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# Repertoires used by student nurses and lecturers while discussing professionalism during university study

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# Professionalism in Nursing

- Difficult subject to define (McLachlan et al 2002 and Finn 2009).
- Miller's (1985b and 1993) model of professionalism for nursing:
  - Education and training, skill base and theoretical knowledge, code of ethics, professional organisation, service.
- Furakers (2008) asked registered nurses about their professional role -which saw as rather 'vague'.



# Student Nurses and Unprofessional Behaviour

- Poor attendance in clinical practice and at university are viewed by many as linked to unprofessionalism.
  - **Lack of diligence and reliability** (Ainsworth and Szauter 2006 and Stern et al 2005).
  - **Absenteeism viewed as a lack of conscientiousness** (McLachlan et al 2009).
  - **More students were absent for lectures at university than they were on the wards** (Timmins and Kaliszer 2002) .

# Study context

- NMC (2010) require students to spend 4,600 hours divided *equally* between practice and university.
- Few studies focus on student nurse professionalism in University.
- Very limited research on how student nurses conduct their language around professionalism.

## Study Aim:

- The aim of this study is to uncover the discourses around professionalism used by student nurses and the discourses of the lecturers who teach them.

# Study Objectives

1. Uncover the conceptual links and influences of the talk between the lecturers and student nurses.
2. Map differences and similarities between the language used to define professionalism.
3. Determine if student discourses about professionalism change while at university.
4. Compare and contrast the discourses of students from different fields of nursing.
5. Identify the interpretative repertoires used to define student nurses professionalism from the perspective of students and lecturers.



# Methodology

- **Discourse Analysis**

- (Discourse Analysis Sociology Psychology) (Wetherell and Potter 1992)

Addresses the *'how'* and *'why'* questions in relation to the construction of reality. For example, *'how'* do student nurses talk about professionalism while at university and *'why'* do they use the language they use.

- **Underpinned by Ethnomethodological principles**

Uncovers *how* social reality is constructed and attempts to understand *how* people go about their normal lives creating meaning for themselves and others.

# Methods

- Round 1\* interviews (2013):  
Lecturers and Students before the students first experience of clinical practice.

<b>Lecturers</b>	<b>Students (before 1<sup>st</sup> placement)</b>
Field of Nursing	
Adult Field x4	Adult Field x2
Child Field x 2	Child Field x 3
Mental Health Field x2	Mental Health Field x2
<b>TOTAL 8</b>	<b>TOTAL 7</b>

\* Round 2 (2014) and 3 (2015) interviews to be conducted with student nurses each year of their programme.





# Analysis

- **Interpretative Repertoires**

A range of accounts of the same phenomenon containing the same relatively internally consistent, bounded language units. They are the 'building blocks' of conversation (Edley,2003).

