

Dissertation submitted as partial requirements for the degree of Master
of Education, Faculty of Health Medicine and Society, University of
Chester

**PRE-REGISTRATION STUDENT
NURSES' PERCEPTIONS OF THEIR
LEARNING EXPERIENCES DURING
THE COVID 19 PANDEMIC – AN
INTERPRETIVE PHENOMENOLOGICAL
ANALYSIS**

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23/10/2023

WORD COUNT: 14, 402

(Word count excludes tables, reference list, and appendices)

DECLARATION

I hereby declare that this thesis is my own work and effort and that it has not been submitted elsewhere for any award. Where other sources of information have been used, they have been acknowledged.

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Acknowledgements

I dedicate this paper to the memory of my mum, who always took an interest in my work and encouraged me, especially when things were difficult. I would also like to thank my husband, sister, and friends, for all their love, support, and patience over the past two years.

Thank you to Eve Collins at the University of Chester for her supervision, support, and guidance, which was invaluable in the production of this dissertation.

Finally, I would like to thank the participants, who shared their time and experiences with me and made this paper possible.

Abstract

Title

Pre-registration student nurses' perceptions of their learning experiences during the Covid 19 pandemic – an Interpretive Phenomenological Analysis

Background

The Covid 19 (C19) pandemic led to social distancing and academic institutes moved to online delivery with changes made to practice placements. Student Nurses (SNs) faced unique challenges due to these changes and the full impact is still unknown.

Sample and Setting

Five SNs from one North West England university.

Data Collection and Analysis

Semi structured interviews were transcribed and analysed using the IPA approach.

Findings

Four Group Experiential Themes were created. The SNs perceived that they had experienced an Impoverished programme, isolation, fear, and financial hardship.

Conclusion

Although the full impact of the C19 pandemic is not yet known, the results of this study demonstrate gaps in practice, in both the practical and theoretical components. Although further research is necessary, the SNs did offer solutions to the issues they experienced.

Recommendations

Training in pandemic preparedness for academics, students and practice partners; mandatory digital training for students and academics; experience of online blended learning; a buddy system and small study groups to be created; extra curricula fun activities, specifically for SNs; mandatory mental health and motivational interviewing training for academics and students, with an exploration of how this can be delivered to practice partners; raising awareness of funding and lobbying for funding for exceptional circumstances.

Chapter 1: Introduction and Background

1.1 Introduction

The first outbreaks of the Covid-19 (C19) pandemic were reported in China in December 2019 however it was in March 2020, that the World Health Organisation (WHO) declared a pandemic (Farsi et al., 2020). Social distancing measures, introduced to reduce the impact of the virus, negatively impacted on the whole UK population, and had a significant impact on nurse education (Carolan et al., 2020). During the first wave of the pandemic, due to demands on the NHS, the UK government worked with Health Education England and the Nursing and Midwifery Council to allow nursing students in their final year to join the workforce and be paid as Health Care Assistants (HCAs) (Godbold et al., 2020). Due to concerns for the safety of students, the theoretical component of all programmes was delivered online. However, as the pandemic progressed, nurse education was reviewed and adapted, with new protocols being introduced, designed to protect students, both in clinical placement and university. Due to social distancing and a reduction in available assessors, The Nursing and Midwifery Council (NMC, 2020) introduced emergency standards to provide more flexibility in practice learning. One example implemented was a rise in clinical simulation placements (Rasmussen & Jacob, 2021).

The evidence surrounding the experiences of SNs during the pandemic and how it will impact on their future life and health outcomes is still developing. To ensure their safety, wellbeing, and quality of education in future emergencies, it is imperative that educators explore the experiences of both those deployed into practice and the more junior students whose learning was disrupted.

1.2 Background

Nurse Education delivery has always been viewed as challenging and innovations have often proved difficult to embed due to time or financial restrictions (Bleich et al., 2020). However, when changes are implemented, it is important that the needs of all

stakeholders are met, and Higher Education Institutions (HEIs) constantly evaluate their programmes to ensure they are relevant (Spurlock, 2020). Amendments to the Nursing and Midwifery Council (NMC) Standards for Student Supervision and Assessment, in 2018, led to a complete review of nurse education delivery (Pearson & Wallymahmed, 2020). Not long after these changes were initialised, the C19 pandemic began and HEIs quickly transformed their curriculum to deliver a diverse range of modules online, with innovations that previously would have taken years to develop, completed in months (Crouch, 2020; Office for Students [OfS], 2020). Educators were faced with moving the newly designed curriculum online in a limited timeframe, exploring methods of blended learning, supporting anxious students, and dealing with the pandemic (Spurlock, 2020). Schlesselman (2020) reports on how some educators were surprised at the lack of engagement by students when they simply transferred their face-to-face sessions, online. However, it is recognised that online courses have higher rates of attrition, (Gillis & Krull, 2020), and training is necessary to equip teachers with the skills needed to engage and facilitate student learning (Pechenkina et al., 2017).

O'Connor et al. (2022) report that, as a large majority of students are from the younger generation, there was an assumption that they would embrace the transition to online learning. However, they found that although most students have a mobile device, it is mainly used for social interactions, which does not equip them with the skills to learn on them, especially remotely (O'Connor et al., 2020). It is suggested that due to the variety of platforms used and potential risks with online spaces, students need digital training on their use for both professional and educational purposes (O'Connor et al., 2020). Digital poverty has also been cited as a barrier to remote learning, with many reporting that they had a lack of or poor access to equipment or internet access (Office for Students [OfS], 2020). This was heightened when children were home schooling and needed access to the only device (Bleich et al., 2020; OfS, 2020). As the first phase of the pandemic eased, and guidelines changed, students were permitted to attend skills sessions but in small numbers due to concerns of infection. This led to short sessions due to social distancing guidelines but allowed for more interaction with their lecturers and colleagues. Elevated levels of anxiety in Higher Education have always been present, particularly in nursing students, but traditionally this was due to the increased levels of theory, practice, and

pressure to gain high grades (Savitsky et al., 2020). Anecdotally, students reported how feelings of isolation, technological and personal circumstances, all affected their ability to study (OfS, 2020). This suggests that the unprecedented requests placed on SNs, and the instability had led to all aspects of their education being affected (Farzi et al., 2020).

