and personal goals, and therefore it is maintained that influencing factors must be considered and addressed within nursing, education, and policy when debating the future of nursing.

7.2 Policy Influences

Both educational policy and government health policy can be seen to influence young people's perceptions, understanding, and decision making in relation to career opportunities available to them after compulsory schooling. During the decade of Labour government where education was stressed as a priority for everyone, government policy introduced more opportunities for young people to access higher education, with the introduction of the post-1992 universities, and encouraged those from lower socio-economic backgrounds to 'aim higher' (Riddell 2007). As discussed in previous chapters, the higher education route can be seen as a consumer process which will ultimately result in the end product of a degree, which is seen as a path to personal economic advantage including a higher salary, opportunities for progression and career development (Furlong and Carmel 2010). However, expectations are changing, with graduates struggling to find employment, and among those posts found, many being unrelated to their original personal goals, leaving expectations unrealised.

From the responses given within this study, it appears that many felt they could go onto higher education if they wanted to. It was their *choice*, but also appeared to be their *expectation* that a university place would be there if they chose this route following A level (GCE) studies, as can be seen below:

"yeah I might go to uni.....not sure yet....depends on what I chose to do for sixth form.....I probably will though.....all my mates will be going so I'll probably go.....party and all that...(laughs)....." **A7F**

"I want to do a course in history......but not sure which uni I'll be going to yet.....hopefully one a bit closer to home.....most people I know want to go to uni.....it's like expected now isn't it.....you can't really get a job without a degree......I know someone who couldn't even get an interview at Tesco 'cos he'd only got a 2:2

degree..... so I think it's not even about getting a degree really.....it's about like getting a first or 2:1......and if you haven't got a degree you're not gonna get much......" **A2M**

"I know people are saying you don't have to go to uni.....but at least you've got the choice.....whether you go or not.....everyone goes now don't they.....it seems as though you're seen as thick if you don't go.....and I think like employers and that...they want to see you've got a degree....." **C1M**

Many participants didn't see a realistic alternative to higher education, and felt that it was the 'normal' thing to do. Of the responses in this study, the majority were considering going to university, although there were participants who expressed consideration of an apprenticeship, further vocational study, or employment elsewhere. This confirms previous studies that suggest young people see higher education as a stepping stone to improving themselves in respect of employment opportunities (Atherton et al 2009). In addition, responses also demonstrated that the notion of any future career would see further or higher education as a necessity in order to achieve ambitions and goals, which suggests that the implemented Labour government policy has been embraced by this age group:

"I think it's great that everyone has an opportunity to go to uni now....I might not have been able to go like 10 years ago.....it was just like for the posh kids wasn't it.....like those who went grammar schools and that.....but everyone can go now....even if you don't do that well at A level.....my sister went to XXX university to do primary school teaching last year and she only got D's....I know it's gonna be more difficult with the money and that cos the fees are going up now...but you don't have to pay it back till you've got a good job....." **D6M**

"It's just something you do now isn't it.....my parents didn't have the chance to go to uni....at least now anyone can go if they try...I know you've got to stay on for A levels but there's a lot more choice of uni's...and courses now...so there's something for everybody really.....it's better than being unemployed and not doing anything....I heard you can even do a degree in quilt making (laughs)" **C8F**

This also appears to suggest that some of the young people in this study perceive a higher education degree is for the mass market, and 'going to uni' is not seen as a particularly high aspiration, but an option to consider. As educational policy continues to change with directives from the current coalition government, the expectations which have been instilled within these young people may not be realised. However, the participants in this study remain positive about their choices relating to higher education attainment, despite previous research suggesting that many Year 11 pupils choose not to access higher education because of institutional barriers such as admission procedures and lack of flexibility (Patton and Creed 2007). The perceived self-efficacy of participants appears to correlate with their outcome expectations, in that they feel they can go onto higher education if they choose, and this is seen as giving them further opportunities to access their future career.

With regard to health policy and the possible effects this has on young people considering nursing as a possible career option, it is unclear whether participants have an understanding of the political drivers within the NHS. As previously discussed, the DH and NHS have often dictated an alternative discourse of nursing to that of the profession itself, which has led to some confusion and conflict about the nature of nursing (Whyte 2008, D'Antonio 2006). Health policy has encouraged nursing to take on additional roles that were traditionally within the realms of medicine, with varying DH reports published to encourage advanced nursing roles promoting technical competence, and with fundamental nursing care being performed by health care support workers (DH 2002, DH

2006, DH 2010). However, it can be argued that there has been insufficient consultation with the profession about this shift in nursing roles, and the public have not been well informed. The following responses show how participants interpret these political factors relating to career choices:

"I think you should have a degree for nursing but I don't think you have to... do you....I didn't know they'd changed the course or anything....it's like everything though isn't it...like my dad says.....you need a degree to do anything now....I suppose if you're doing a degree you're not unemployed so it looks good for the government...they're the ones who make all the decisions so it looks good for them." **D5F**

"I know there's a fight for places in things like Law and Medicine.....but other degrees are pretty easy to get into I think.....I suppose there's gonna be more degree courses where there's the biggest need...like if we need more doctors there would be more places....and if we needed more....I dunno...like architects..... I suppose they'd make more courses....I'd imagine it would be the same for nursing if they have to do a degree now.....but if the government are cutting the NHS then they will be making less places for people to do that...like nursing degrees and that....so it might be harder to get into....cos I suppose the government runs the NHS so they can say how many jobs there'll be and what degrees they need." **C10M**

Responses from participants in this study also allude to the concept of political influence in health and education, where the overarching political and educational systems within which we operate influence perceived choices and aspirations (Foucault 1972). This is demonstrated in the following remarks:

"I wouldn't do any degree in health stuff or nursing.....it's like you hear about cuts to the NHS....so that's going to affect your chances of a job after isn't it....it depends on the Government doesn't it.......well like... some want to spend more money and some want to make cuts.....so now's not the time to go into that area I don't think...." **C3F**

"we're all encouraged to go to university...but if not.... then you can get an apprenticeship....but I think it's better to get a degree really if you can.....it's just the thought of studying for another 3 or 4 years after your A levels....but that's what you've gotta do now....I know it's not for everyone but...it's like....you've gotta go to uni....cos that's what's gonna get you a job...it's pressure man....(laughs)....I'd do an easy course though.....not like anything major....I wouldn't want to do nursing anyway but I suppose that's like easier than medicine if that's the sort of thing you want to do....." **B2M**

"I think it's wrong that everyone seems to think they've got to do a degree.....some are stupid subjects .....and like some people think they can do medicine.....or be a vet.....and like they're just dreaming....I'm not being harsh or anything......but like you've got to be really clever to do that.....and some think that they're just gonna do it......a degree doesn't mean you're gonna get a great job but that's what people tell you.....I know loads of people who've got degrees like in geography....IT and media....and English.... and still work in Sainsbury's or the Esso garage.....I want to do a degree but I don't think it's right for everyone......but that's how you're made to feel......you want to do something better and get a good job with a good wage and that... wouldn't want to do nursing though….it's not seen as a good career really unless you wannna work in health and can't do medicine I suppose…the NHS always seems to have problems…but the government always says it's the best thing in Britain and that….and they would never get rid of it….but they don't seem to want

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to give them any more money….like to improve hospitals and that…yet they have the power don't they." **A8F**

It is difficult to analyse the responses in respect of social class as this was not explored with individuals, and social backgrounds were not discussed, although all schools were comprehensive and stated that they accepted children from diverse populations within a wide catchment area, not necessarily just the community within which the school was situated. However, the 'AimHigher' initiative which formally closed in July 2011 appears to have been adopted within all schools involved, in so far as most participants felt they had a choice and aspired to becoming 'something better' (Aim Higher 2011). This concurs with the initial findings of Atherton et al (2009) and McDowell (2003), despite the fact that aspirations are not always being realised.

In some of the responses above, participants appear to be questioning the usefulness of higher education in delivering employment prospects, referring anecdotally to people who have not managed to gain employment relevant to their chosen degree. This suggests that young people may be becoming more cautious in the subjects they choose to study at degree level, considering its relevance to the future job market, and assessing their outcome expectations. Other factors such as the rise in tuition fees and accommodation costs also appear to have influenced their decision making:

"yeah I want to go to uni but the costs and that are really high now aren't they.....like you can be £50,000 in debt before you even start a job......so it's gotta be like the right course.....where you know you can get a job after....." **D9F**

"well if I go I think I'll have to go to XXXX University cos I can get the bus there.....my mom couldn't afford to pay for the costs....I know you don't have to pay it

back till you work....but it's still a lot of money with the fees and that...so yeah I still want to go...as long as I can get in here....." **D1F**

Nevertheless, these factors do not appear to have reduced participants' aspirations or ambitions to access higher education. However the financial consequences of embarking on a degree programme can be seen as a consideration, with participants contemplating potential options to justify these, such as choosing a local university to reduce accommodation costs. This supports the findings of previous studies which suggest that higher education is more recently a consumer product which needs to be considered and debated prior to making a choice (Furlong and Cartmel 2010, Shavit and Müller 2000). It remains apparent that participants' perceptions, expectations and personal goals will continue to influence their understanding and opinions of future pathways, and these will to some extent be affected by varying educational and social policies. As far as nursing is concerned, the perceptions that young people have will continue to be influenced in some way by the varying nursing discourses available, and political changes to the NHS that have informed their understanding. However it is important to acknowledge that their perceptions may not always be based on accurate or current information.

7.3 Family and peer influences

A strong focus emerged within this study relating to the influence of family members in the career choice of participants. Overwhelmingly, participants suggested that the main influence in their decision making relating to further/higher education and potential career choices was their parents. There is disagreement on this topic among the writers of some of the studies discussed earlier here, with some suggesting that parents are only one influencing factor among many considerations, whilst others suggest that family influences play a large part in developing their children's thinking with regards to life choices (Usinger

and Smith 2010, Miller and Cummings 2009, White 2007, Foskett and Hemsley Brown 2001).

As discussed previously, the traditional social model of children following in their parents' occupations, and pursuing associated gender-prescribed roles has been left behind for many, with young people now having access to educational pathways and potential careers that were not available in the previous two decades (Furlong and Cartmel 2010). As considered above, young people expect to have the chance to attend university, and aspire to well-paid employment on completion of their studies. Many parents of these participants appear to have also interpreted education as a consumer product, where they are partners in funding and helping their children to reach the end product of a degree, with expectations of a 'good job', as shown below:

"..well I talk to my mom and dad.....they'd like me to go to uni as they never had the chance when they were younger....they'll help me and that.....well as much as they can....with the fees and that.....I want to do something like in science....and my dad says they want scientists now don't they cos there's not many......so at least I'd get a job after.....depends on my grades obviously.....but probably chemistry or medicine chemistry.....like to work for a drugs company.....my dad knows a rep for XXXX and he earns loads......" **B8M**

"I'd like to do psychology....but I know you have to do more training afterwards to actually be a psychologist.... so the degree is just the start really......but my mom is supporting me and really wants me to do it....so we'll see.....we're going to see some universities in the summer...like their open days.....if I don't feel it's for me I'll have to look at something else......my mom's like.....whatever you want to do.....make the most of your education...as long as it's a degree that will get you somewhere." **C4F**

"I think my parents just want me to be happy.....but I know they want me to go to uni....no-one else in our family has ever done a degree so I'd be the first....they can brag about me then....(laughs)....I probably will go....maybe do design or textiles cos that's what I'm good at....my mom always says I should be a fashion designer...(laughs)...and they've said they'll help with the fees and that.....I wouldn't want to go too far away though" **D10F**

It appears that, for many parents of these participants, higher education is encouraged and a degree is perceived as a valuable commodity for employment, a sentiment that government policy has created since the inception of the post-1992 universities. It also suggests that some parents see their children's opportunities to access higher education as a 'trophy', where for many families they will be the first member to achieve a degree. This somehow suggests that a degree confers a form of power, to access employment or improve chances to achieve a perceived 'good job', and the fact that these perceptions are prevalent is supported by previous literature arguing that quantifiable qualifications and intellectual achievement are held in high social esteem (Dean 2010, White 2007, Reay et al 2005). Similarly to the participants in this study, it seems that many parents also had an expectation of success for their children, which they related to further study at university or college, which may relate to their own personal expectations and goal outcomes as a parent:

"it's just expected now isn't it....like everyone goes to uni....my parents keep asking me which ones I want to look at.....and I've got to get good grades to go to a good uni.....cos there's lots of competition for some courses.....so they're like saying they'd get me a private tutor if I needed one.....even if it means we can't go on holiday this year.. " **A3M**

"yeah....like my mom and dad says... you got to get a degree to do most jobs....and I want to do law so I've definitely got to do a degree....they are like really encouraging me to do it...so I feel I want to like achieve it for them as well as me...." **B1F**

This concurs with Reay et al (2005) who suggest that this expectation of success appears to be the driver for both parents and students in achieving their required goals, resulting in a type of social capital. The construction of a trajectory of expected success among disadvantaged families, and the development of social capital in these students has been discussed earlier in the literature review of this thesis (Riddell 2007), and appears to have relevance to participants within this study, judging from the responses above. The idea of forsaking a holiday, or helping to pay for tuition fees, again demonstrates the importance for participants of family support, which may indirectly or directly affect their particular choice of degree or educational institution, with parents seen to be stakeholders in their future. Conversely, some parents seem to have influenced the participants' career choices away from further or higher education, as seen here:

"I'll probably do an apprenticeship cos at least you can still get money while you're training....like... yeah your mom and dad have a say...they don't think it's worth me going to uni now with the costs and that....and no guarantee of a job....when my mom went there was like only a few places .....and now anyone can go.....they think it's better to have a good practical trade which would get you somewhere…your own business and that…..rather than like…like a teacher who has to work every day with no respect and crap pay" **D7M**