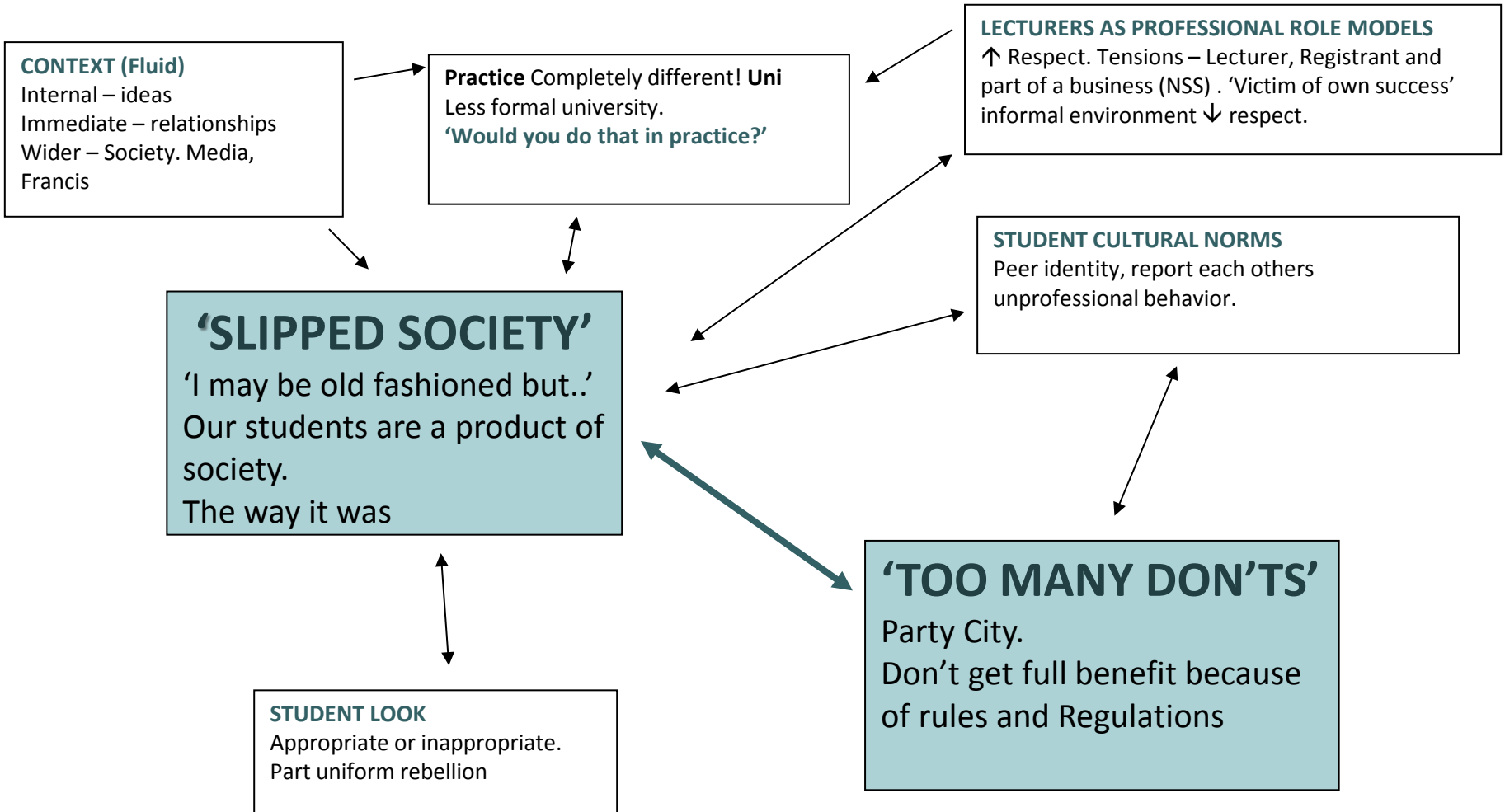
- **Common Cultural Stories** (Steven, 2009)

Types of language commonly used in a particular discourse community where individuals create plausible accounts of their world.

- **Memes** (Blackmore,1999)

Thoughts, words, ideas, actions that spread through replication from one person to another within a culture. Acts as a unit for carrying cultural ideas. Memes do not have to be true to spread. Urban Myths are an example or sayings such as '*Too posh to wash*'.

# Preliminary Findings- Lecturers Talk



- Repertoire 1



**JULIE** (Adult Field Lecturer): *I think that, **society has changed** and you see that through the education system and there are **different standards** in schools, there are **different standards** in education colleges, there are **different standards** in the workplace, and depending on how they've been socialised, some people just see it as the norm to... you know, it's a cultural thing.*

**LINDA** (Child Field Lecturer): *... it's **not wilful**, because they are good, nice people, **it's not wilful**; it is just something that's **just washing through the generations** because it's going **unchecked**.*

## 'SLIPPED Society'

There is a movement in society where standards are not as good as they used to be.