The highly transmissible virus created unprecedented demand on health and social care throughout the globe (Maben & Bridges, 2020) and this was reflected in the United Kingdom (UK) nursing workforce. Emergency Standards for Nursing and Midwifery Education (NMC, 2020) were produced and practice placements for more junior students were initially postponed, however students in years two and three were invited to opt in to extended placements, to increase staff numbers (Swift et al., 2020). This meant they could join the NHS as paid members of staff, retaining their student status, but not their supernumerary protection. There was also an option to choose an online theory route, where students would continue with home study for theory and opt out of practice (Webster, 2020).

Most analysis during the pandemic lacked the support of evidence-based research and the wellbeing of healthcare workers, including nursing students, who were working in challenging environments raised ethical dilemmas (Lake, 2020; Shaw, 2020). Health care staff working on clinical frontlines raised concerns about personal safety systems and training, which have now been vindicated (Iqbal & Chaudhuri, 2020). This has led to Hayter and Jackson (2020) questioning the duty of care of UK HEIs in safeguarding SNs, by allowing them to be employed as part of the workforce at such a dangerous time. Evidence demonstrates a rise in stress levels in SNs across the globe, which has been affected by factors such as news stories, and concern about infection (Aslan & Pekince, 2020; Lovric et al., 2020). These studies reflect previous research findings with SNs during pandemics such as the H1N1 and SARS (Godbold et al., 2020). This has led to nurse educators being called upon to monitor the impact on SNs working in the pandemic, particularly any negative effects on their personal and professional development, and to use evidence-based strategies for students in ongoing or future pandemics (Monforte-Royo & Fuster, 2020; Lake, 2020).

At the height of the first wave, key issues identified by SNs on the frontline in England were professional identity, a rare opportunity to learn, frustration when the opportunity is not available for some, fear, and a desire to protect oneself and others (Swift et al., 2020). The International Council of Nurses (2021) has highlighted the physical and psychological effect on nursing staff, citing the significant impact of burnout, exhaustion, and Post Traumatic Stress Disorder (PTSD) as major concerns which all have an impact on nurse education. The UK Government continually raised the importance of self-care during the pandemic and encouraged parents to ensure the psychological wellbeing of their children (Connor et al., 2022). Studies continue to evolve, but research suggests a decrease in emotional wellbeing, particularly in adolescents, women and those who live in areas of higher deprivation (Gray et al., 2020). As a high number of the SN population make up this demographic, the importance of establishing the reasons for these facts is paramount. Professionals are united in their stance that future education should include building the resilience training and psychological support to ensure the safety and welfare of students. By understanding the lived experience of students, educators can enhance their approaches to facilitating their programmes to equip students with the skills they need to face the future practice and emergencies that may occur.

Chapter 2: Scoping Review

2.1 Introduction

This chapter will provide an overview of the literature relating to C19 and SNs learning experiences. It will demonstrate evidence of the search strategy utilised to explore the literature and themes identified.

A scoping review was completed to identify the value of current evidence, increase understanding of search strategies, and expose gaps in the knowledge base, as advocated by Anderson et al., (2020) and Bettany-Saltikov and McSherry (2016). This affords the opportunity to review inconsistencies in the literature and guide the choice of an appropriate research method, refine research terms, and inclusion/exclusion criteria (Munn et al., 2018; Gill, 2021)

2.2 Search Strategy

The National Institute for Health and Care Evidence (NICE, 2022) gives guidance on identifying evidence and literature searches. Several databases were chosen as NICE (2022) advocate this to ensure rigour. CINAHL Plus (EBSCO) Full Text was chosen as it contains nursing and allied health articles and is considered as one of the largest databases in the world (Hopia & Heikkilä, 2019). ProQuest was chosen to detect further results as it includes a database dedicated to C19 and one to Nursing and Allied Health. The Cochrane database of systematic reviews was searched, but as the pandemic is recent, it returned no results. Google Scholar was then reviewed as it is one of the most popular databases available and can be effective in finding grey literature, however it is acknowledged that due to the high volume of results, it is not always reproduceable (Haddaway et al., 2015). Another consideration is that it can introduce bias as it is affected by factors such as language and geographical location (Heath & Levay, 2021)

It is recommended that a search strategy should be ethical, robust, and reproducible (Bethel et al., 2021), however, when completing an IPA study, it is important to have an open mind as there is no specific theory or research question (Smith et al., 2022).

Heath and Levay (2021) recommend completing initial searches on Google scholar and the university library was also utilised, which helped generate ideas for the search terms. Reading key documents from the NMC and HEE also provided ideas, and search terms were created, experimented with and refined to the following; nurs* student*, student nurs*, nurs* education, undergraduate nurse*, covid*, corona*, experience*, perception*, attitudes, views, feelings, perspective. The Boolean operators AND, and, OR were included with varying combinations of the key words to create a more focused search. This produced a high number of irrelevant results and as recommended by Hart (2018) inclusion and exclusion criteria were applied.