"If I wanted to go to college my mom would be ok.....but we've discussed it and we both think it's better to try and get a job and then study after...like if the company you work for would pay for your course....that's what happens in her work...the company

paid for her to do courses....you don't have to do a degree.....so I'd try and do that if I could...like an HR person or business administration….everyone needs that" **A9M**

"well my dad says it's only worth doing a degree if you have to have it for the job you want to do.....like you couldn't be a doctor without a degree or be a pharmacist...something like that.....so no I won't be going to uni....he doesn't think it's worth doing just an English degree….or geography or something like that… that wouldn't really get you anywhere." **C7F**

The majority of participant responses identify that parents have a considerable influence on their career choice and decision making, many stating that they would discuss possible ideas and options about their futures with parents and immediate family as their first point of contact, (to a lesser degree their peers), suggesting that family influences will affect young people's perceptions of higher education and occupations. This appears to refute some previous studies which suggest that pupils of this age are not heavily influenced by family but have a range of influencing factors (White 2007). As suggested by Bandura (1986, 1977), verbal persuasion can induce efficacy expectations, where persuasive suggestion can lead individuals to believe that they can be successful. Young people who are more likely to persevere with certain tasks and goals can achieve success this way, more than those who lack support. Some participants, on the other hand, have high aspirations and expectations which may not be realistic in terms of their capabilities, or the opportunities available. The quotations which follow are from participants who identified that they will not study A levels as a result of lower predicted GCSE grades, but intend to pursue vocational qualifications or BTECs in sixth form or at further education college:

"I want to be a vet......I love animals....I have two cats and two dogs....so hopefully I'll get like good grades in my BTEC and go from there....my mom and dad are going to look at some vet colleges with me..." **B5F**

"I want to be a doctor....I know you have to get certain exams but my mom said you can do an access course somewhere so I'm gonna try and do that...." **C9M**

"I want to start my own business....like do a business degree or something....I think that's quite easy to go into....and my dad's always saying to start my own business and he can come and work for me....(laughs)....no I don't know what sort of business I want to do yet...as long as at it makes lots of money…" **B2M**

These responses concur with Croll's (2008) study which finds in some cases a mismatch of expectations and potential achievement. The participants above may go on to actualise their ambitions, although the current criteria for admission to these programmes of study could well prove to be barriers in achieving their goals. There appears to be little difference in participants' occupational aspirations in respect of gender, with female participants interested in science and sport based careers as much as their male counterparts, which does refute findings suggested in Croll's study. Contrary to the suggestions in Croll's (2008) study, few female participants aspired to social care roles or hair and beauty careers, and very few male participants said they were aiming for industrial roles, and both genders expressed similar support for their chosen careers from both male and female parents.

Differences in gender responses were however highlighted in families where a member of the immediate or extended family was a nurse, with female respondents stating that their sister/mom/auntie (a practising nurse) gave reasons to dismiss nursing as a career choice. This was not apparent from responses made by male participants who had identified they had family members within the nursing profession, which may suggest that family members continue to hold traditional gender stereotypes of nursing, offering their views only to female family members who they consider likely to consider nursing as a career option, which reflects previous studies suggesting nursing continues to be

perceived as a female profession (Neilson and Jones 2011, McLaughlin et al 2010, Brodie et al 2004). All participants' family members identified as working within the nursing profession were female. Some of the responses are shown below:

"my auntie's a nurse....she works at ***** Hospital.....she says it's really hard work and she gets fed up with having to go in on days off to cover people...they're always ringing her at weekends and that....I think she's going to leave anyway to set up a cake shop or something...like wedding cakes...she always says to me....don't become a nurse...you can do better....." **D9F**

"I definitely wouldn't go into nursing....my sister's a nurse and she used to tell us horrible stories about the patients and that....she definitely wouldn't recommend it....I don't think she's ever said she enjoys it.....but she's been doing it for ages though....ever since I've been born.....she's my half-sister...she's always saying 'I'd never tell anyone to go into nursing'......but she does moan a lot anyway....(laughs).." **B3F**

" my mom's friends a nurse.....she's like a really close family friend so I see her a lot....she doesn't really talk about her job much....but she has said to me.....don't ever do nursing.....I think it's like because of the work...like the hours you have to work and the job...." **A10F**

It is interesting that those family members or close family friends who were nurses had spoken negatively about their role in nursing and actively suggested that participants should not pursue nursing as a potential career, with some proposing that their family member could 'do better'. This reflects what appears to be a current negative discourse within nursing, where practitioners have a low professional self-image, in a culture of conflicting professional identities and few opportunities to challenge perceived powers

(Fletcher 2007, Takase et al 2006). This appears to concur with literature previously discussed in Chapter 2 relating to oppressed group behaviour where nursing feels disempowered, leading to feelings of poor self-esteem and negativity which promotes internal conflict within the profession (Sidanius and Pratto 2001, Roberts 2000). None of the participants reported hearing any positive aspects of nursing pointed out to them. These findings are very significant for the future development of promotion of nursing as a viable career option for young people. The profession itself needs to recognise the negative impact that nurses can have on young people. It also suggests that nurses themselves may see their role as somehow inferior to other careers, and look to their family member to aspire to something better, perhaps concurring with previous studies suggesting that career aspirations are encouraged which may not be realised (Usinger & Smith 2010, Croll 2008, White 2007).

Alongside family influences, peer relationships are also seen to influence career decision making and are important contexts for identity construction (Browning 2008, White 2007). Peers may perceive their friends in a different way from the individual themselves, which can lead to instability and anxiety. In the transition from adolescence to adulthood, peer influences can be seen as a major factor in realising individuals' potential and promoting possible options for the future, in addition to identifying areas that should not be seen as possible options. This can be seen in the participants' responses below:

"I do listen to my mates yeah...but they wouldn't ever tell me what to do.....like I suppose if I wanted to be a nurse they'd probably tell me to shut up cos I can't stand blood...(laughs) ...they say I'd be a good counsellor though cos I'm really good at listening to people's problems...." **C2F**

"yeah it's driving me mad at the moment cos everyone's getting like really hyper about what they're gonna do ....we do have some banter like....if someone wants to

do something crazy....[R can you give me any examples]...well like one of my mates wanted to be a model cos she's been in like the school magazine when they did a fashion show...we just laugh and tell her to get over herself....not nasty or anything though.....erm....like some people have said I'm mad to want to go to uni cos my grades are crap at the minute... (laughs) ......they're probably right though...who knows..." **B10M**

Kerpelman and Pittman's (2001) research shows that peers can continue to influence individuals' 'possible selves', suggesting that the greater the discrepancy between the perceived self and peer observations of that self, the more likely that future peer views will be influential. However, in this study, when asked who they felt had influenced them most in their career choices, an overwhelming majority of participants said it was their family. Preconceptions about the power of family influence may have been at work here, or perhaps individuals may have been reluctant to disclose that friends were influential in their decision making. It is interesting to note that no-one in this study said they would make choices based on the colleges or universities that friends were going to, or where they were more likely to be with their peer group. They may also have been avoiding a rationale of choice that was perceived as undesirable to an adult interviewer. However, the findings in this research concur with White (2007), who found that multiple influences are available, and will be accepted or rejected depending on individuals' meaning making of their world, their concept of self, personal goals, outcome expectations and the opportunities perceived to be available to them.

7.4 Career Opportunities

As previously discussed, the majority of participants had some idea of which career pathway they wanted to follow; many had made definite choices, and had decided whether they would apply for further or higher education. It was interesting to note that

only one participant had considered nursing as a possible career option, with many not having considered it as a viable career for them, due to the varying preconceptions of nursing they held. Opportunities for development, career progression, high salary, flexible working, autonomy, and opportunities to travel were some of the main considerations important to their choice of careers, as shown in the quotations below, and although these are all possible within nursing, participants did not view nursing as offering these options. The responses reflect previous studies suggesting that nursing is viewed as a vocational career with few qualifications needed, and few opportunities for progression (Miller and Cummings 2009, Erikson et al 2005, Brodie et al 2004), reiterating the lack of knowledge or understanding of nursing in this year group:

"well nursing is a good role if you want to do that....but it's like....I don't want to sound mean....but you don't really have to be clever to be a nurse do you.....and I suppose that's why you get people who are caring and helpful doing that sort of job....I think if you're going to study at university you'd pick a career that's going to be well paid....something you can....like be qualified as...and go anywhere with....something that will give you opportunities in the future.....I suppose the sort of career that will always be needed...I know we'll always need nursing.....but then you can always get nurses can't you...." **A8F**

"I'd definitely be looking for a career that's going to give you high wages (laughs)....nursing would never give you that....I'd want to work and come home...not work shifts and weekends....I couldn't be doing with that.....I'd work hard like but you'd want to be paid well for it wouldn't you.....with nursing you're stuck with it aren't you really....you couldn't like go on to be a doctor or anything...." **D8M**

"If I was going to do anything medical it would be a physio....at least you can work for yourself...set up your own business....so you could earn more then.....you'd be your own boss wouldn't you.....you couldn't do that with nursing...." **D4M**

Participants' expectation of securing a career that offers a high salary was a continuous theme throughout this study and appeared to be a strong influencing factor when choosing a career pathway. Despite this, it was apparent that participants did not have any knowledge of the actual salary of nurses, or of other careers that they suggested were well paid. Additionally, they had no knowledge of potential salary scale progression, or career development:

"erm...I don't know really...I just know that it [nursing] doesn't pay very well....like compared to other jobs....I don't really know...I couldn't give you like numbers....." **A6M**

"well I know it's [nursing] not as good as a doctor.....I suppose you get a rise every year....but there's nowhere really to get on unless you're like in charge of the ward.... and that's about it isn't it.....I don't really know the actual amount of any salaries as such....." **B6F**

"I suppose like everyone knows nursing isn't well paid.....because it's not like a...something you have to have lots of qualifications for.....you can't earn more money because you can't become something more than a nurse...does that make sense?....it's less well paid than like a banker or someone like that...I don't know exactly what they get paid....." **D10F**

Therefore it appears that participants' perceptions were not based on current information available. When asked why they held these views, they were unable to articulate reasons.

It seems likely that the resources they use to try to make sense of the world around them, to determine which careers opportunities are better than others, are largely impressions drawn (consciously or unconsciously) from the media, from education, or from verbal persuasion by family or peers (Bandura 1986, 1977). This can be seen to relate to social cognitive career theory (Lent et al 1996) and processes of career construction articulated by Savickas (2005), which explain the interpretive and interpersonal processes whereby individuals make meaning of their career choice behaviour through interpretation of their experiences.

As suggested by both this theory and Bandura's (1997) self-efficacy concept discussed previously, it is postulated that individuals will reflect on their perceived needs, values, skills and attributes to fit themselves into a potential career or vocation that they feel suits them. However, it also suggests that individuals' self-concepts may not always match the realities of the skills and knowledge required to achieve their initial career ideas. For example, a young child may want to be a footballer at age 9, but will, through self-reflection processes, decide to follow a science career by the age of 16, and an office manager role by 30, suggesting that career construction is concerned with past and current experiences, and connecting these to a preferred future (Usinger and Smith 2010, Pajares and Urdan 2006, Super 1990, Rosenberg 1986). Participant knowledge and understanding of professional and vocational opportunities appears to be a major barrier in considering potential career options, in particular relating to their views of nursing. Erikson (1968) suggests that the inability to decide on an occupational choice is extremely disturbing to young people, and this may be why roles and careers are identified initially which do not always match their capabilities. However this study argues that career choices do not unfold, they are constructed as young people make their choices based on self-efficacy and outcome expectations, whereby they process social interactions and negotiate making meaning of their world, experiences and environment (Usinger and Smith 2010, Stead and Bakker 2010, Savickas 2005, Bandura 1997).

Many of the responses within this study demonstrate the participants' view of qualifications as a factor in the career opportunities available to them. This appeared to provide a rationale for their current choices of career and educational pathways as shown below:

"you've got to have good qualifications now to get a good job....so if you're gonna work hard and spend five years at university....then you expect to get a good job at the end...I want to do sports psychology so expect to get something in that area when I finish...I didn't realise nursing was a degree...it's like it doesn't have...like doesn't seem as though it should be a degree really [Researcher asks why]...well you might get people who are like really caring and want to help people but don't have the right qualifications... if you need A levels for that degree...not sure why you would need a degree to nurse (laughs)....I don't think if you had three really good A level results you'd want to do nursing....you could get a much better degree.... like medicine or dentistry....if you wanted to be more medical minded...." **B4M**

"if you're clever you can get good exam results and a good job.....but if you're not... you can only get a certain type of job can't you....I'm not saying that's bad or anything....but you'd just have to do something that doesn't need exams....like shop work....or doing building....like in a factory or something....I'm happy to do that cos I'll have been working for four or five years when some people my year will only just be coming out of uni.....I think nursing would be something that people could do if they didn't do well in exams...and it's what they wanted to do...." **A4F**

White's (2007) study showed similar findings, where the majority of students in Year 11 made some reference to types of qualifications needed in order to pursue certain career pathways. However, it is apparent from the responses above that nursing is seen to be a possible option if a first choice of career is not realised, or if an individual is either

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unwilling or unable to pursue A level study. Responses also suggest that if individuals were achieving good grades at A level, they would be more likely to consider professions or career pathways that were seen to be 'better' than nursing. Responses also highlighted that many participants were unaware that nursing is a degree programme, reinforcing perceptions that nursing is not an academic or intellectual choice, as discussed previously, and as supported by previous studies (Miller and Cummings 2009, Brodie et al 2004).