**ROSE** (Child Field Lecturer): *... I feel very **old-fashioned** and I think these are the standards that **I expect** and this is how **they should behave** and that is how **I used to behave**, and that's **how I expect**... and I know that's how they are expected to behave in practice, so why are they not behaving in that way? And is it **society**?*

## • Repertoire 2

**Tony (Adult Field Lecturer):** *They're caught between two groups. You've got the behaviour on the wards, and then in university, I think they've got that sort of, erm, "we're students now..." but they're **not students really** now, because I think we read them the **riot act** and I think it's a **list of 'don'ts'**.*

**Stewart (Adult Field Lecturer):** *I think post-Francis now, the profession is now under so much **scrutiny** that I guess, erm, they are under that **much more scrutiny** and **pressure** to **conform** to this **idealistic media image** of what it is to be a student nurse, I think.*

### So Many Don'ts

Student Nurses need to be told what they cannot do as a nurse.

**Sarah (Mental Health Field Lecturer):** *But we always **warn** them. You know, "Be careful on Friday night".*



# Preliminary Findings- Student Talk

## BEING JUDGED AND CARRYING GUILT

'Not a real student',  
Free course  
North Stafford,  
Bad career choice  
'People will judge you'  
Dress sensibly

## HAVING STUDENT FUN

'Deserve a reward'  
'Students are known for being reckless'  
'Not about having a good time, it's work'  
'Getting caught'  
'Very few professions have such extreme boundaries'

## CONTEXTUAL IMPACT

Likely to be more professional in clinical practice.  
'Watched in practice'

## PROFFESSING INNOCENCE AND DEFENDING THEMSELVES

'We haven't done anything wrong'

## EXPECTATIONS OF OTHERS

'Peers are my future colleagues'  
Manners. 'Everyone on campus is professional'  
'Appear keen'

## 'IT'S LIKE A JOB'

A paid job. Responsibility to turn up.  
Bursary so being paid. 'Getting out and doing the job'  
'A job that doesn't pay any money'  
'I treat it like a job'

# • Repertoire 3

**Kim (Mental Health Student):** *if I go into a supermarket and there is a nurse in their uniform and I am thinking ‘it’s **absolutely disgraceful**, ‘why, why are you here’ you’re making us look really, really bad.*

**Jayne (Child Field Student):** *I’ve had someone come up to me and tell me: “You’re **going nowhere** in that job”. They said “There’s **no point**”. it’s got to the point where some people just **expect you to be nasty** now.*



## Being Judged and Carrying the Guilt

The public view of nurses and nursing is not always good.

**Stacey (Adult Field Student):** *I’m **really scared**; in that we’ve got to be professional, because I’m at uni, I’m 18, I’m ready, but like, not that ready to be so... **almost judged**. I feel like every time you meet someone and you tell them you’re a nurse, you’ve got to... you feel like they’re **judging you** and it’s quite a scary thought.*

## • Repertoire 4

**Joanne (Child Field Student):** *Student nurses have a lot more fun, when we are **allowed**. Sometimes, we don't do **anything wrong**, but we can go a bit silly but people don't expect it like 'you're meant to be student nurses'. It doesn't mean anything, we **haven't hurt anybody, we haven't done anything wrong, we're just having a giggle**'.*

**Stacey (Adult Field student):** *Like I looked at my Facebook page when I first joined and I was like: "Is this appropriate?" I **hadn't done anything wrong**, you know, there's nothing on there that's that **bad**, but can I be associated with that? It's a lot of **pressure**.*

## Professing Innocence and Defending Themselves

Student feel the need to justify their behaviour

**Kim (Mental Health Student):** *And just because you go out every now and again **doesn't make you a bad nurse at all**.*



# Theoretical Concepts

**Neo-liberal Governmentality** (Foucault 1997d): Power is de-centered. Members play an active role in self-government. Those who exercise power attain legitimacy by presenting themselves as helping.