Table 2.1 Inclusion and exclusion Criteria

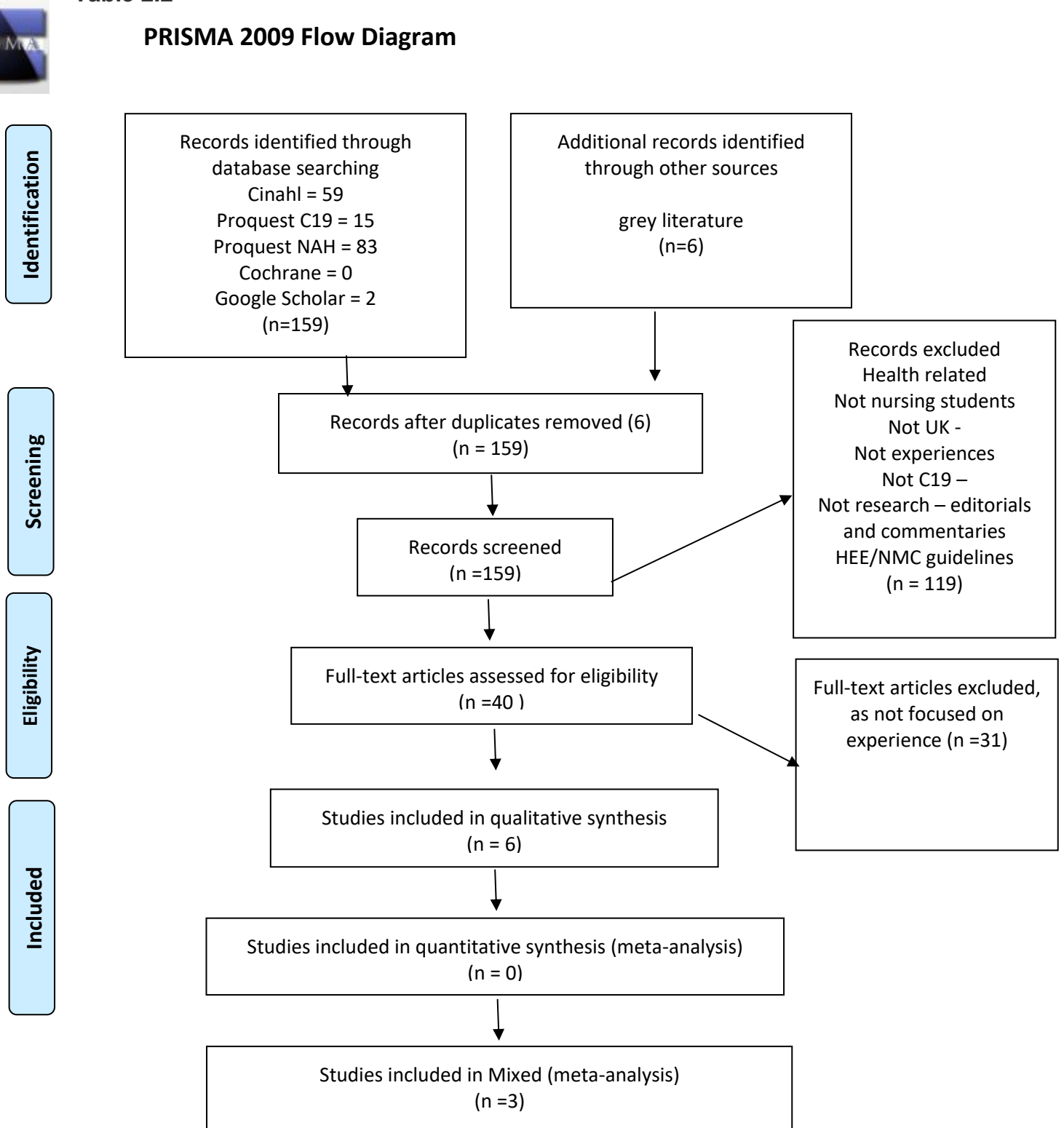
Inclusion Criteria	Exclusion Criteria
UK and Ireland Studies	Not UK and Ireland
Focus on SNs	Not SNs
English language	Post graduate students
Published between 03/20 and 04/23	Not experiences
Full text with abstract	Health related/patient care
Peer reviewed academic journals	Guidelines
Research studies and service evaluations	Not C19
Nurse education publications (Proquest NAH only due to excessive results)	

The focus on studies from the UK and Ireland, in English language was decided to reflect the unique situation of the National Health Service (NHS). The dates were applied as this is when the pandemic was active, and Peer reviewed journals were included to ensure quality evidence. A further limitation was included for research and service evaluation. A backward citation search was then completed by hand to find 6=n grey literature papers (Boland et al., 2017). Details of the investigation are given in the Literature Search (Appendix 1). The Prisma Flow Diagram, (Table 2), visually summarises the screening process. 6=n duplicates were removed, and this led to abstracts of n=159 studies being read for relevance, and n=119 being rejected in accordance with exclusion criteria. A further n=40 were then reviewed in full, to

determine eligible articles that had direct relevance to the experiences of SNs during the pandemic. Using the inclusion and exclusion criteria 31=n papers were rejected as they did not focus on SNs experiences. Finally, 9=n research studies, which included 6=n qualitative and 3=n mixed methods, were selected for the data extraction (Appendix 2)

Table 2.2

PRISMA 2009 Flow Diagram



2.3 Anecdotal Evidence

Commentaries, editorials, and reflections were rejected, as although interesting they are, in the main, anecdotal. However, they are worthy of discussion as they concur with findings from the current evidence. Leigh et al. (2020) produced a professional guide giving advice on the Greater Manchester Supervision and Delegation Framework, which could be linked to the positive outcomes for SNs. The National Education and Training Survey (HEE, 2021) found that 90% of those surveyed reported a positive experience on practice placement during the initial C19 pandemic. However, in a student commentary on conditions after the scheme ended, SNs in Scotland, wrote to the Chief Nursing Officer (CNO), complaining about being moved between areas and being used as substitutes for healthcare support workers (Brown, 2021).

In their editorial, Leigh et al. (2020) concluded that although there was physical and emotional stress, SNs were able to manage practice, home life and academic study and demonstrated great personal resilience. Williams (2022) praised the courage of both qualified nurses and students during the first wave of the pandemic and how it raised the profile of nursing. Swift et al. (2020) concurred but also voiced the importance of considering those who were unable to take advantage of this extended placement. This could be due to health or personal reasons, or because they were more junior students who were excluded from practice and were unsure when they would be allowed to return. These SNs were concerned about letting their colleagues, and the country down, when they were needed most. They also cited feelings of failure and anxiety surrounding missed learning opportunities, the financial implications and of how they would meet the required number of hours to qualify. Carr (2021) a first-year student, commented on feelings of annoyance, initially but then had thoughts of being inadequately prepared due to missing 120 hours of practice in the first year. Fear of how staff would perceive this and their own feelings of incompetence, when commencing the first placement of year two, were voiced.

There was discussion on adapting to online placements and learning to learn during the pandemic (Townsend, 2020; West, 2021)) reflected on the experience of learning to learn online during a pandemic. Commentators discussed the disruptive impacts

of delivering online education, however they also focused on the transformative opportunities in theoretical nurse education (Carolan et al., 2020; Haslam, 2021; Leigh et al, 2020). Leigh et al. (2020) and Garner et al. (2022) focused on approaches to virtual teaching and learning during the pandemic and recommended tools to engage and support students and academics.