7.5 Education and schooling

Participants were asked if they could recollect discussing nursing or related issues in any group discussions or classes within school. They were also asked if they had found any information about nursing from their own independent study. The majority of responses revealed that this was an area that either hadn't been discussed or studied, or they couldn't recollect any particular reference to nursing. However, a minority of participants stated that they had briefly studied nursing as part of their history coursework as shown below:

"yeah we did a bit of that in history....we had to find out about Florence Nightingale in the Crimean war....and how she was like the first proper nurse....like helped the soldiers....she did lots of things like improve hygiene and that....so they didn't die of infection....she was like the one that led nursing for the soldiers" **B7M**

"I did some homework in history about nursing, Florence Nightingale.....how she was the lady with the lamp....cos she used to go round the soldiers in the hospital seeing if they had enough care....we also did about Mary Seacole...she was the first black nurse I think to go to the Crimean war...." **C8F**

The traditional, historical view of nursing as depicted by Florence Nightingale appears to have been the only reference to nursing offered by the school curriculum for these participants, which reiterates the stereotypical image that many continue to have, and which many student nurses may also aspire to be (Lesolang 2011). It is also surprising that many of the participants within the GNVQ Health and Social Care class (School C) did not recollect discussing nursing, although some responses suggest that consideration of Health and Social Care work in general is included within their course:

"well we've talked about social work and nursery jobs....but you have to like chose a topic for your course work...so if you don't choose nursing you wouldn't study it if that makes sense.... so like I've chosen social work cos I want to go into probation work or the prison service....something like that....we haven't discussed it in class though....you like tend to do your own thing really.....the teachers don't teach you anything....I don't think they'd know about the actual jobs in health care....they're just the teachers...they haven't done like nursing or social care themselves....it's like when I do PE... the teachers have actually been like sports people...like played and worked in the area.... Mr ****** worked in sports and exercise research so he can tell us about the jobs available...." **C1M**

"I'm hoping to go into nursery care....or like child counselling.... so I've looked at that more really....it's not the same as nursing though is it so I've not really done anything on that....we don't really discuss the different jobs in class.....it's more about general stuff....like hygiene and communication skills with people....healthy choices and that....our teacher's crap....can I say that (laughs)..we have to do it all ourselves really.....I suppose if she spoke about it [nursing] we would know more...but I don't think she knows anything about it....." **C2F**

It was not within the remit of this study to ascertain whether the curriculum would have delivered information about nursing at a future date, or to speculate on the knowledge or understanding of nursing that teachers have, although the responses from this group in particular do not appear to suggest that information relating to nursing is readily available from their programme of study for Health and Social Care. It does however suggest that teachers do have influence within the classroom, and therefore further access to resources informing understanding of nursing may be beneficial in class discussions.

The importance of the role of teachers and parents in influencing career choice is identified by Boryki and Samuel (2001). However Williams (2001) suggests that school teachers, pupils and career guidance officers do not value nursing as an intellectual enterprise and therefore may be more likely to discourage this as an option for students. This is also supported by Cohen et al's study (2006), which suggested that trainee teachers did not find the subject of nursing as a career interesting, valued, or one that that they would be likely to promote. This can be seen in a response given by one participant below, which, although not specifically related to nursing, does highlight the influence of teachers on decision making:

"I haven't discussed nursing in particular really within school.....but when I was choosing my GCSE's I did think about taking Health and Social Care....but my PT [personal tutor] said not to cos it was better to take more academic subjects cos I'd already got A*'s in three GCSE's I'd taken a year early.....it was like it seemed as though she was saying don't do that if you're bright...." **B6F**

Participants were asked if they felt school was an important place to discuss careers and workplace roles, and if so what form this should take. The responses below suggest that teachers are primarily concerned with delivering the specified curriculum necessary to 'get pupils through' their examinations and coursework. Little emphasis was placed by

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teachers on career discussions relating to their subject lessons, which they felt was the domain of the school careers advisor. It appears from responses that teachers rarely discuss pupil's career aspirations or have any formal association with the careers officer, and therefore some participants felt that teachers weren't particularly interested in their career choices, only their examination results:

*"It would be good to know more about careers in lessons….like when you're talking about landscapes and rock formation…..I'd like to know about geologists….and what you could do in that job…..but you have to go and see the career advisor…..the teachers just want you to get through your exams and get good grades…….they don't want to talk about jobs….but I suppose they haven't really got time……it's not their job is it really…..***C6M***

"I think it's really important that teachers talk to you about jobs in lessons…..but they don't really know anything about them do they so they tell you to look it up on the internet or ask the career advisor who doesn't know much either....I'd like more people to come into school to tell us about their jobs 'cos they're the ones that are doing it aren't they..... like they'd tell you what it's really like….teachers just need to teach you the subject for the exam…..". **D3F**

Conditions in schools, such as time pressures in delivery of the national curriculum, lack of resources or knowledge, may make it difficult to incorporate discussion of careers and roles in the labour market, but there may be space perhaps in school assemblies and personal and social education group discussions, which would benefit not only the students, but many professions, including nursing. Nevertheless, to date most career advice in schools is co-ordinated by career officers and organisations such as Connexions. Yet the influence of teachers and schooling in the formation of occupational choices and pupils' aspirations should not be underestimated: Cohen et al (2006) argue

that nursing must look to teachers as a source of support to change perceptions of nursing as a profession and possible career option.

7.6 Career Advice

Since September 2012, as part of the current Government national Careers Service initiative, there has been a legal requirement for secondary schools to provide access for Year 9 -11 pupils to "independent, impartial careers guidance for their pupils on the full range of 16-18 education and training options, including Apprenticeships" (Department for Education 2012). Schools will be free to choose how to meet this duty: it could mean purchasing high quality careers guidance services from the market, including from organisations delivering the National Careers Service. Pupils will also have access to the National Careers Service website and telephone helpline (House of Commons Education Committee 2013). It is interesting to note that neither the NMC nor the Department of Health has disseminated any information or possible initiatives that would inform understanding and knowledge of nursing careers.

However, for the participants involved in this study in 2010, the access to careers advice and information was variable across the four schools sampled. The majority of participants had very negative opinions of the career advice accessed thus far, and did not feel the information available was of benefit to them, as can be seen in the example responses below:

"we have a few career officers....so there's always someone based here...they're in the library part....they're not very good though....you go in asking for some advice and they just ask you what you want to do....well if I knew that I wouldn't be coming to see you, doh!....you have to go to an appointment in Year 10 and 11 but it's like

they're just seeing you because they have to....I don't think they've got a clue about the different jobs you can do...." **A1M**

" I wouldn't choose to see them but we have to see them [Connexions]...everyone has to see them....the trouble is they don't really know about all the jobs... so you ask them...like I asked about philosophy and ancient history cos that's what I want to take at college and they said be a vicar....(laughs)" **D2M**

"No-one thinks the careers people are any good....they can't be....anything you ask they just look it up on the computer anyway and you can do that yourself....they suggest stupid things that have got nothing to do with what you want to do....." **B9F**

Previous studies relating to career advice and counselling suggest that only a small minority of pupils find careers advisors or teachers influential (White 2007, Foskett and Hesketh 1996).This has important repercussions for future potential applicants to nursing, as although these participants did not feel the advice they had been given was beneficial, there is additional literature which suggests that career advice *can* have an influence on young people's understanding and thinking to consider nursing as a career option (Baldwin and Agho 2003, Larsen et al 2003). It is however apparent that within this study, participants do not appear to give any credence to this advice from their schools, so it is unlikely to be a significant influence on their career choices. Gorard (2000) comes to similar conclusions, suggesting that careers advice is unlikely to be effective.

Participants also mentioned that computer programmes, particularly 'Fast Tomato' (http://www.fasttomato.com), were used to ascertain suggestions about potential careers, based on their likes and dislikes and current roles. Again, the majority of participants were not impressed by this tool and felt that the suggested jobs did not match their perceptions of what they would like to do, so they dismissed the findings. Their sense of self-efficacy

and outcome expectations may have influenced this dismissal, since many had already considered their future options for education and work, and roles that did not conform to their current perception of self would have been rejected (Bandura 1997, Lent et al 2002). However it was interesting to note that some participants did have nursing as one of the suggested career options from this tool, but rejected it, as shown below:

"yeah we all do the Fast Tomato thing....it's supposed to tell you like what you should do.....as a job...like what would best suit you....nursing did come up for me.... and also animal welfare....neither of those I'd thought about really as I want to do drama and dance....[R asked if any follow up discussion took place relating to these areas] .....no not really....cos when you go and see the Connexions woman she asks you what you want to do and goes from there....I don't really know anything about nursing.....like what you'd need to do or anything...." **A5F**

"Mine was weird cos nursing came up.... but also a scientist.... you can't get much different can you.....I want to go into the RAF though so....no I didn't really take much notice of it cos a lot of my mates had strange jobs come up.....one had a farmer (laughs)....no-one really takes much notice of it [Fast Tomato] it's just a laugh to do though....I think there's a better one now but not sure what it's called...I haven't used it....I just look for myself and speak with my parents....Mr ***** [careers advisor] didn't really speak about the things that came up...he just concentrated on the RAF cos that's what I wanted to do....you don't have long though so I suppose he has to just focus on the main thing" **C5M**

Previous studies have reported that pupils dismiss career suggestions that they have not previously considered, not perceiving them as viable options, suggesting pupils have a preconceived idea of the types of roles they feel they would be suited to or qualified for (Usinger and Smith 2010, White 2007). However it is this sense of self, and their

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knowledge of themselves, that may need to be explored further in career counselling with young people, in order to introduce possibilities that may not be recognised.

The constructed self and the networks of power and social control that may influence decision making need to be reflected upon in order to make meaningful contributions in helping young people realise potential career opportunities (Stead and Bakker 2010, Law et al 2002). Certain careers attract socially constructed perceptions which are apparent in participant responses. In these perceptions of employment prospects and available career options, participants conform to traditional, stereotypical values and beliefs relating to careers. This will ultimately influence whether the individual feels they 'fit' within the identity of a particular organisation or profession (Borgen 2008, McKinlay 2002). This is the case within nursing discourses, where certain perceptions exist as to what nursing is and does. It is this 'self-policing' that Rainbow (1984) highlights as a Foucauldian term, describing the attempts of participants to fit in with the expected norms of society, as evidenced below:

*"we have to go to see careers but they're no good....they just tell you what they think you'd be good at so you're already being classed as like an apprentice or getting a job in like a shop or something.....or if you have good exams they'll like say you could be a banker or a manager...or a teacher...lawyer something like that...they obviously have all your details from the teacher.....so it doesn't really matter what you **want** to do...it's gonna be what you're suited to I suppose...you've got to be realistic....."* **B1F**

"well they do give advice... but like you can't go mad and say you want to be a famous actor cos they wouldn't be able to tell you how to do that....they just tell you what exams you need and that....I think you have to fit in with what you're good at....like I wouldn't be good at nursing.....but I think I'd be good at

teaching....so....like I'm expected to go to uni cos I'm getting good grades and that....so I might teach English...." **D9F**

Additional probing around the careers advice given in schools focused on possible changes to, or reinforcements of, the ideas and career aspirations of participants over time. It was apparent in some instances that school subjects delivered in an interesting way did have some effect on pupils considering associated careers in Years 9 and 10; however it appears that following mock exams and predicted grades, advice was given to some pupils to look at other possibilities:

"yeah I think I had a real passion to be a PE teacher over the last few years….I still do….but I know now I'm not gonna get the grades so I have to think of what else I can do that's like that really….I've been advised to look at other things….so I might do a course at college rather than doing A levels now….I've got to go and look at those myself…" **B7M**

"I'd love to be scientist……our teacher's been great….she's really passionate about the subject……but I'm not getting good marks this year…..it's just got really hard….the careers advisor said to be realistic and look at what I'm good at….which is not a lot..(laughs)…" **C3F**

Whilst some sense of pragmatism in career choice is needed, it appears that examination results and predicted grades are the indicators most highly valued by schools in this study. It does not appear that many of the participants were given advice on alternative career pathways, with many being advised to research opportunities themselves. Nursing did not appear to feature as an option to be considered for any participant.

Participants were asked to consider what additional career information they had received, such as jobs fairs, external speakers invited to school etc. All acknowledged that there had been school trips to careers fairs, and many had received specific talks from companies and services. It was interesting to note that not all participants had attended these, with numbers restricted in some cases. It was also evident that representatives from the armed services had been to each school and the majority of participants had access to these for further information. The responses relating to their perceived usefulness and influence are shown below:

"yeah we had like a careers workshop where different people came in.... and like had stalls in the hall....it was mainly from the army and navy....I think there was the police but I'm not sure....it was really good actually....the navy bloke was giving out like....information packs and a water bottle which was good.....we can go to the army as work experience so I think the school's got quite good connections with them.....I suppose I would join the navy after my degree if I went in as an officer....it seemed really good....dunno whether my mom would like it though...(laughs)..." **A3M**

"they do trips to certain job events....like my friend went to London for a science fair.....but you had to be doing the higher tier double science to go on that....and we had some businesses here at school talking to us about jobs....there was a computer company....and I think it was like hair and beauty things....emergency services...fire and paramedics I think...it was interesting though...you learned stuff that you wouldn't get to know....like paramedics...they do loads more than you think....so yeah it sort of gives you more information....like to think about if it's something you might want to do ." **C8F**

"you can go to jobs fairs but you have to put your name down and the teachers pick who goes if there's too many....we've had the army here though...they were really

good....it did make me think of an army career if I couldn't get into anything else...."
D6M

It does appear from responses that jobs and careers fairs can be useful in highlighting information relating to careers that would otherwise not be accessed by these participants. It also appeared that the armed forces in particular have an organised initiative in schools, offering access to all pupils, which was mentioned positively by the majority of participants. Nursing could learn from this. Most gave positive accounts of the access to information offered by careers fairs and talks, and took an interest in the jobs and careers on offer, even though it may not have been a career they had previously thought of as being a viable option. Participants were asked if they had received any information about nursing either at these fairs or from speakers visiting school, to which all replied that they hadn't. They were then asked if they felt information at these events or talks from nursing professionals at school may influence their thinking about nursing as a potential career opportunity.