**Disciplinary Power** (Foucault 1991): Power comes from within the discipline. Power is by regulating space, time (timetabling) and activities (party).

**Normalisation** (Rose 1999): Through shame we conform to Neo-Liberalism goals. Shame entails an anxiety over external behaviour and appearance of self leading to Self-Surveillance.



**Panopticon (within the profession)**  
Observation of the many by the few



**Synopticon (by the public looking in on nurses)** Observation of the few by the many



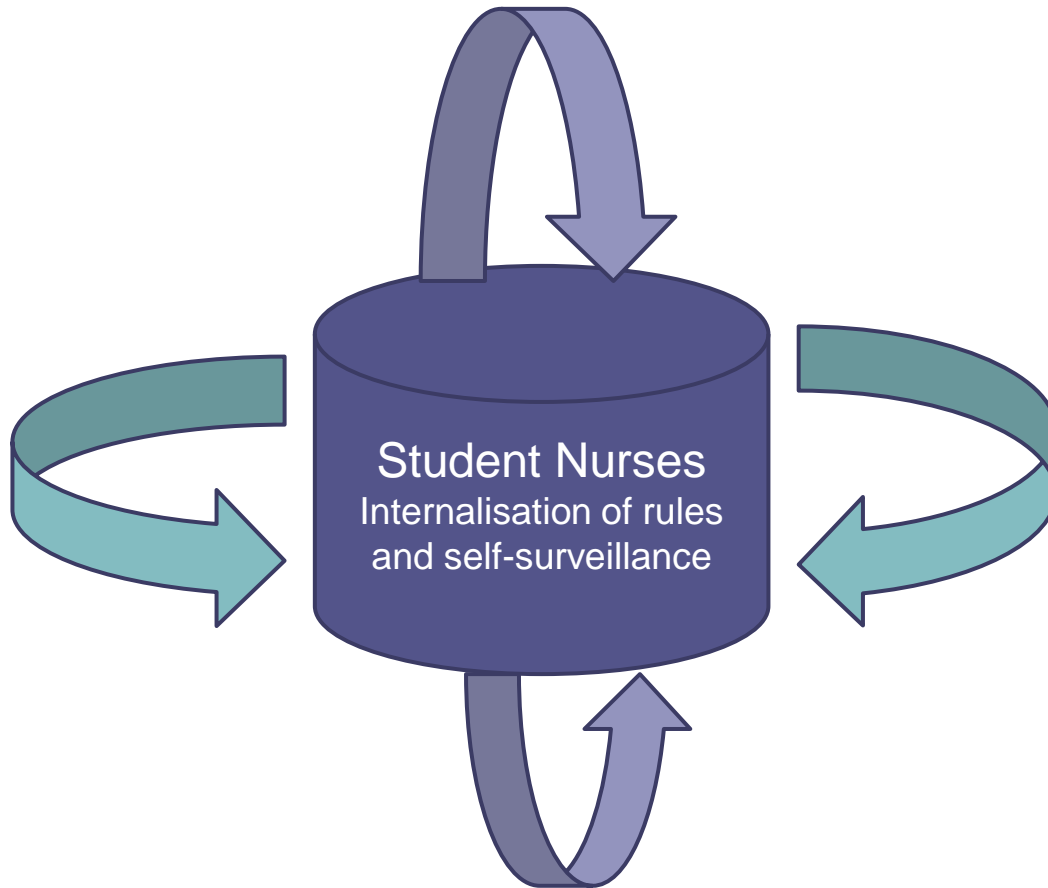
# Observing Student Nurses

## Panopticon

Observers from inside the profession with power (Mentors, Lecturers helping students from *straying* from the right path).

Disciplinary Power

**Student Nurses**  
observe each others  
behaviour  
(Judge and report)



## Synopticon

Public Gaze  
Media (Francis Report) = Shame

**NMC**

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