The disruption and uncertainties that SNs experienced during the pandemic have been linked to SNs emotional distress (Carolan, et al., 2020). A study completed by the Higher Education Policy Institute (2020) found that in the first lockdown of C19, 63% of students said their mental health was adversely affected because of the pandemic. Although this was a generic study in higher education, it highlights the level of psychological upset in students. For SNs, disruption to theory and practice, the fear of contracting C19 and moral distress due to witnessing large scale suffering and death are all topics which have impacted on their emotional health and need to be considered (Carolan et al., 2020).

2.4 Research Papers

Nine research studies, which included (n=6) qualitative and (n=3) mixed methods were reviewed. There were no quantitative studies. (n=5) papers focused on the nursing students who opted into the extended placement (Cushen-Brewster et al., 2021; Godbold et al.; Kane et al., 2021; Kane et al., 2021; McSherry et al. (2021), and (n=1) studied both SNs and medical students, who opted in (Griffin & Riley, 2022). There were (n=2) focused on learners' experience of their theoretical studies (Calica & Paterson, 2023; Williams & Murphy, 2022). (1=n) included practice and theory (Pullan et al., 2023), (Appendix 2).

None of these papers studied the experience of SNs completing planned practice placements, once the first wave of the pandemic had ended. It important to consider that the focus on extended practice, which gave financial reward, could have influenced the perceived experience of the students. There was a lack of data concerning students experience of theoretical learning and the support from the universities regarding this. Financial hardship due to social distancing was not

explored. Only Pullan et al. (2023) focused on digital poverty and the issues of studying at home. Most of the papers focused on one cohort of students, except for Pullan et al. (2023), who included participants from years one, two and three.

There were five recurrent themes identified during data analysis: Emotional and Psychological Distress – Including Delayed Emotions; The Importance of Support Mechanisms; Obligation; Professional Identity and Resilience; Impact on Educational Development.

2.5 Emotional and Psychological Distress – Including Delayed Emotions

This theme was dominant in every paper regardless of whether it was related to practice or theory. Griffin and Riley's (2021) interpretative qualitative study focused on medical and Nursing students completing the extended placement. The results include workplace anxiety surrounding death, suffering and the intensive workload and personal responsibility. Feelings of exhaustion and negative mental health were apparent in their findings. Although participants had dealt with end of life previously, the numbers were unprecedented, and some had had to come to terms with the death of colleagues after contracting the virus. This led to fear of contracting C19, due to working close to positive cases and not having equipment and PPE. Students felt overwhelmed by the volume of work and voiced concerns over ethical issues, where urgent tasks took precedence over treating people with dignity and respect. Distress was replicated in Cushen-Brewster et al. (2021), Godbold et al. (2021) and Kane et al. (2021) whose qualitative studies focused on SNs completing the extended placement. They all report that delays in emergency treatment due to stronger infection control measures were difficult to accept and that students were anxious about contracting and transmitting C19 to their families. These events, coupled with a lack of resilience can lead to moral distress and have long lasting negative implications (Kane et al., 2021). Cushen-Brewster et al. (2021) advise that AEs and placement providers need to consider the implications of this on SNs as the impact and anxiety produced by pandemic could be long lasting.

Participants discussed how this emotional distress led to feelings of incompetence and a lack of confidence in their abilities. Some contained their emotions and considered this as a coping mechanism due to the continuing pandemic (Godbold et al., 2021). Others would reflect later, however during the interviews some came to the realisation that they were finally acknowledging this distress (Griffin & Riley, 2021). There has been a rise in mental health conditions such as burnout and Post Traumatic Stress Disorder (PTSD) in the healthcare profession since the pandemic (De Kock et al., 2021). Emotional and psychological stress was a theme in all papers which focused on the students who opted in to extended practice. This has led to concerns that a delay in students processing these strong emotions could lead to future mental health issues (Griffin & Riley, 2021) with Kane et al. (2021) calling for more focus on resilience and moral courage in the PRN curriculum.

2.6 The Importance of Support Mechanisms

When the NMC (2018) education standards were published, they included robust tripartite support mechanisms in the form of the Practice Assessor (PA), Practice Education Facilitators (PEFs) and the Academic Assessor (AA), with the student's Personal Tutor (PAT) available as required. For students who opted into the extended placement, anxieties were heightened, and the enhanced academic and practice support led to a positive experience of their extended clinical placement (Cushen-Brewster et al., 2021; Godbold et al., 2021). In Kane et al. (2021) students report how staff and management were supportive and regular meetings to discuss progress and concerns were beneficial in reducing stress and clarifying any role misunderstandings. Cushen-Brewster et al. (2021) advised that supporting SNs via virtual platforms is an option that can be utilised with good affect and is valued to allay fears.

In Griffin and Riley's (2021) study students reflect on a culture of inclusiveness, which helped them feel valued and supported. Some students relate how they received preparation for practice, which had a significant impact on alleviating stress. Shadowing qualified nurses before working independently, helped to build confidence. However, there were some who advised that they lacked induction and

preparation, and that practice staff expected them to work without guidance and support (Griffin & Riley, 2021). These conflicting findings could be due to the job role, or field of study, as some of the participants were medical students who took paid work as porters and medical student assistants, and only seven nursing students. McSherry et al. (2021) found similar evidence, however there were also feelings of uncertainty about the SN role as qualified staff did not appear to understand it. There was confusion concerning the supernumerary status of students on extended placement, with many citing that staff were unsure of their roles. They were often counted in the numbers which led to confusion and anxiety (Kane et al., 2021). Godbold et al. (2021) report that due to a lack of qualified staff there was no continuity and people did not have time to support them or complete their practice documentation, which added to student anxiety.