"I can't remember anyone from nursing....but I think there was someone from the NHS but it was for other jobs...not nursing....think it was IT or design and technology...something to do with equipment anyway.....we've had no talks from nurses...not sure if it would have made me feel any different really...I suppose the more information you have about something the more you can see if it's...like for you....so maybe...not sure..." **B2M**

"no....I've never seen nursing...well not that I remember anyway....if they were there... they weren't dressed as a nurse.....no we've not had anyone to speak to us about nursing....but the school nurse comes in to talk about health and that...but not about nursing as a job or anything.. I wouldn't want to be a nurse anyway...but you

don't know what you don't know....(laughs)....maybe it would change my views....."
A10F

"I think it would be good to have nurses talk to us cos I don't really know that much about the role...as you can see from my answers...(laughs)....but you can get more knowledge and that....so it might get people to think about nursing more....especially if it was a bloke as well....maybe they could be with the paramedic and fire service and that....like to give a wider choice...." **B2M**

These responses would suggest that forums such as careers fairs would be beneficial in providing young people with a greater understanding of nursing, and of potential career opportunities within the profession, and may be more influential than the current career advice given within schools. Guest speakers in schools appeared to be less frequent, but could still be an opportunity to discuss nursing to a wider audience, including those who may not choose to visit health or nursing stalls at career fairs. Some participants had attended university days aimed at specific subject areas, including science and engineering, physiotherapy, sports studies, and medicine; no participant within this study had attended any university open days specifically for nursing. Croll (2008) suggests that many young people fail to consider the range of occupational possibilities open to them, so it is important that they have access to this information, in order to make informed decisions about their future.

A discussion point that generated a variety of responses was the mandatory requirement for all pupils to undertake experience placements. It appears that this process was viewed as both positive and negative, depending on the support or networks that individuals had in the organisation of the placement. The overwhelming response was that work experience was not well supported by schools, with pupils feeling it was the sole responsibility of themselves and their family to arrange it:

"yeah we have to do work experience but unless you've got contacts in the job you want to go into…..you just end up going to work with family……I would love to work with animals but I don't know anyone and neither does my mom……you're just expected to ring around and find something……they say any work experience is good experience and it looks good on your CV…..but I think it should be about trying something out before you decide……it's still really good to do work experience though….it gets you out of school and into the real world of work." **B3F**

"we have a family friend who's a barrister so he's got me in to a law firm for a week….not sure what I would have done otherwise……you have to find your own placements…..I think if you're really desperate the school would find you something…..probably sitting in school reception….(laughs)…..I would have liked to go to a probation service or prison as well but they just won't take people on work experience……think it's our age and health and safety and that….." **A6M**

"I think the school should do more to help you find a work experience placement…..I know XXXX school finds all their pupils a placement…..and they all relate to what they want to do……we have to find our own……it's a shame really 'cos I know I'm not gonna be able to get one in the RAF but XXXX school has like a contract with them each year for their work experience…..so I might be able to get one in an engineering firm….I'll have to ring around…." **C5M**

It has been suggested that work experience can be an important factor in influencing the subsequent career choice of pupils (Osgood et al 2006), however, as noted above, the current national curriculum short work placements are not always an indication of possible career intentions (Ahier et al (2000), and appear to be something that is seen as a necessary component of secondary education, rather than a meaningful experience to enhance pupils' understanding of a career they might be interested in. Therefore the

current system needs to be developed in partnership with schools and employing organisations, particularly in the case of nursing work placements, which continue to be difficult to access. As discussed earlier, in the literature review of this thesis, initiatives for high school pupils in the USA, in which they shadow nurses in care settings, has been seen as a very worthwhile experience, addressing misconceptions about nursing, particularly with regard to such aspects as nursing roles, the level of knowledge and expertise involved, autonomy and accountability, and the relationships formed between nurse and patient. Pupils benefitting from this initiative felt that the 'handmaiden' image previously held was unjustified, and that an alternative insight into the profession was beneficial (Porter et al 2009). In the UK, nursing must identify and mirror areas of innovative practice such as this, in order to encourage pupils who may be interested in nursing or health care to dispel their current misconceptions of nursing.

7.7 Summary

This chapter has highlighted the importance of societal, educational and family influence on Year 11 pupils' perceptions of career options and educational opportunities. Family influences were seen to be a major factor in their perceptions of careers and higher education, with all engaging in discussion with parents to a greater or lesser extent when considering their futures. However, self-efficacy and outcome expectations were also apparent, correlating with studies discussed previously. Expectations from both school and family seem to help to determine choices, although the young people in this study appear to have an understanding that university education is what is expected, and that it will give them the option to pursue a desirable career in the terms which they value, namely salary, flexibility, and progression within a career. Participants appeared to have some understanding of government involvement in the labour market and education, acknowledging that the potential of future opportunities would be influenced by national policy.

It emerged clearly that nursing is a pathway that many would not choose, but it also became apparent that many do not fully understand the educational requirements for nursing, nor its career options or potential salary levels, continuing to draw on traditional perceptions of a caring vocation which does not require any particular academic knowledge. Family members influenced many participants negatively with regard to nursing, in particular those who were nurses themselves, which has implications for how nursing as a profession promotes itself from within, as well as to the public.

Many careers appear to be promoted and understood more through career fairs than career advice in schools. For the majority of pupils, career advisors were not seen as a positive influence, or of much benefit in discussing career options. Nursing was not mentioned as a profession that had been spoken about in school or at careers fairs, and no-one mentioned attending university open days or subject-specific talks relating to nursing.

Work experience was perceived to be a useful introduction to the realities of a particular career option, if pupils were able to access relevant contacts, although the majority of respondents did not have this opportunity, having to rely on family and friends to accommodate a one or two week experience that did not relate to their considered choice of career. They felt that further help and support from schools was needed to find an appropriate placement, and that this would be an important opportunity to help improve understanding of the careers and opportunities available. As far as nursing is concerned, the profession needs to look to examples of good practice, both in the UK and elsewhere, particularly focusing on developing a work placement strategy, in order to attract young people who may wish to consider it as an option.

Chapter 8: Conclusions and Recommendations

8.1 Introduction

This study has sought to explore Year 11 pupils' perceptions of nursing, how they feel about nursing, their views, ideas, and opinions of nursing, what influences may have impacted on these, and how all this translates to their perceptions of the nursing role, the nursing profession, and possible reasons for their consideration or rejection of nursing as a future career. The findings from this study have consistently shown links to traditional nursing discourses, with nursing continuing to be seen as a vocational, caring, handmaiden role which does not offer the opportunities sought by young people (Neilson and Jones 2011, Fletcher 2007, Brodie et al 2004). The discourses of both the government and the NMC promote the profession as autonomous, academic, requiring specific expert skills, knowledge and leadership qualities, and offering opportunities to develop and progress. This study suggests that misconceptions of nursing are evident in young people, and that these perceptions are influenced from a variety of arenas, although mostly from family members. It is argued here that the interpretive processes involved in developing and assessing self-efficacy and outcome expectations, as part of the construction of personal meaning-making, will underpin how these influences are acknowledged by respondents (Bandura 1997).

The original research questions are revisited in this chapter, to present the main conclusions of this study. Recommendations are suggested for both the nursing profession, and educational institutions such as schools and colleges, with areas for potential future research proposed.

8.2 What perceptions do Year 11 pupils have of nursing?

Participants' perceptions of nursing overwhelmingly focused on stereotypical images of nurses as caring, kind individuals, working in hospital environments, and being assistants

to doctors. Where other professions such as medicine were viewed as highly academic, nurses were seen to 'only' care for patients, and seen as being less academic or intellectually able. The sense of self-efficacy and outcome expectations of the individual would appear to contribute to their rejection of nursing as a possible career, as their views of themselves induced them to aspire to something 'better' than nursing. Although caring and helping were described as fundamental and positive features of nursing, it continued to be associated with traditional images, in particular as a vocational role with little autonomy or progression opportunities.

Knowledge and understanding of the educational requirements, career pathways, and opportunities in nursing were deficient and misguided, and did not reflect the realities of the profession. Nursing was not seen as a profession by many, and appeared to be a choice that would ultimately be discounted if you were a high academic achiever. The social status of nursing was seen as unimpressive compared to other professions such as law, medicine, and physiotherapy, and viewed by some as a last resort career choice if other options were not realised. The perceptions of careers and their status can be seen to have been shaped by participants' meaning-making of their experiences, derived from relationships, and from their attempts to understand the world around them. In current society, the quest for money, wealth, and opportunities to 'climb the ladder' are seen as measures of success. This outlook is very prominent in many responses, alongside the persistent need to achieve high grades in external examinations and coursework, although it is apparent that many participants from this academic year group have had their initial ideas and options challenged as a result of perceived under-achievement.

Nursing was not seen as a viable option to be considered by participants. The reasons for this appeared to be connected with the perception of nursing roles involving cleaning, 'blood' related tasks, shift work and poor working conditions. They described nurses as caring, helpful individuals who held certain traits and characteristics and were needed and

respected by society, but the images presented did not reflect current discourse proposed by the NMC and DH of a well-educated, competent, skilled, compassionate individual who leads innovative and evidence-based practice. Nursing was not seen to be a profession with any academic status in respect of high educational requirements, and continued to be viewed by many as essentially support for medical staff. It seems that traditional perceptions of nursing prevail, which may be due to lack of exposure to more recent information, but may also be the result of conflicting discourses both within and outside the profession. As Foucault suggests, we invent ourselves according to the rules of particular communities and social formations, in accordance with signifiers of particular identities (Foucault 1988). This period of choosing career options will draw on socially-sanctioned, perceived social roles, and when challenges to those perceptions emerge they can be difficult to accept, with many preferring to hold onto established norms. It is argued from the findings of this study that individuals' self-concepts and outcome expectations are drawn upon when establishing meaning to construct views and perceptions, and will influence the rejection or acceptance of possible career pathways (Lent et al 2002, Bandura 1997). However, if nursing is to become a career option for young people to consider, current misconceptions about nursing must be addressed.

8.3 In what ways do these perceptions of nursing reflect the discourse(s) within and about the nursing profession, and how does policy and the media reflect these perceptions?

Current health policy continues to promote the dignity and compassion elements of nursing, in particular as a response to the recent revelations of poor standards of care. However, many Department of Health drivers and initiatives relate to the extended knowledge and skills of nursing, including the need to increase numbers of innovative leaders of services, in order to better manage efficiency and productivity (DH 2012, DH 2011b, DH 2010). This is not reflected in the responses from this study, however many

participants acknowledged the importance and power of government and policy in shaping their future with regard to opportunities (or lack of them) in specific employment areas, and in the creation of norms for educational requirements and standards. The NMC also reflect changes in nursing education and skill requirements through its regulatory standards, which can be seen to adopt government directives, although the discourses within the profession itself appear contradictory and confused, with nursing continuing to seek clarity on its role and function. This is seen through responses from those participants who have family members in the nursing profession, all of whom report negative perceptions and despondency, reflecting previous literature concerning the profession's struggle with its identity (Andrew 2012, Fletcher 2007).

The sustained policy approach which aims to transfer care into community settings to reduce hospital admissions is a major health policy initiative, resulting in an increasingly community-focused nursing profession, incorporating a range of services. These include prevention of ill health, health promotion and public health; long term condition management within patient's homes; encouraging self-management of health and illness; palliative care in the home; acute management of patient care in community settings such as GP practices and walk-in centres; leadership and management of carers such as assistant practitioners and health care support workers, and integrated working with other health and social care professionals and agencies (DH 2012, DH 2011b, DH 2010). The responses within this study do not reflect the current focus on community-based nursing, with very few participants having knowledge or understanding of these roles. The continued perception of nursing as a hospital-based profession remains evident, reflecting previous studies discussed here which explore perceptions of nursing from both the public and student nurses, in the early stages of their training. It is somewhat surprising to hear this from those participants who have received a nursing service from a community-based nurse, such as school or practice nurse. However responses were seen to question

whether these were 'real' nurses, continually drawing on terms of reference which suggest that nursing is hospital based.

The notion of nursing as a 'profession' is well documented within Government health policy and within all NMC regulatory standards (nmc.org.uk); the need for autonomous, accountable, evidence based practice is evident, with nurses needing to embrace the concept of life-long learning to ensure currency and credibility. This is also reflected in the recent Willis Commission on Nursing Education (RCN 2012). However, whether this transfer of responsibility to individuals encourages innovation or requires nurses to accept resultant risks and consequences is debatable. Dean (2010) and Bottery (2000) argue that what may be perceived as empowerment, may represent the "enfolding of authority", where the changing roles and contexts of nursing may be constructed to fulfil the state's needs. Nevertheless, participants within this study do not seem to recognise nursing as a profession that requires an evidence base, or which has any particular responsibilities or accountabilities, with many continuing to perceive nurses as doctors' 'helpers'. Therefore it is clear that there remains a disparity between the discourses of nursing that the government and the nursing regulatory body produce, and those encountered by participants within this study.

The participants' exposure to information about nursing was found to be very limited, despite nursing campaigns (previously discussed) to educate the public on the realities of nursing. No contemporary role models of nursing or 'famous' nurses were alluded to, apart from Florence Nightingale, who again reinforces the traditional stereotype. Access to media information relating to nursing appears limited to television hospital dramas or fictional films which reinforce the stereo-typical imagery of nursing to some extent, although the majority of participants stated that they did not see these as a reflection of reality. However, dramas involving nursing, such as *Holby City* and *Casualty* did portray stressed, over-worked, unhappy nurses, which may be the only images young people saw to inform their perceptions. As discussed previously, media influences should not be

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underestimated, although the traditional forms of media such as television and film may not be as influential to this age group as in previous generations, with social networking and other internet sites being more widely accessed for information and recreation.

Those participants who watched documentaries concerning nursing care, or remembered seeing news items on television relating to care quality, all stated that although poor care had been identified, they felt that this was not representative, holding onto the perception that nurses in general were 'good, caring, helpful' people. Therefore *current* documentary portrayals in the media also do not appear to have had a major influence on participants' understanding or perceptions of nursing in this study, with many discounting some images and news items seen. However, media influence cannot be overlooked, and although participants were unable to articulate why they have a particular perception of nursing, varying forms of media past and present have been seen to influence the public on a wide range of issues, including nursing (Summers and Summers 2009, Donelan et al 2008, Kalisch and Kalisch 2005).