This lack of understanding was reported in both nursing staff and students (Godbold et al., 2021; Kane et al., 2021). Griffin and Riley (2021) also found conflicting themes surrounding relationships and teamwork, with some immediately feeling a sense of belonging and others having thoughts of exclusion due to being a new and temporary addition to the team. A lack of training and understanding of the student roles was voiced as a cause for this situation, furthermore in Kane et al. (2021), students report that some members of staff did not agree with the opt in placement, which raised anxiety levels, further. All of these studies were completed during the first wave of the pandemic with opt in students and Cushen-Brewster et al. (2021) and McSherry et al. (2021) report that ensuring a full awareness of placement expectations in advance can help to reduce these concerns. This lack of preparedness is also cited as a cause of anxiety and it is recommended that lessons learned from the pandemic can help plan for future emergencies (Godbold et al., 2021; Kane et al., 2021).

2.7 Obligation

Kane et al. (2021) report that students felt it was their duty to opt in as they owed it to their patients and communities. Students were concerned that if they did not complete the placement they would fail to qualify in time, which would have financial

implications. There were others who felt obligated, with little choice in the matter, especially as they were on the apprenticeship programme, and worked for the trust. SNs also discussed feelings of social pressure from members of their university cohort, who had opted in, the media and society. Feelings of obligation were also found in Godbold et al. (2021), who report that financial difficulties and a necessity to increase practice hours, were cited as reasons for opting in. McSherry et al. (2021) focused on the reasons of SNs for opting in and a sense of duty, financial incentive, and programme completion were all cited. All studies focused on the extended nursing placement and this sense of obligation was a concurrent theme and Kane et al. (2021), plan to complete further studies with other students from allied health to see the comparison.

2.8 Professional Identity and Resilience

Most studies demonstrate how the pandemic has had a negative impact on students emotional and psychological wellbeing. However, the unique learning experiences of students, and how they developed new and transferrable skills, including leadership and digitalisation, which can be utilised in the future is one of the positive factors (Calica & Paterson, 2023; Cushen-Brewster et al., 2021; Godbold et al., 2021; Griffin & Riley, 2021; McSherry et al., 2021;).

These experiences led to stronger feelings of resilience and personal development (Calica & Paterson, 2023; Godbold et al., 2021; Kane et al., 2021). There was a sense of pride and social responsibility during this historical situation which gave them an opportunity to fulfil their vocation (Leigh, et al., 2020; Godbold et al., 2021; Kane et al., 2021). This sense of pride was reinforced by the positive regard of friends and family. Cushen-Brewster et al. (2021) report how students felt empowered by the responsibility held and confident to challenge authority. Due to all staff wearing PPE, hierarchies were diminished and there was an improvement in collaborative, person centred care. This suggests a move towards compassionate leadership where all members of the team feel included and have a voice (West, 2021).

2.9 Impact on Educational Development

SNs who opted into the extended placement all commented that this had prepared them for practice, and they felt more confident at the point of registration (Calica & Paterson, 2023; Cushen-Brewster et al., 2021; Godbold et al., 2021; Griffin & Riley, 2021; McSherry et al., 2021;). Positive aspects were the flexible online learning and being able to review recorded lectures, although it was stressful trying to manage work, family, and study (Calica & Paterson, 2023; Godbold et al., 2021;).

Pullan et al. (2023) completed a mixed study which focused on PRNs experiences of online learning and although it was a relatively small study of only n=88 students, it included students from all three cohorts on the programme. Concerns were raised about studying at home with family life distractions, issues with technology and lack of interaction or engagement causing anxiety and fatigue. It was noted that those students from year one who had never experienced face to face teaching engaged much better with online delivery. Those from year three who had previously experienced face to face teaching found engagement more difficult. This could be explained by Ross et al. (2017) who state that students prefer familiarity. Calica and Paterson (2023) report that there was negative feedback concerning online lectures. This included frustration due to students needing support to log on, meaning classes were delayed, and the lack of social networking due to working remotely. However, students were positive about the range of online materials and being able to follow recorded lectures in their own time.

Calica and Paterson (2023), found high anxiety in year two students, due to the increased academic workload, new learning environments and the lack of socialisation during lockdown. These SNs felt excluded from practice and expressed anxiety due to missing practice placement hours (Calica & Paterson, 2023). To counter this lack of placement hours, Williams et al. (2021) developed a four-week simulation placement for PRNs. They completed a survey with students in simulation and those on traditional practice placement and found there was no difference in the students' perceived preparedness for practice. 92% of students were satisfied with the simulation and felt prepared for their next practice placement. Although there was some qualitative data which gave feedback on the students'

experiences, it is limited, however it demonstrates the importance of preparation for practice and is now part of the PRN curriculum in many HEIs.

2.10 Conclusion and Discussion

These studies demonstrate some conflicting views and call for further qualitative research. However, it is apparent that several themes are recurrent, and it is important to understand if these occur in other cohorts, which this IPA study aims to identify.

The evidence surrounding the C19 pandemic is emerging and Kane et al. (2021) call for more qualitative data in order to prepare and support SNs during future pandemics. Godbold et al. (2021) concur that there is a lack of in-depth analysis of the perceptions and experiences of SNs during the pandemic, and that more research is needed to ensure that students receive adequate support during future emergencies. The COV-ed study, led by Professor Mary Malone, is a UK wide project aimed at understanding the impact of the pandemic on SN development, now, and in their future careers; the factors that support resilience, and best practice in workforce planning and development (Bliss, 2022). This is still awaiting publication, but initial findings indicate contrasting experiences with academic and clinical learning, which all have an impact on how students manage complex situations. Feelings of belonging have been found to be key factors in a positive learning experience and recommendations for future clinical curriculum development are eagerly awaited. Although the COV-ed study will be an interesting and valuable project, it is UK wide and there is a strong focus on practice and the skills gained by the participants.

This IPA study of SNs' perceptions of the learning experiences during the C19 pandemic, aims to address a gap in the current evidence by providing a wider understanding of the lived experience of both practical and theoretical learning throughout the programme. It explores the factors that supported the learning experience and coping mechanisms employed by the subjects. Semi-structured interviews with open questions, can allow students to be more candid about their

lived experiences. IPA is a qualitative method which allows a more holistic exploration of these experiences to give a richer depth of information, allowing the participant to narrate feelings and perceptions (Smith et al., 2022). Understanding this can inform educators on how to best support students in the future, as advocated by the evidence reviewed.

Chapter 3: Research Design

3.1 Introduction

This study aims to understand the learning experiences of pre-registration (PRN) student nurses (SNs) during the C19 pandemic.

The objectives are to understand the lived experiences of PRN SNs who engage with the study; generate rich narrative data relating to their experiences of learning in HE during the pandemic and make sense of their emotions and feelings; use the thematic analysis of the data and draw appropriate conclusions and recommendations to support education in the future; share the findings with colleagues and appropriate journals.

This chapter will explore philosophical paradigms and justify the key theoretical model utilised in the research process. Furthermore, it will appraise and define research methodology and provide a rationale for the choice in this study.

Investigation methods will be reviewed, and a justification will be provided for the process applied. Other factors relevant to the research process will be analysed, including sampling, quality assurance and ethical issues, data collection and analysis.

3.2 Theoretical Basis

Before embarking on any research, it is essential to consider which paradigm to follow as this will shape the overall structure and all aspects of the study will align with the chosen philosophy (Denscombe, 2021). A research paradigm refers to the beliefs and assumptions of how an individual views the world, and determines the enquiry approach (Denscombe, 2021). Parahoo (2014) defines it as a set of practices or beliefs, underpinned by ontological and epistemological approaches and assumptions. Ontology concerns being or reality and relates to the nature of reality and the way in which it is perceived by individuals (Crotty, 2014). This may include either the belief that a question is purely scientific or that there is a social reality based on the individual's interpretation (Parahoo, 2014). Epistemology is the theory

of knowledge and how it is formed. It is the foundation of how information is discovered, and the philosophy guiding the research study (Crotty, 2014). The research question will often decide which paradigm is most suitable, but the researcher's epistemological stance can also have an impact (Parahoo, 2014). Positivism and Interpretivism are two traditional research paradigms (Steen & Roberts, 2011). There are others, such as post-positivism, pragmatist, and transformative, however the main feature that divides them is objectivity (Denscombe, 2021). Positivists believe in the value of science and systematic approach to give precise predictions for any situation, including human actions. The world is viewed as an ordered system, which can be measured objectively, and positivists advocate that only one true version exists and only what can be observed by the five human senses can be known as fact (Parahoo, 2014). This empirical theory is deductive in nature, believing that there is one objective reality that can be proven through scientific experiment (Parahoo, 2014). Positivists hold objective beliefs and use quantitative research, consisting of statistical analysis to test theory or evaluate situations to deliver predictive results (Davies & Logan, 2018; Parahoo, 2014). Positivism is often used in large cohort studies and viewed as reliable and generalist with randomised controlled trials, being the gold standard (Parahoo, 2014). These findings are often used to guide health policy (Bruce et al., 2018). The interpretivist paradigm was chosen as it aligns with the aims of the study. Interpretivism believes that reality is open to interpretation and attempts to make sense of individuals' experiences and human behaviour, within the context that it occurs (Bentz et al.; Kegler et al., 2019). It is a more person-centred approach and can be used in complex situations, to give a rich and deeper understanding of lived experiences (Davies & Logan, 2018). It is used in social science, which includes human behaviour, and is more subjective, making it difficult to quantify and verify using empirical theory (Smith et al., 2022). This form of research involves qualitative methods and can be used to develop, and strengthen existing theory (Kegler et al., 2019).

Positivism	Interpretivism
Ontological Assumption Reality is objective, ordered and governed by natural laws.	Ontological Assumption Reality is internally experienced and socially constructed through interaction and interpretation and is based on the definition people attach to it.
Epistemological Assumptions Knowledge exists in the form of natural laws. It can be discovered and explained. It is possible to control events and predict their occurrence.	Epistemological Assumptions Knowledge is constructed, rather than discovered. There is never one single reality.
Methodologies Experiments Rigorous measurement of variables Randomised Control Trials Surveys Structured Interview Fixed Choice Questions	Methodologies Unstructured/Semi structured Interview Ethnography Observation Focus Groups Case Studies Action Research
Data Quantitative	Data Qualitative. May be supplemented by Quantitative

Table 3.1

The author's beliefs align with the professional philosophy of health visiting, which concerns working with people, understanding their lived experiences, and empowering them to understand and meet their health needs. It is a profession that aligns well with the role of educator for future health professionals and lends itself to social research and phenomenology. Phenomenological research critically explores the experience, to reveal the true essence and meaning and generate new knowledge (Matua & Van Der Wal, 2015)

3.3 Methodology

A methodology framework guides research and there are several qualitative approaches utilised in the interpretivist paradigm, such as grounded theory; ethnography and phenomenology (Denscombe, 2021). (Table 3.2). However, phenomenology was chosen as the study was concerned with understanding the individual's experience rather than what it symbolised (Coyle, 2014).

Table 3.2

	Grounded Theory	Ethnography	Phenomenology
Background	Sociology based. Initially cited by Glaser and Strauss in 1967. Used widely in nursing research. Aims to generate theory that explains social process. (Gelling, 2011; Charmaz & Thornberg, 2020).	Sociology and Anthropology based. Originally used to study exotic cultures. Aims to explore how sociocultural factors impact behaviours in communities and how they work (De Chesnay, 2015).	Philosophy and Psychology based. Initially developed by Edmund Husserl and concerned with making sense of the individual's experience rather than what it may symbolise (Coyle, 2014).
Data Collection	Initial interviews / focus groups with a purposive sample. Emerging themes are analysed and further, theoretical sampling is then completed to select the most important emerging themes (Charmaz & Thornberg,, 2020).	The researcher continually observes and engages with the community practices and behaviours. Data is collected through field notes, interviews, discussion,	To gain in-depth data, the most common methods of data collection are semi structured Interviews. Themes are then identified from the data (Coyle, 2014). Other methods, including focus groups,

		reflection, or observation.	reflective diaries and journals can be utilised
Benefits	Gives useful strategies for development of theoretical analysis. Can be used to support understanding and generate theory, policy and practice (Charmaz & Thornberg,, 2020)	Develops an understanding from the perspective of the community, which can include healthcare workers and users. It can support other data collection methods.	Gives a detailed description of themes which provide an understanding of how it feels to experience a specific phenomenon. This can be used to inform future practice.
Challenges	Time consuming. The researcher needs a high level of knowledge in the method. Challenging for novices. Deep engagement with the method and data, recommended. (Timonen et al, 2018). (Charmaz & Thornberg, 2020)	Time consuming. The researcher needs a high level of knowledge in the method. Finding a participant group can be challenging and the researchers may become too involved with the group. Credibility of results has been questioned due to subjectivity (Jones & Smith, 2017).	Time consuming. The researcher needs a high level of knowledge in the method. Vague questions can lead to a lack of focus.