It was somewhat surprising that the majority of participants did not refer to any social media when asked about influences or images of nursing. A minority admitted seeing 'sexy' nursing images on *Facebook* and *YouTube* when prompted, although did not see these as anything other than "fancy dress" and did not relate them to the reality of nursing. Despite this, all participants engaged with social media on a daily basis. Kelly et al's (2011) study on nursing identity as constructed through images on *YouTube* identified three distinct nursing identity types: "a skilled knower and doer, a sexual plaything, and a witless incompetent" (p3) and argues that social media such as *YouTube* can be extremely influential in promoting either a favourable or negative image of nursing. Participants may not be aware of media influences affecting their understanding of nursing, however when asked to describe nursing roles, it was apparent that media

portrayals of nursing were drawn upon to explain their thinking, both with those participants who had, and had not any personal experience of nursing.

8.4 Within formal education, what experiences may have influenced Year 11 pupils' perceptions of nursing as a career?

The influence of formal educational experiences on perceptions of nursing within this study is not clear. For many participants, schooling was seen as primarily concerned with examination results, and the educators (teachers) were seen as helping pupils achieve them. Multiple career theories suggest that pupils may have to adjust goals and desires during periods of contemplating possible careers (Savickas 2005, Lent et al 2002, Swanson and Fouad 1999, Super 1990). This was often evident in responses, where grades and marks were consistently referred to in considering the career choices which they felt were initially within reach but may no longer be plausible, resulting in their outcome expectations being adjusted in relation to their sense of self-efficacy.

The only references to ideas about nursing experienced in school concerned historical topics, where traditional images were reinforced. Nursing as a career was not discussed within the school setting, with teachers seen by many participants as unable or unwilling to discuss or introduce careers in their subject lessons. As discussed, career advice within schools was viewed as deficient and unhelpful by many, highlighting the need to ensure that career advisors have the necessary current information on nursing, including its educational requirements, roles and opportunities, to engage the interest of pupils. The majority of participants interviewed suggested that the career advice given at school was not an influencing factor in their subsequent choices, a view which is common to the findings of other studies (Neilson and Jones 2011, White 2007). However, responses suggested that some professions are promoted positively to groups of young people. High academic achievers are directed to higher education institutions, and to various professions such as medicine, science, and engineering, and many were encouraged to

attend careers fairs, workshops and work experience related to these areas. Nursing was seen by many of these pupils as a lower status job, and something that they would never contemplate given their high academic predictions, suggesting that nursing is seen as something that you may want to consider if you did not do well at school. This concurs with previous studies suggesting social habitus and academic expectations are influencing factors on young peoples' career choices and aspirations (Reay 2010, Riddell 2009).

No participant recalled seeing any information on nursing careers in any careers fairs or talks given within school, or at colleges or universities attended for open days, and stated that nursing was not discussed at career sessions. No information was given to the participants in this study about what the role of nursing entailed, or the academic requirements needed, with many not even realising that nursing required a university degree. Of those pupils who were studying for a GNVQ in Health and Social Care (School C), none had been exposed to nursing at that point in their studies, having little understanding of nursing roles or associated career options. One pupil had some understanding of nursing as she had made an independent choice to study this as part of her coursework. Therefore although participants felt that career advice in schools was not explicitly responsible for their choices, responses suggest that nursing is overlooked as a possible career choice for many, with teachers and career advisors unaware of the requirements and career pathways in the profession, and omitting it from the range of options for discussion. Leonard and Iannone (2000) identify this point, and propose that nurse educators need to address these potential influencers in schools, to enhance the perceptions of nursing among young people determining their future career and educational pathways.

Work experience was a mandatory requirement in all schools involved in this study, although this experience was not always related to the choice of career being considered by pupils. An overwhelming proportion of responses suggested that schools need to be

much more engaged with this process, to support pupils in accessing appropriate placements. The nursing profession also needs to ensure a partnership approach with schools, to prevent the deprivation of access to those who may be considering a health care profession, and need to look to initiatives where young people shadowing nurses have benefitted, to formulate appropriate future strategies for work based experience (Porter et al 2009).

Despite the overwhelmingly negative opinion of career advice and advisors within their schools, participants did acknowledge that if more information was given relating to nursing as a profession, they may have considered this further. Obviously this is just a hypothetical assertion, but it does suggest that young people need much more exposure to career options, and career advisors to access accurate, current information on nursing in order that it can be considered by future pupils.

8.5 What other factors have impacted on Year 11 pupils' perceptions of nursing?

8.51 Societal influences

There were societal influences apparent within the responses given by participants in this study. Many held the view that a university degree was required in order to get a 'good' job, and the expectation of access to university was widespread, although it did appear that some were beginning to question the value of a degree, having second hand experience of graduates being unable to secure appropriate work. The political climate within which these young people were being educated derived from the Labour party's (1997) manifesto pledge to increase young people's entry to university or advanced apprenticeship level qualification to 75%, with 'education, education, education' being the key catchphrase; most of the participants alluded to this way of thinking, assuming that they would be able to access higher education as a matter of course.

One of the major societal factors that appeared to drive these young people was the expectation they had of what a career should be able to give them in their lives. Value was placed particularly on status, money and autonomy (such as from having their own company), and opportunities to progress; reasonable working hours and holidays were all seen as important when choosing their career. Nursing was rejected because it was perceived to be weak in all those respects, seen as 'hard work' with 'poor pay and conditions' and no promotion prospects or progression prospects to anything other than 'a nurse'.

Current societal influences can be seen to be a significant factor in respect of an expectation that one needs to accumulate wealth and power to have a sense of achievement and status, this being the ultimate goal. When considering their future careers, this appeared to be more attractive and important to many participants than happiness and satisfaction. As Bell (1996) argues, capitalist ideology provides the context for these attitudes, creating cultural contradictions in the current era, as the quest for money and profit at all costs, and the need for personal gratification in order to appear successful, having potential to harm the original work ethic that contributed to the success of capitalism. Certainly the responses recorded in this study show that many young people want and expect wealth to be the outcome of their careers, but are clear that they want good working conditions, free time, no shift work, and opportunities for progression. Participants' construction of what a career may involve, and their expectations based on exposure to and interpretations of social interactions within their worlds, have helped to define their outcome expectations, and they relate these interpretations to their perception of self and self-efficacy (Ussinger and Smith 2010, Lent et al 2002). Their resulting perceptions of careers will relate to the kind of people they want, or do not want, to be (Savickas 2005), with nursing overwhelmingly being seen as something that was 'not for them'.

8.52 Family influences

One of the key themes emerging from the study was the impact of family influence on the participants' perception of nursing. It was clear that these young people heard and remembered phrases and conversations with parents and family which had influenced their decisions on career and educational pathways. For the most part they had followed advice given, or had taken these discussions on board in order to develop their thinking and perceptions. Previous studies have been contradictory in their findings, with some suggesting that family influences play a large part in developing their children's thinking about life choices (Miller & Cummings 2009, Mendez and Crawford 2002), whilst others have suggested that this is only one element of a large range of influencing factors in career choice (White 2007). The responses from *this* study suggest that family influence has a major impact on young people's life choices, in particular with regard to their views on further and higher education, on which careers are better than others, and on expectations concerning likely outcomes of different careers. It is interesting to note that in respect of nursing, those participants whose family members were in the nursing profession all had negative opinions from the conversations they recounted, receiving overwhelming advice against going into nursing, usually along the lines of 'you can do better'. This can be seen as a challenge to the nursing profession, as significant others (not only parents) are seen to play a part in influencing young people's perceptions of nursing. This concurs with current opinion that nurses are themselves disillusioned with the profession and continue to promote a negative image of their career choice (Fletcher 2007).

Through its recent initiative 'This is Nursing' (RCN 2012), the RCN is hoping to redress this perceived negativity by promoting the positive aspects of nursing to the public and the profession itself, although whether this will be accessed by young people is yet to be determined. However, those within nursing may be encouraged to disseminate a more positive outlook on their profession to family and friends. The Willis commission on

nursing education (RCN 2012) also highlights this point, identifying that although current nurses continue to debate the 'good old days' before academic requirements were increased, suggesting that nursing today is not a good career to pursue, there is no evidence that degree level nurses are less caring or compassionate. It also emphasises the need for an all-graduate profession where nurses display critical thinking and leadership alongside high quality care and compassion, likening it to other health and social care professions which have been graduate programmes for a considerable time such as medicine, physiotherapy, occupational therapy and social work.

The majority of the participants appeared to accept family opinion and advice without a great deal of questioning, and acted accordingly, with those families expecting their children to go to university working towards this goal, and those families who felt higher education was not the way forward, choosing vocational courses to help them find employment. However, there was some expectation from families and pupils that university education was needed to progress into any type of career, despite the lack of engagement of some participants with their educational journey, or their likely inability to achieve the required grades. Croll's (2008) research also concludes that some young people's aspirations are not realistic, with a mismatch between capabilities and aspirations. It is this expectation that leads to despondency among young people following their choice.

It is apparent that all children will be influenced by family to a greater or lesser degree, and this study suggests that family influence should be seen as a major contributing factor when considering careers advice and promotion of the varying roles available to young people. The fact that young people present their families as so influential suggests that this lived experience plays a major part in forming their perceptions, rather than other abstract information from career literature. Lent et al's (2002) career theory can be drawn upon here in relation to the individual's self-concept continually emerging through various

influences. As previously discussed, this theory suggests that family interactions and interpersonal processes influence the creation of meaning about their experiences as they decide what type of person they want to be in their career.

8.53 Gender

While the issue of gender is not a focus of this study, it was discussed as a finding with regards to how nursing is viewed in society. Many participants, perhaps somewhat surprisingly, stated that they didn't think it mattered whether men or women were nurses, although they had mainly seen women as nurses and men as doctors in their experience of health care services. Recent research in Canada (Meadus and Twomey 2007) has suggested that men enter nursing for career security, salary and progression opportunities, although male student nurses identified the lack of male role models in the media, sexual stereotypes and a female dominated profession as being barriers to recruitment. No male participant in this study had considered nursing as a career option, but this decision was not explicitly articulated as gender-based. Principally, their decisions were related to a perceived lack of status, career opportunities and money in nursing, and said that they were "not interested in nursing work", which appears to refute Meadus and Twomey's (2007) study. Many participants also stated that if one of their male friends was considering nursing, that would be totally acceptable to them and their peer group if that was the career he wanted to pursue. However, when asked to describe a nurse, all participants described a female image. This was expected, and can be seen to be the response of young people who have been influenced by images of female nurses, and the reality that 90% of the UK nursing workforce is female. Nevertheless, it does suggest that stereotypes may be changing, and the acceptability of male nursing may be increasing.

The history of nursing does not have any male figures with which to promote the profession to men as a career option, and Evans (2004) suggests that men's relationship with nursing has resulted in certain speciality roles which can now be seen as male

dominated, such as mental health, and leadership and management positions. These can be drawn upon to set a historical and professional context for the male nursing identity, and can help to develop future role models.

8.6 Recommendations for the nursing profession

The NMC is keen to establish within the profession that it is the regulatory body for nursing and not a professional body. Although some see the RCN as nursing's professional body, it is a professional union, with not all nurses choosing to be members. It is therefore seen as the responsibility of both bodies to promote a positive image of nursing within the profession itself and to the public. The recent RCN-commissioned Willis report (RCN 2012) recommends that "the public needs to know what it can expect of registered nurses, and recruitment campaigns should be 'scaled up' to promote a better understanding of contemporary nursing" (p45). This is seen to be fundamental in ensuring awareness of the variety of nursing roles, the educational requirements needed, and potential career opportunities for nurses.

It is recommended that the nursing profession liaise with the media in order to increase their awareness of contemporary nursing, and that they establish an on-going consultant involvement concerning the representation of nursing in the media. Positive case studies and nursing 'stories' need to be shared with the media, along with current initiatives that address the quality of nursing care, such as the RCN 'This is Nursing' campaign. Innovative involvement needs to be developed in media sources such as YouTube, phone applications, and social media networks, to engage with younger groups. These initiatives then need to be evaluated regularly in order to ascertain their impact on public understanding and perceptions.

Within the nursing profession, positive role models need to be identified to champion the image of nursing, to inspire, and to encourage conditions that will motivate the current workforce. The culture of the nursing profession needs to be revisited, drawing on nursing history to understand its current position, in order to develop strategies to embrace the new roles and responsibilities needed for an ever changing society. Knowledge and understanding of current initiatives and other nursing roles, through continuing professional development, is seen as essential for all nursing staff in order for them to be able to talk with confidence on the new wider role of nursing. Alongside this, it needs to be born in mind that the health and well-being of current nursing staff also contribute to their perceptions of nursing with respect to their current workload, stress levels and working conditions. Therefore nursing leaders and organisational managers have a responsibility to address concerns, in order to reduce the negative advice currently being dispensed to those potentially considering a nursing career. Promoting a more acceptable professional image of nursing through campaigns may not be enough, as findings from this study have shown that perceptions and images of the occupation can be formed from a deeper social reality, as seen through reference to traditional stereotypes. Therefore nursing needs to identify a distinct body of knowledge that would justify nursing's claim to professional status, and subsequently enhance young peoples' perceptions.

8.7 Recommendations for schools and HEI's

It is acknowledged that curriculum constraints and examination focus results in difficulties in discussing careers within subject lessons. However, the influence and acceptability of advice given by career advisors may be increased if parents are involved in a meaningful way. It is evident within this study that parental and family influence is the main factor cited by pupils when considering potential careers. Therefore, it may be useful to establish career advice groups relating to a variety of careers, which both pupils and parents could attend. Careers officers could also draw on the nursing profession to ensure a current

understanding of the educational requirements, roles and opportunities involved, so that they are in a better position to offer informed advice.