Phenomenology originates from philosophy and psychology and is concerned with how individuals experience phenomena (Coyle, 2014). Smith et al. (2022) attest that it has been produced from the philosophy of several related but different fields. This has led to varying concepts and Sundler et al.(2019) cite that the two most common approaches that need to be considered, are descriptive and interpretative. The modern founder of phenomenology, Husserl (1859-1938) developed the descriptive approach, which was enhanced by Merleau-Ponté (Sundler et al., 2019). It aimed to give a first-hand description of the participant's experience, listening to their voice, and suspending one's own beliefs or experiences, to ensure an objective view (Coyle, 2014). This method was not chosen as the study focus is individual perceptions of a lived experience, and not how the individual described the phenomenon.

The interpretive approach was developed by Heidegger and Gadamer (Sundler et al., 2019). It provides a deep exploration of the participants lived experience; however, the focus is on what sense the participant makes of it (Nizza et al., 2021). Emiliussen et al. (2021) cite Heidegger, a pupil of Husserl, who wrote that it was impossible to completely remove oneself from personal knowledge and experience, and this should be seen in a positive light. There is no bracketing in IPA as the researcher needs an understanding of the world around them to be able to collect and interpret relevant data. This knowledge is used purposefully to create new understanding, meaning that preconceptions can contribute to the rigour of the study (Emiliussen et al., 2021). This will be discussed further in section 3.4.

IPA is an in-depth reflective enquiry, which aims to explore and reveal what the lived experience means to each individual person (Smith et al., 2022). It was developed in psychology in 1996 to provide a robust qualitative approach which centred on personal experience (Smith, 2011). It involves an exploration of the participant's perception of a given phenomenon, to understand personal perspectives. This is attempted by the researcher immersing themselves in the data analysis and making sense of the situation. Although criticised for being subjective, it allows for a deeper analysis to understand how participants make sense of their experiences (Sydor, 2019). Smith (2004) states this is completed by what he terms, the double hermeneutic, where the researcher attempts to make sense of the subject making

sense of their own experience. Due to this in-depth, interpretative analysis, it is an approach that can be used in conjunction with health prevention and health behaviour models (Smith, 2011) and fits with the author's professional values and experience as a reflective public health nurse. As the participants reflect, they attempt to make sense of the experience and the researcher can support them by making sense of the phenomena, through interpretation of the reflection (Smith et al., 2022). In this study, the event for the participants was studying during the C19 pandemic. It was a significant event in this instance due to the participants being SNs and they had to move to a situation, which was previously unknown and led to a high level of uncertainty. Due to these factors, IPA was viewed as the most suitable method of exploring the phenomena.

This method was chosen as it differs from other methods in that it is characterised by its analytical focus on the participant's attempt to understand their experience. It is idiographic and non-prescriptive, and each study is viewed independently when completing data analysis and then viewed as part of the group (Smith & Nizza, 2021). Although each participant is viewed as an individual, their experiences contribute to the researcher's, complete, understanding of the group (Hopkins et al., 2017; Smith et al., 2022). There are no set ideals, and researchers need to retain an open mind when completing the stages, which includes viewing each study using a different perspective to ensure that accounts are rich, robust, comprehensive, and well developed. Although Smith et al. (2022) advocate this open method of working, they do provide a framework, which is especially helpful for the novice in IPA, and was utilised for this study.

3.4 Sample / Participants / Setting

SNs who were studying during the C19 pandemic were the participant sample for this study. Participant recruitment is cited as being one of the most challenging issues in research and issues with or failure to recruit, can have a negative impact on study outcomes (Khatamian Far, 2018). Rosset al. (2020) suggest that including PRN SNs in research studies can be a limitation, due to a lack of engagement. Costley et al. (2010) state that if students are known to the research team, it can be

positive as they may be more open and candid. However, Cleary et al. (2014) discuss issues of credibility, when both parties know each other, as participants may not discuss their own beliefs or experiences but give responses they think the researcher wants to hear.

The OfS (2021) advocate listening to the student voice to influence the future of higher education. Once qualified these students will be supporting staff and other SNs in practice and it is important that they are involved in service innovation and contribute to evidence-based practice. Engagement helps students to understand research, provides a sense of community and can eliminate issues of power imbalance (Hickey et al., 2019). Burrell et al. (2020) report how SNs engagement with research is positive but that if there was personal benefit it could improve. However, Walker (2020) states that students participation should not be influenced by coercion, whether this be monetary or due to obligation. There are many considerations in sample recruitment and Khatamian Far (2018) advocates that recruitment methods should include more than one strategy and that the researchers should provide detailed information and time for students to decide on participation. Qualitative research aims to identify issues which are representative of a set population being studied, meaning a homogenous group who can offer insight into the phenomenon are invited to join the study (Gill, 2020). This purposive sampling is advocated in IPA studies by Smith et al. (2022). Although random sampling reduces bias, it is not appropriate in IPA due to sample sizes being smaller with deeper analysis (Smith et al., 2022). Participants are intentionally selected as they have some experience relating to the phenomena, and can contribute to the findings (Gill, 2020). SNs who studied during the C19 pandemic from year one, two and three, from one North West of England university, were invited as they were individuals who had experienced the phenomena being explored.

Prior to contacting any participants, an email was sent to the Director of PRN, requesting permission to complete the study (Appendix 3). Once granted (Appendix 3), the programme-administrator emailed SNs on behalf of the researcher. To ensure students could make an informed choice, the email included a research project advertisement (Appendix 4), a participant Information sheet (Appendix 5),

and a copy of the consent form (Appendix 6). Potential participants were then invited to contact the researcher, to confirm their interest in taking part.