Many Higher Education institutions currently have links with local schools and colleges to deliver specific talks to pupils on aspects of work in the health professions and on nursing programmes of studies. This could be enhanced through regular discussions with schools, and particularly career advisors, to provide a resource for current information and to develop joint initiatives promoting a greater understanding of the profession, and related career options. Short presentations in personal health and social care lessons, explaining the variety of nursing roles and their educational requirements, have been positively evaluated in the USA (Hoke 2006), and these could be established in schools here in the UK. Practical courses for school pupils on topics such as health promotion, first aid and Cardio Pulmonary Resuscitation, in conjunction with discussion of nursing roles, may be considered. School nurse involvement could also be enhanced to support these initiatives, to promote joint working across the nursing profession, schools and HEI's.

Health care employing and commissioning organisations need to have a strategic recruitment policy aimed at encouraging young people within this age group to consider a career in nursing when career decisions are being formulated. The current difficulties in accessing work experience placements need to be addressed, and alternative placements away from the hospital setting need to be considered, to give exposure to the variety of nursing roles available. Schools, career advisors and parents need to have easy access to a point of contact in order to be able to discuss needs and requirements with regard to nursing work experience placements. As implemented within the USA (Porter et al 2009), structured planning of these experiences with identified role models is essential to give a varied exposure to the nursing profession as a whole, with schools and organisations working collaboratively to achieve this.

8.8 Limitations of the study

This study used a small cohort of Year 11 pupils from four schools in the West Midlands region. It was not the aim of this study to make generalisations to communities or populations, although it is acknowledged that some of the findings may be transferable to other communities and schools which share similar characteristics. The type of schools that were accessible for this study were all classified as 'major' urban and 'other' urban comprehensive schools, and it would be useful to gain perspectives from independent and grammar schools, to compare findings with those from this study.

A further limitation of this study was the restricted time allowed for interviews in schools, which did not allow for any further probing into particular responses which were felt could have been taken further. It has been acknowledged that since head teachers were the 'gatekeepers' to this sample, the fact that interviews took place within schools may have contributed to participants feeling they needed to respond in a certain way, but this cannot be substantiated. Although I did not introduce myself as a nurse it may be that most participants would presume I had some involvement with nursing, due to the overall aim of the study and the nature of the questions posed. Face-to-face interviews always have a potential for bias (Cohen et al 2007), and I was aware of my 'insider knowledge' as a practising nurse and nurse educationalist. Participants may have been less candid in their responses if they presumed I was involved with nursing in some way. The age difference between researcher and respondent may also have been a consideration, and may have affected responses.

Additional demographics including participant's social background and ethnicity may have enhanced understanding of the responses given, and potentially increased the generalizability of the study, however access to this information was not possible from the schools involved.

It is acknowledged that the arguments made from the data cannot distinguish adequately between qualified nurses and unqualified care workers.

8.9 Recommendations for future research

Further wide scale research would be beneficial in exploring certain specific aspects highlighted within this study, as follows:

- Further exploration of parental and family influences which affect the perceptions of their children concerning potential career and higher education opportunities.
- Investigation of the understanding and perceptions of careers advisors of nursing as a career. This would provide insight into the advice given, adding to the findings of this study, in order to analyse their potential influence in career decision making.
- Examination of how nursing perceives and portrays itself within the profession, and how this impacts on public perception.
- Further exploration of how the media can be utilised to promote the image of nursing.

8.10 Reflections

On commencement of this thesis component of my doctorate I was excited and a little daunted about what lay ahead. The previous two years of modular study had equipped me with the necessary research tools and thirst for knowledge, and had been a thoroughly enlightening experience in my continued educational journey. As a practicing nurse and nurse educationalist, I felt there were tensions at times between the nursing professional code and the constraints of higher education requirements. However, surprisingly, most of my clinical colleagues were supportive of my studies, compared with relatively few of my academic work colleagues. This polarisation between academic and professional

elements offered a parallel with the current debates around nursing education becoming an all graduate profession, and was evident within the Faculty of Health, where the espoused theory was one of encouragement for nursing educationalists to 'get a PhD', but there was little support from management or colleagues who failed to see what this level of academic research could bring to nursing. I am pleased to report that this is now changing, and over the past few years a colleague and I, who have both undertaken doctoral study, have made it our mission to encourage our nurse colleagues to embark on research, to make a difference in nursing.

The research process has been long, arduous, and trying at times, but has been a period of immense and unexpected learning in so many areas, in particular with regard to my own journey of self-awareness and reflexivity. I acknowledge the limitations of this study as far as its small, convenience sample size is concerned, with no control over the selection of pupils within schools. However, the study did not set out to be generalisable, but can be replicated within other areas of the country and in other types of pupil populations, where results can be compared if needed.

It is also acknowledged that I am a novice researcher, and although I conducted qualitative interviews for my previous Masters dissertation, these were with adults who were leaders in their particular fields. Interviewing young people was very different, and although I felt I had prepared for this, partly through having two teenage sons of similar ages myself, it was difficult and time consuming at times to draw out responses from some participants. However the time spent with these young people, although brief, challenged any preconceptions I had about their attitudes to nursing, and decisions on career choices. I felt privileged to spend time with them and quite humbled at their honesty about the life choices that they were about to embark on, but also at times felt saddened by the perceived lack of advice they had been given with regard to career and further educational pathways.

On reflection, despite my reassurances of confidentiality, I cannot be certain whether my role as an independent researcher was seen as such, as the setting for interviews remained within their school environment, and may have been a barrier to their responses. The suggestion of an anonymous written questionnaire was considered, but I concluded that it could not guarantee any increase in the honesty or transparency of responses.

The analysis of the data produced was time consuming, although it proved enjoyable to immerse myself into the responses and delve into their meanings. Many of the responses confirmed previous suggestions from the literature reviewed, yet others challenged the results of previous studies. As I have acknowledged, this was my subjective interpretation of the data; my supervisor was invaluable in supporting me through this, and has been throughout the whole thesis process, debating issues, challenging my thinking, giving direction where needed and inspiring me to want to know more .

This was a part-time doctorate, and after data transcription and the initial phase of interpretation, work-related issues became a priority and the study was effectively put on hold for six months. On reflection, this may have been a positive event, as when I returned to the data I saw additional issues and themes emerging which I had not identified previously. The completion of my thesis has been one of my biggest achievements to date, both personally and professionally, and although it is now time to consolidate the knowledge and experiences gained, I remain motivated to take my conclusions forward, and hope to continue with further related research opportunities within our newly-restructured Faculty of Health Sciences and clinical practice.

The results of this study will be disseminated to regional nursing forums, the RCN, commissioners of nursing programmes, and higher education institutions through publication and conference presentations as relevant. The regional *Image of Nursing*

forum that inspired me to embark on this study is no longer in existence, due to strategic organisational and personnel changes. However I aim to champion its reinstatement, to ensure that the results of this study are utilised in the discussion of ways forward for the nursing profession, and the future recruitment of young people.

This is just the start of my research career, to which I now look forward with enthusiasm and an eagerness to learn more.

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Appendices

Appendix 1: Overview of Nursing Education
(Willis Commission RCN 2012)

1860: The Nightingale School for Nurses opened at St Thomas' Hospital, London, establishing the pattern for professional nursing education in the Uk and many other countries.

1909: The University of Minnesota bestowed the first US bachelor's degree in nursing.

1939: The Athlone report recommended that nurses should have student status.

1943: An RCN commission chaired by Lord Horder examined nursing education.

1947: The Wood report said nursing students should have full student status and be supernumerary to ward staff during their practical training. This was not widely accepted but the pressure to reform led to the Nurses Act, 1949.

1948: The National Health Service was founded.

1960: The University of Edinburgh launched the first bachelor's degreein nursing in the UK and a master's degree from 1973.

1964: The RCN Platt report said students should not be used as cheap labour, but be financially independent from hospitals and eligible for local education authority grants.

1969: The University of Manchester offered an integrated degree programme in nursing, health visiting, district nursing and midwifery.

1972: The Briggs committee on nursing recommended changes to education and regulation. Degree preparation for nurses should increase to recruit people with innovative flair and leadership qualities, and nursing should be become a research-based profession.

1974: Nursing Degree courses began at Manchester, Leeds, Newcastle and London South Bank Universities.

1985: The RCN Judge report recommended the transfer of nursing education to higher education with supernumerary status.

1986: The United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) launched Project 2000, a reform of nursing education.

1988: The WHO nursing conference supported degree level nursing education.

1990's: Nursing education in the UK gradually moved to higher education as Project 2000 was implemented. Delivery was mostly through the diploma route.

1997: The Nurses, Midwives and Health Visitors Act was passed, requiring the UKCC to determine the standard, kind and content of pre-registration education.

1999: Evaluation of Project 2000 recommended a one year common foundation programme and a two year branch programme.

2000's: The number of graduate nurses grew steadily.

2002: The new Nursing and Midwifery Council (NMC) replaced the UKCC.

2004: Agenda for Change set out a new pay structure for nurses and other NHS staff.

2005: The NMC register with its 15 sub-parts was revised to just three – nurses, midwives and specialist community public health nurses.

2008: The NMC states that the minimum academic level for future pre-registration nursing programmes will be a bachelor's degree.
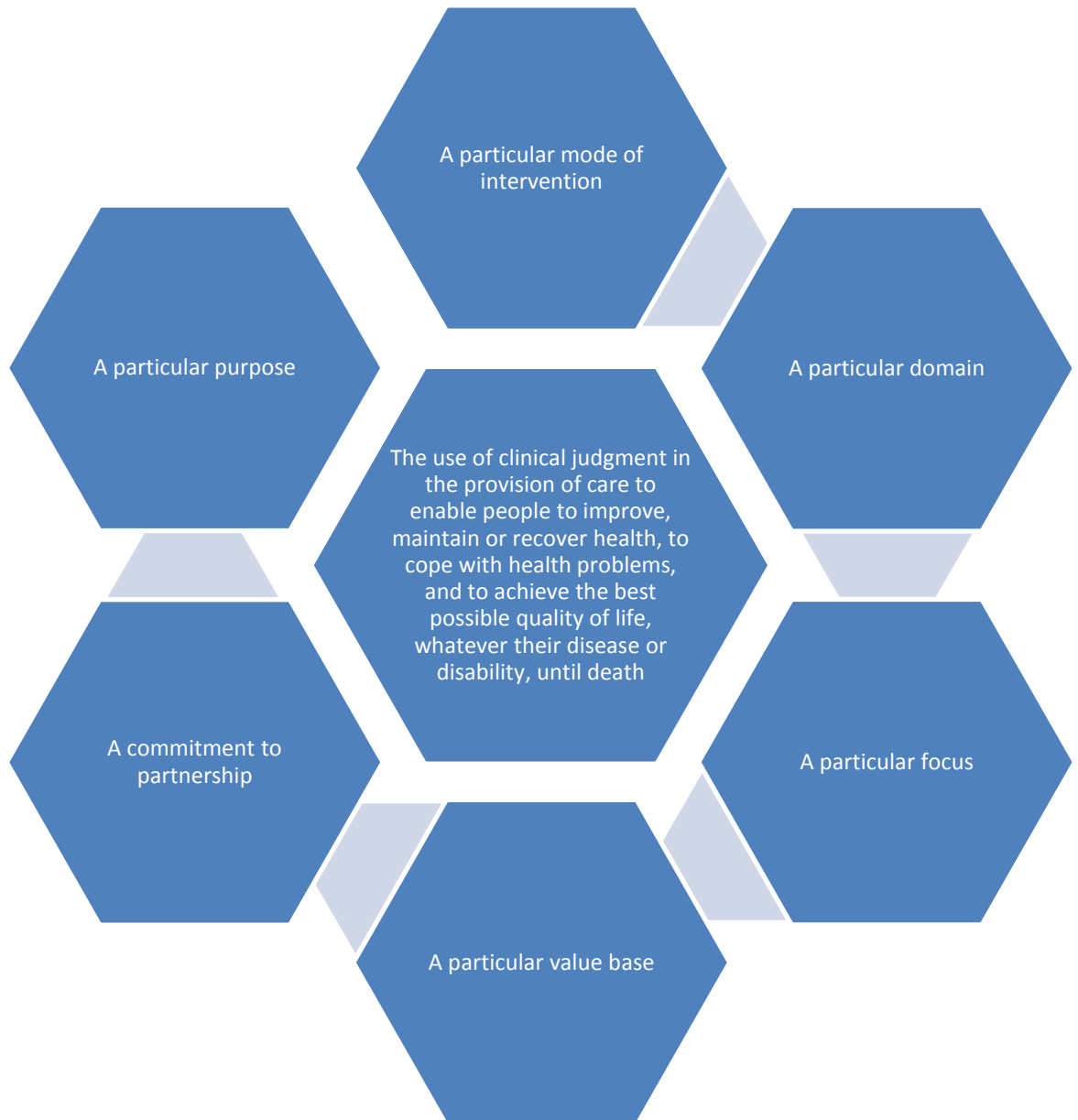
2009: UK government health ministers endorsed the NMC's decision.

2010: NMC issues new standards for pre-registration nursing education.

2011: All pre-registration nursing programmes in Scotland moved to degree level only.

2013: By September, all UK pre-registration nursing programmes will be at degree level.

Appendix 2: Defining Nursing
(RCN 2003, p14)

A particular mode of intervention

A particular purpose

A particular domain

The use of clinical judgment in the provision of care to enable people to improve, maintain or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death

A commitment to partnership

A particular focus

A particular value base

Appendix 3: Interview Schedule

Welcome and Introduction
Participant will be welcomed to the interview session, introduction to myself as the researcher, and refreshments offered.
The participant(s) will be asked to read the participant information sheet and questions will be invited by the researcher prior to them signing a consent form if not already signed.

Purpose
The purpose of the research will be outlined by myself (a brief summary of the participant information sheet) & the interview session guidelines laid out as follows
• Use of tape recorder
• Remember that everything you say will remain confidential.
• You will be given the opportunity to clarify any of your answers during and after the interview.
• The transcript from your interview will be analysed and a copy of the transcript sent to you to ensure that it is a true representation of the interview.
• You can ask questions at any stage during the interview'
• Reassure that there are no right or wrong answers

Opening question:
Ask the participant about their current studies, which subject areas they are interested in, what they would like to do when they leave school ie further/higher education, job/career aspirations.

Key Topic areas to be explored:

Personal experience of nursing
Example Questions:
Do you know anybody who is a nurse? Have you or anyone you know had contact with a nursing service (hospital/nursing home/district nursing/school nursing)? How has this made you feel about nursing/what a nurse does?

Popular media influences
Example Questions:
Do you watch any TV programmes or read any books/magazines that have a nurse or nursing involved? Can you describe how this portrays nursing? Have you seen any images/video clips involving nurses or nursing themes on the internet/chat rooms, face book, U tube etc? Do you think that these give a true image of nursing?

Education
Example Questions
Can you tell me a bit about your choice of subject areas for study this year/why you chose these particular subjects?
What general advice within your school do you receive about careers? When/how often has this taken place?

Have you seen any external staff from Universities or at career fairs that have talked about/given advice on careers? Were any of these related to nursing?

Consideration of nursing as a career
Example questions
Have you decided on a particular career? Would you/have you ever considered nursing as a career? What do you think nursing as a career would be like? How do you think it rates to other careers eg doctor, lawyer, teacher, physiotherapist. Have you ever spoken about nursing within any school lessons or career advice sessions?

Winding up of session
I the researcher will sum up the key issues discussed and check that the participant is happy with this summing up and do not have anything else to add. The participant will be asked if they have any further questions / queries and will be thanked for attending.
Details of how and when the analysed interview transcript will be returned will be explained.

Appendix 4: Letter to head teacher

Institute for Public Policy and Management
Claus Moser Research Centre
CM 1.03
Staffordshire ST5 5BG

(Date)

Dear Head Teacher (Name)

I am a Principal Lecturer in health care education, currently studying a Doctorate in Education at Keele University. My thesis is centred on the perceptions of Year 11 pupils hold towards nursing. The information from this study will be used to make recommendations to NHS organisations and Universities to help understand Year 11 pupils' views and perceptions of nursing. This may influence future plans and strategies in nursing workforce developments and also highlight information that can be used for schools and Universities when planning career talks and strategies relating to nursing.

The research questions that have guided this proposed study are:

- What perceptions do Year 11 pupils hold towards nursing?
- In what ways do these reflect current media and government health policy descriptions of nursing?
- Within formal education what experiences may have influenced Year 11 pupils' perceptions of nursing as a career?
- What other factors may have impacted on Year 11 pupils perceptions of nursing as a career?

As part of this study I would be grateful if you would consider your school being involved, with Year 11 pupils taking part in half hour individual interviews which will be audio taped. It is hoped these can be arranged between September and December 2010 to cause minimal disruption to pupils study and school activities.

Both the School and individual participant's anonymity will be assured as no identifiable information will be used within the study apart from the interviewee's gender and type of school i.e. urban, rural etc.

A consent form and information sheet for the pupils is included for your consideration. If you agree, it is envisaged that a letter can be sent to parents of Year 11 pupils with the information sheet in order that they can discuss the study with their child and each make an informed decision whether or not to be involved in the study. If possible this study would be advertised also on the school notice board and/or school website, newsletter, as you feel appropriate.

A reply slip can be returned to an agreed person within the school which will identify **only those who do not wish to be involved.** An appropriate way of contacting these students after this will be discussed with you.

This study proposal has been approved by Keele University ethics committee.

Please do not hesitate to contact me if you wish to discuss this further to clarify any issues or if you require any further information.
I look forward to hearing from you soon

Yours Sincerely

Kay Norman
Keele University
Email: k.m.norman@ippm.keele.ac.uk
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Research Supervisor: Dr Jackie Waterfield
Keele University
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Appendix 5: Information Sheet

Study Title: Year 11 pupils' perceptions of nursing

Aims of the Research

To understand how Year 11 pupils view nursing. The questions for this study are:

- What perceptions do Year 11 pupils hold towards nursing?
- In what ways do these reflect current media and government health policy descriptions of nursing?
- Within formal education what experiences may have influenced Year 11 pupils' perceptions of nursing as a career?
- What other factors may have impacted on Year 11 pupils' perceptions of nursing as a career?

Invitation

You are being invited to take part in the research study 'Year 11 pupils' perceptions of nursing'. This project is being undertaken by Kay Norman, a doctoral student at Keele University.
Before you decide whether or not you wish to take part, it is important for you to understand why this research is being done and what it will involve. Please take time to read this information carefully and talk about it with your parents/guardian. Please ask us if there is anything you're not sure of, or if you would like any more information.

Why have I been chosen?

All Year 11 pupils within your school are being invited to take part and some pupils may choose not to.

From the group that do, a sample of pupils will be chosen to ensure inclusion of both boys and girls from your year group.

Do I have to take part?

You are free to decide whether you wish to take part or not. If you do decide to take part you will be asked to sign two consent forms, which are forms that say you agree to take part in the study. One is for you to keep and the other is for our records. You can decide to stop taking part in this study at any time and without giving reasons.

What will happen if I take part?

You will be invited to come and speak to me at a convenient time and this interview will last no longer than 30 minutes. I will ask some questions about your views on nursing and how you know about nursing. You will have the opportunity to talk about anything you feel may have affected your views and thoughts.

The interview will be audio taped using a digital recorder so I can make sure I haven't missed anything you say. This information will then be used along with other pupil interview responses to look at Year 11 pupils' views and opinions of nursing.

What are the benefits (if any) of taking part?

The information from this study will be used to make suggestions to NHS organisations and Universities to help understand Year 11 pupils' views and opinions of nursing. This information can be used for schools and Universities when planning career talks relating to nursing.

What if there is a problem?

If you have a concern about any aspect of this study, you should speak to the researcher who will do their best to answer your questions. You should contact Kay Norman on k.m.norman@ippm.keele.ac.uk or telephone 01785 353730. You can also contact my research supervisor Dr Jackie Waterfield on j.waterfield@shar.keele.ac.uk or telephone 01782 733537.

If you remain unhappy about the research and/or wish to raise a complaint about any aspect of the way that you have been approached or treated during the course of the study please write to Nicola Leighton who is the University's contact for complaints regarding research at the following address:-

Nicola Leighton
Research Governance Officer
Research & Enterprise Services
Dorothy Hodgkin Building
Keele University
ST5 5BG

How will information about me be used?

Any information about you will not be available to anyone apart from myself as the researcher. You will not be identified in any way. The information will be used in the write up of the study and in future presentations and papers, but no names or details will be used. It will be stored in accordance with the Data Protection Act UK.

Who will have access to information about me?

I will and my research supervisor, but any personal details will be safeguarded during and after the study.

- The interview transcripts and analysis will be stored securely on a password protected computer

- Some codes will be used when reviewing the data to indicate **type** of school (eg inner city, rural), gender (Male/Female) which is needed for the analysis of the study, but at no time will you be able to be identified.
- The data will be kept by the researcher in accordance with the data Protection Act UK.

Who is funding and organising the research?

I, Kay Norman, am funding this research as part of my Doctorate in Education at Keele University. I also have part funding of annual fees paid by Staffordshire University as my employer.

Contacts for further information

Kay Norman - Researcher
Email: k.m.norman@ippm.keele.ac.uk
Tel: 01785 353730

Dr Jackie Waterfield - Research Supervisor
Email: j.waterfield@shar.keele.ac.uk
Tel: 01782 733537

Appendix 6: Letter to Parent

Institute for Public Policy and Management
Claus Moser Research Centre
CM 1.03
Staffordshire ST5 5BG

(Date)

Dear Parent/Guardian

My name is Kay Norman and I am a Principal Lecturer in health care education, currently studying for a Doctorate in Education at Keele University where I am interested in exploring Year 11 pupils' views and perceptions of nursing.
As part of this study (name of school) has agreed that Year 11 pupils can take part in this within the school day if they so wish and you approve.
This will consist of half hour individual interviews that are audio taped and should not interfere with your child's study.

Anonymity will be assured with no details of your child's name, address, D.O.B etc being asked for. Only gender will be recorded (male/female) and the type of school the interviewee is based e.g. inner city, rural etc.

An information sheet and a copy of a consent form your child will be asked to complete prior to the interview, is enclosed for you to consider and talk through with your child, explaining why the study is being done and the potential benefits. If there are any queries please do not hesitate to contact me personally on the email address below or contact the school for further information.

Only return the reply slip if you **DO NOT** wish your child to take part in this study. If this is not returned I will presume you are happy for your child to be involved. This does not mean that they WILL be chosen for interview as this will depend on numbers eligible with a sample of Year 11 pupils drawn from those able to take part.

Yours Faithfully

Kay Norman
Email: k.m.norman@ippm.keele.ac.uk Tel: 01785 353730

Dr Jackie Waterfield (research supervisor)
Email: j.waterfield@shar.keele.ac.uk Tel: 01782 733537

To be returned to school (NAMED PERSON/OFFICE) by (DATE) only if you DO NOT want your child to   take part in this study

Name of Child_____

Form/Class group _____

I DO NOT wish my child to take part in the study to explore Year 11 pupils' perceptions of nursing.

Signature of parent/guardian _____

Date _____

Appendix 7: Consent form

Title of Project: Year 11 pupils' perceptions of nursing

Name of Researcher: Kay Norman

Please tick box

1.	I confirm that I have read and understand the information sheet for 	☐
	the above study and have had the opportunity to ask questions.

2.	I understand that my participation is voluntary and that I am 	☐
	free to withdraw at any time.

3.	I understand that data collected about me during this study will be 	☐
	anonymised before it is submitted for publication.

4.	I agree to the interview being audio taped	☐

5.	I agree to take part in this study.	☐

_____   _____   _____
Name of participant   Date   Signature

_____   _____   _____
Researcher   Date   Signature

Contact Details:

Kay Norman - Researcher

Email: k.m.norman@ippm.keele.ac.uk

Tel: 01785 353730

Dr Jackie Waterfield - Research Supervisor

Email: j.waterfield@shar.keele.ac.uk

Tel: 01782 733537

(1 for participant, 1 for researcher)

Appendix 8: Ethical Approval

K E E L E
U N I V E R S I T Y

ACADEMIC SERVICES DIRECTORATE
RESEARCH AND ENTERPRISE SERVICES

13 July 2010

Kay Norman
3 Tutbury Avenue
Perton
Wolverhampton
WV6 7UR

Dear Kay

Re: 'Year 11 pupils perceptions or nursing'

Thank you for submitting your revised project for review.

I am pleased to inform you that your project has been approved by the Ethics Review Panel.

Amendments to your project after a favourable ethical opinion has been given or if the fieldwork goes beyond the date stated in your application (January 2011) you must notify the Ethical Review Panel via Michele Dawson.

If you have any queries, please do not hesitate to contact Michele Dawson in writing to m.dawson@uso.keele.ac.uk

Yours sincerely

pr   Dr Philip Catney
Acting Chair – Ethics Review Panel.

cc RI Manager

Appendix 9: Participant transcript
B3F

Welcome and introductions

R: So what are you currently studying at school?

P: I'm doing double science, maths, English, French, and BTEC drama.

R: ok…which do you like best….your favourite subjects?

P: I really like science…..and drama…….you have to do maths and English which I would have dropped if I could (laughs)……French is ok I suppose.

R: So do you have thoughts on what you want to do after this year…..after all your exams are finished….

P: Yeah…..I think I'd like to do something with animals but not really sure yet….depends on my results (laughs)…..maybe a vet or work for the RSPCA.

R: Ok xxxx….I'm going to ask you a few questions about nursing…..so again just to let you know there's no wrong or right answers….it's just about what you think…and you can stop anytime you want….is that ok?

P: yeah yeah….that's fine.

R: so…do you know anyone who's a nurse, or ever had any contact with a nurse or a nursing service…..either for you or a family member…..or a friend….?

P: No I've never had to… like go to a nurse or been in hospital or anything…..

R: ok…..how about other types of nurses…..have you ever seen a nurse at your doctors surgery or at school?

P: Oh yeah, I've seen the school nurse…..didn't think you meant that….are they classed as like real nurses?......she only gives you a paracetamol if you've got a headache or stomach ache…..she doesn't do like anything else…..oh she weighs the kids who are overweight and goes through diet and that……she's nice though….

R: ok that's great….so when you say you don't think school nurses are like real nurses….what makes you say that…why do you feel they're not like real nurses?

P: well it's cos they don't really do what I see as nursing I suppose….they only work in school where we're all well…we're not like ill….not really…..I suppose minor things like asthma and stuff…..but I think of nurses as in hospitals really…..caring for sick people.

R: ok thanks….have you had any other contacts with nurses?

P: well ....I definitely wouldn't go into nursing cos my sister's a nurse….. and she used to tell us horrible stories about the patients and that....she definitely wouldn't recommend it....I don't think she's ever said she enjoys it.....but she's been doing it for ages though....ever since I've been born.....she's my half-sister...she's always saying 'I'd never tell anyone to go into nursing'......but she does moan a lot anyway....(laughs).

R: Does she talk a lot about nursing?

P: not really…only when she's having a moan…..her friends are the same though….none of them seem to like it……it's definitely put me off (laughs).

R: So if I asked you to describe your image of a nurse, what would it be?

P: well…..a blue dress….apron…smart….hair tied back….one of those watches on the dress……not that that's like my sister (laughs)…..I think she wears trousers and a top….but she could wear a dress I think……the sisters wear dark blue….

R: so where do you think your image of nursing has been drawn from…..your sister?

P: a bit I suppose…..but….I don't know really….it's just the picture I have in my head…maybe from things I've seen…..I'm not sure…. As I say she doesn't wear a dress but I think of a nurse with a blue dress…..I don't know why (laughs)

R: ok that's fine….do you watch any TV programmes or films that have included nursing in some way?

P: erm….yeah things like Holby City….I watch that sometimes but I don't know how real it is….my sister says it's rubbish (laughs)….she watches Scrubs so I've seen that as well….it's like a comedy though…..in America…and it's about Doctors really more than nurses…..

R: so do you think they portray a realistic of view of nursing as you see it?

P: Not really…..it's just acting isn't it…..I suppose they have to have some bits….like they would have to do research and that wouldn't they…..it couldn't be totally unreal….but I don't think it's like that in real life….it's about the people really…..like what they get up to in their lives…..there's not much about actually nursing as such….

R: ok….how about any news programmes or documentaries where nursing has been portrayed?

P: Yeah…there's been things on the news……like about poor care and that….especially in nursing homes…..and I know there's programmes about hospitals…was it midwives or something….about babies being born….I didn't really take much notice of the nurses though to be fair….

R: Do you think these have influenced your views of nursing….has it made you see nursing differently…..better or worse…..?

P: well I think there's a lot of really caring nurses so I think the media exaggerate at times don't they?....I don't think it's like that everywhere….they just have to have a story….I think my mom and sister take it to heart more than I do…..I see it for what it is….just something that will forgotten next week probably….I obviously listen to my sister more cos she's actually doing it….

R: so would you say your sister's experiences in nursing and what she's told you has influenced your views of nursing?

P: oh god yeah…..definitely……it's like if you know someone personally it's got to affect how you feel about that job hasn't it…..cos it's like first-hand experience really…. So because she has really bad days and tells us about all the horrible things that go on….I definitely wouldn't want to do it……I really admire nurses though….they have a lot to put up with….

R: ok how about any books or magazines where you may have seen nursing?

P: erm…..no I can't think of any….no……not that I read many books….and I've never seen it in Heat (laughs)…..

R: ok how about internet sources, Youtube clips or *Facebook*…anything like that?

P: only like if there's fancy dress pictures on *Facebook*….some dress up as nurses (laughs)

R: why do you think people dress up as nurses for fancy dress?

P: erm…. I dunno really….it's like for a laugh….it's just what's in the shop…..like there's other things as well……but nurses like it's a 'sexy' nurse so some girls like to dress that way…..I wouldn't….my sister would go mad (Laughs)

R: why do think that?

P: well she takes her job seriously and hates anything that like mocks nursing or things like that…..but she's dressed up as a nun before now and that's mocking nuns isn't it? (laughs)…

R: do you think the fancy dress image of a nurse would affect how you view nursing?

P: no course not…..it's just fancy dress…..everyone knows it's not real….it's just a laugh…

R: ok so what do you think the role of nursing is….what do you a think a nurse does?

P: well….they clean up people when they're sick or need to go to the toilet....they help them to eat and drink and that as well.....get them blankets if they're cold….that sort of thing…

R: anything else do you think?

P: erm…..well like clean up blood and that…..just helping really….like caring for the patients who are ill….giving them the treatment that the doctor says…..helping the doctor with surgery and things….

R: you say helping the doctor….how do see that part of nursing….and the difference in roles?

P: well it's like the important part of nursing really isn't it….cos they (doctors) actually say what the problem is…if they have to have an operation or scans and everything…..then the nurse would help with the caring bit…..getting the patient ready and caring for them afterwards….like they do what the doctor says is best to make the patient better…I think anyway….you've got to be a certain sort of person

R: can you explain a bit more of what you mean by a certain sort of person?

P: well I think to go into nursing you've got to be a caring person in general….like wanting to help people…..you've got to be patient and be able to take people shouting and moaning at you…..a bit like a mom or nan…..like being able to put up with things and just do what you're told….that's why I couldn't be a nurse (laughs)….of course you've got to be able to deal with blood and sick and everything as well….ughh…..I think you've got to be quite brave….I don't think anyone could be a nurse….you've either got that way about you or you haven't…..like you've always got to have wanted to do it really….

R: so do you think people in your year at school may be able to change their minds and consider nursing if they hadn't thought about it before?

P: No I don't think so…..but then I suppose if they're that sort of person but didn't really know anything about nursing….they might be able to….I suppose they'd have to have some information and that…..as I said….I wouldn't go into nursing….

R: Can you just explain the reasons why again?

P: well my sister said she would never advise anyone to go into nursing…..I'm not patient enough to do the job really….I hate blood and being told what to do….and I definitely wouldn't want to do all the shifts you have to do….

R: have you had any information at school about nursing…or ever discussed this within lessons?

P: no….not that I can remember….

R: ok….so you said you'd like to work with animals….is this something you've discussed at school or with the careers officer?

P: yeah we have a meeting with the careers officer and have to do the Fast Tomato thing on the computer...

R: so how did that go?

P: well I've had one meeting so far but you can ask to see them again if you want…which I won't cos he's rubbish (laughs)….no he's a really nice man but he's no good at careers really….he just asks what you're interested in and gives you some websites to look at which I've already done anyway….but he has told some of my friends not to do certain jobs cos they aren't doing the right subjects or they're not predicted high enough grades….I don't know why we see him really….I think we all do our own research with parents and that….

R: so have you discussed your ideas with your mom about what you want to do?

P: yeah she's like looked at the jobs and what you need…what qualifications…and we've looked at different Universities and the grades they want….that's the problem really….it depends on what grades I get…I don't think I'll get to do a vetinary science course but I might do animal welfare or something….

R: so you want to go to University?

P: yeah….well I think most people do….all my friends do cos there's no jobs is there....some might go to college though rather than staying here for A levels but I'll stay here cos I only live round the corner…my mom wants me to go to University…but I'll go somewhere local so I can live at home…

R: so you do you think school has helped you choose the next steps to take after your GCSE's?

P: well not really….i suppose they help you in your exams cos that's what they're there for to make sure you get high grades as possible….but we don't really have much information on Universities…we might get that later this year or next year in AS….we have connexions come in though…they give some stuff on apprenticeships and colleges I think…I'm not sure…

R: ok do you have any careers fairs that you can go to or outside people coming in to speak to you about their jobs and roles

P: yeah I think they have some careers trips….like if you want to do science or engineering they had a trip to London…and I think the people who want to do law do a residential thing somewhere…it might be Nottingham….but I think they do that next year but they have to put their name down now….not sure… I don't think we've had anyone come in as such…..not that I know of anyway.…

R: what do you think the best way would be to get information to your year about jobs and careers?

P: well it would be good if people came in to talk about their jobs cos you'd get a better feel for what they do rather than just reading it on the internet I suppose…

R: do you think you would go to listen to a talk on nursing if there was one at school?

P: yeah I think I would….to see if they say the same thing as my sister (laughs)….I think I'd go to all the talks really even I wasn't that interested in that particular job 'cos you never know do you….there might be something I hadn't thought of before.…

R: do you have the opportunity to do work experience as part of your school studies?

P: yeah we have to do work experience but unless you've got contacts in the job you want to go into…..you just end up going to work with family……I would love to work with animals but I don't know anyone and neither does my mom……you're just expected to ring around and find something……they say any work experience is good experience and it looks good on your CV…..but I think it should be about trying something out before you decide……it's still really good to do work experience though….it gets you out of school and into the real world of work but it would be better if it was like something that you wanted to go into….so you would get like a feel for that job….and if it was definitely something you wanted to do… or it might not be what you expected…..

R: how would you feel about work experience in nursing?

P: no….I wouldn't want to do that…..unless it was something dead basic like doing a bandage or what the school nurse does here.…measuring weights and that…..I couldn't

clean someone or see blood or anything….I suppose I'd need more information about what I'd have to do….it would be good to have a DVD or something…..but it would be good for those who did want to go into nursing…or those that wanted to do medicine or work in the NHS…..

R: ok so what sort of things are you looking for in a career that nursing wouldn't give you do you think?

P: well something with good pay…..not shift work….something that I'd be would be happy in I suppose…like with animals as I said…..something that you can work on your own and not be told what to do….well I know you have to be told to start with…but then something that you can work on your own when you've got the experience…..but I suppose everyone's got a manger….

R: so how do you see nursing as a profession compared to others such as a teacher, doctor, lawyer, physiotherapist?

P: well obviously a lawyer and doctor are like the top professions….I don't think you can compare nursing to them….as I said I think nursing is like a job you've always wanted to do…you've got to want to do that…..not sure it's like a profession…..

R: ok, what do you think the main things you need to be classed as a profession?

P: ermm….like really good pay….lots of qualifications….you can work on your own when you're qualified…..no-one tells you what to do….like everyone knows you're good at your job….that sort of thing really…you've got to be really clever obviously…..I don't think nursing lets you do any of those things….

R: So do you know what you need to do to become a nurse…what sort of education you need….your sister may have told you?

P: well I was small when she was training to be a nurse but I know she did have to do some exams. She only did GCSE's though, she didn't do A levels.

R: do you think that has changed now….do you know what nursing requires now?

P: I think you still have to have GCSE's but I'm not sure about A levels….oh yeah you must have to because the courses are like in Universities now though aren't they…but I don't think it's like a normal degree….I don't think it's like 3 years….maybe 1 year at Uni and then more training on the wards?.....I'm not sure….I should know this shouldn't I as my sister's a nurse (laughs)….

R: so do you think nursing is a well-qualified profession like the professions you mentioned….law and medicine?

P: no it's definitely not as well qualified as those….you have to be really clever to go into law and medicine…I think you need 3 A's at A level at least….it's easier to go into nursing if you want to…..you need different things don't you…. like being caring and patient….

R: so do you think it would be better to consider a profession that needs lots of qualifications and pays good money, those things you talked about….

P: well no not always….like I'd work with animals anyway cos I know it would make me happy….but if you're clever and have a choice you would obviously go for the best career….

R: ok…so overall would you class nursing as a good career to go into do you think?

P: well yes if you want to do that sort of thing….we're always going to need nurses aren't we so you'll never be out of a job….I mean they do a great job…I couldn't do it like I said….but you've just got to be that sort of person…..sorry I keep repeating myself…(laughs)..

R: that's fine, it's ok… how do you think nursing attracts young people then….both girls and boys?

P: well I don't think it actually tries to get people into nursing does it? I know this sounds bad but I think if people didn't get into things like medicine they might want to go into nursing….I don't know though….I think it's mainly girls who want to do nursing…it's the caring thing isn't it…boys aren't really caring….not like that anyway….I couldn't imagine the boys I know cleaning up poo and sick (laughs)….but then if that's what they want to do….I suppose I always think of nurses as women.

R: why do you think that is?

P: well whenever I've seen nurses…like who my sister works with…they're girls…and the doctors are mainly male….but I think that's beginning to change….it wouldn't bother me if there were more male nurses….it's equal opportunities now isn't it……I suppose it's just tradition isn't it…..like police always used to be men and now there's men and women…

R: ok thanks…I know I've taken up your time but is there anything else you'd like to say about anything we've discussed or any other comments at all about nursing?

P: ermm….no I don't think so…

Thanked participant, recapped points of discussion, re-iteration of anonymity, consent and contact details.

Appendix 10: Showing how initial categories were encapsulated into themes:

Discource s- Knowledge and understanding
- perceptions of work involved
- blood and medical procedures
- personal experience
- perceived understanding of training
- qualifications needed
- types of nursing

Historical imagery
- florence nightingale
- historical figures related to nursing
- historical image
- angel and handmaiden
- uniforms
- doctor/nurse relationship
- vocation

Societal function
- concept of caring and nurturing
- trusted person
- concept of helping
- essential to society
- doctor's helper
- motherly figure
- encouraging 'wellness'

media versus reality
- UK television programmes/ perceptions of reality
- US television programmes /perceptions of reality
- films - perceptions of reality
- news coverage
- poor care
- perceptions of media portrayals
- imagery within books/ magazines

Traits and characteristics
- caring
- helping
- smiling/pleasant
- authority
- intelligence
- strong
- directed
- coping/patient
- hard worker

Nursing roles
- hospital nurses
- helping doctors
- cleaning
- specialist
- procedures
- caring/helping
- knowledge and skills
- doing good

Nursing as a profession
- education and training
- status
- regulation
- terms and conditions
- prospects
- autonomy and responsbility
- professional identity

Gender and nursing
- perceived womens work
- acceptance of male and female nurses
- male doctor/ female nurse
- female characteristics of caring and helping

Expectations from a career
- perceived level of qualifications needed
- money
- autonomy
- leisure time/ sociable hours
- opportunities
- values

Personal identity
- perceived choices
- self and possible self
- pusuit of goals
- personalities
- personal knowledge and skills

Expectations and perceived worth of nursing
- comparison of professions
- nursing as a moral choice
- second best
- perceptions of status
- educational requirements

Policy influences	Family and peer influences	Career opportunities	Education and schooling	Career Advice
•government influences •right to higher education •employment opportunities •financial implications	•parents /family influence in consideration of choices •negative discources of nursing •expectations and pressures •increasing status •investment (personal and financial) •conflicting goals and aspirations •peer influences	•rewards •perceptions of salary, terms and conditions •perceptions of self worth •perceptions of choices available relating to educational attainment •personal committments	•nursing in subject areas •reinforcement of historical imagery •teacher influence on careers •subject/examination choice	•information giving (tools) •access to advice •perceived usefulness of career guidance •influence of career advisors •job fairs/speaker influence •work experience

Appendix 11: showing how super-ordinate themes were organised from previous themes

An Image of nursing	Nursing as a profession	social, educational and political influences
• Discources: knowledge and understanding • historical imagery • societal function • media versus reality • Traits and characteristics	• nursing roles • professional status • gender and nursing • expectations from a career • personal identity • expectations and perceived worth of nursing	• policy influences • family and peer infleunces • career opportunities • education and schooling • career advice