IPA sample sizes tend to be small, as large samples can limit analysis and Smith et al. (2022) suggest three to six participants, however, in some instances, only one participant can be involved. Whilst credibility and reliability may be questioned, depending on the research question and how well the sample can answer this, a larger sample, may not be required (Charlick et al., 2015). Smith et al. (2022) acknowledge that IPA is time consuming and agree that using one participant is sufficient, if they offer a detailed insight into a particular phenomenon. However, they recommend caution with single case studies if the researcher is a novice (Smith et al., 2022). This study wanted to capture experiences across the cohorts, however as cited in the literature (Khatamian Far, 2018) student engagement can be challenging. An initial sample size of eight to fourteen was hoped for, to allow for withdrawal, with an overall aim of achieving a sample of eight participants. Initially, seven participants agreed to take part and but two withdrew prior to data collection. A further email was sent, and participants were asked to refer any interested colleagues, using a snowballing process. Although a higher number was originally anticipated, due to timescales and after considering guidance from Smith et al. (2022) the final number of five was accepted.

3.5 Quality Assurance and Ethical Considerations

Criteria has been established to examine the quality of IPA papers, which include following the theoretical principles of IPA; transparency and credibility; suitable sample and data; focus and depth; thorough data interpretation; engagement and enlightenment of the reader (Nizza et al., 2021). This study follows the IPA principles, as demonstrated in (Table 3.3) and a thorough audit trail has been provided in the appendices, with documentation, transcriptions, and interpretation which has been member checked. The author has attempted to transcribe and interpret the experiences, by close analytical reading of the participants' words. It is hoped that this analysis of the participants' words, with an unfolding narrative is engaging for the audience and delivers new knowledge of the phenomena.

Policy at the HEI where the author and participants attended, was followed for quality assurance and to ensure that the benefits outweighed any risk (Johnson, 2014). The Research Ethics Sub-committee provides clear guidance and before any study is completed, it must be assured that any areas of possible concern have been addressed. Before granting permission, (Appendix 7), It needs to know that the benefits are as great as possible and that these outweigh any possible risks (Denscombe, 2017). Potential areas of concern, such as physical or emotional pain and distress or convenience should be explored, minimised, and made acceptable by applying protective factors (Johnson, 2014). Participant information should contain these risks and they should also be discussed verbally before the study commences, to ensure voluntary and informed consent is given (Davies & Hughes 2014; Denscombe, 2017).

The principle of non-maleficence is concerned with preventing harm and maintaining safety (Johnson, 2014). Due to the high level of morbidity and illness with C19, it was acknowledged that students may become distressed when discussing their experiences. To comply with this principle, consideration was given to the questions and discussion to ensure minimal emotional distress. The author is a Mental Health First Aider and a Public Health Nurse with experience in Mental Health and Compassionate Minds. Detailed plans of how students would be supported were produced for the ethics committee. A participant information sheet and consent form, detailing this information and advising that the participants could withdraw at any time was provided before data collection. The consent form contained a clause advising that if there were safeguarding concerns raised or the participant disclosed a breach of the NMC Code of Conduct (NMC, 2018), it would be escalated using university procedures. A card with support services detailed was given to participants before the interview, and afterwards in an email thanking them for their participation. The author acknowledged the possibility of personal emotional upset, however professionally, they are accustomed to working in distressing situations and supporting others, and had the support of a research supervisor, if necessary.

Anonymity and confidentiality are key considerations that must be maintained at all times. The ethics committee needed to be assured that compliance with Data Protection Act (DPA, 2018) and the General Data Protection Regulations (GDPR,

2018) was in place (Crowhurst et al., 2019). All data was anonymised at source as far as was practicable and upon transcription all identifying information such as names, and workplaces were removed. The original Teams recordings were deleted after being downloaded and stored with all study data, on a password protected USB memory stick within a locked drawer in the author's home office. This electronic data will be destroyed when the study is completed, in accordance with the DPA (2018) and University of Chester (UoC) Research Governance Handbook (UoC, 2018). Participants' anonymity was protected by using pseudonyms in the final submission.

The researcher was known to some of the students as they were an academic. where the study was being completed and potential ethical issues of power and coercion had to be considered (Bussu et al., 2021). Power can be used to reward participants or to force participants to comply and it is important that participants do not feel they are being coerced into participating. Costley et al. (2010) reinforce the importance of being open to oneself and the participants about the nature and rationale for the research. Although written participation information and a consent form were given to the participants before and after they consented, before the interview commenced the researcher confirmed her role and rationale for the study. Participants were made aware that they could withdraw at any point during the interview and the study, up until the point when results were finalised.

All researchers hold beliefs and attitudes, formed by their experiences and social history, which has led to qualitative research being viewed as subjective (Mohler & Rudman, 2022). This researcher positionality can include their vested interests or expectations of the study and as they are an essential ingredient, it can have an impact on the research process (Bukamil, 2022). Researchers must reflect on this positionality and clearly document it, as although the researcher is interpreting the participant's experience, it is their voice that will be used when writing the findings (Lainson et al., 2019). According to Bukamil (2022), researchers are perceived as insiders, when they have similar things in common to the participants. However, if they do not share similar attributes or belong to their group, they are viewed as outsiders and more objective (Mohler & Rudman, 2022). The author is a student at the same university where the participants study, however as they are also an academic, they could be viewed as less of an insider compared to another SN. This

could be considered an imbalance in the power relationship, and they could be perceived as an outsider who wishes to dominate the study (Lainson et al., 2019). Mohler and Rudman (2022) discuss how this insider/outsider positionality in research should be viewed as fluid. Researchers share both differences and similarities, but it is how they function in both positions that is important. IPA does not necessitate the researcher having insider status; however, they do need to have some understanding of what the experience may have been like for the participants. Smith et al. (2022) advise that one of the most important points is that they are open with themselves about their preconceptions.

3.6 Measures/data collection techniques/study instruments

Several data collection methods were considered for this study including focus groups and structured interviews; however, they were discounted as it was perceived they would not answer fulfil the research aim. Focus group dynamics can be difficult to manage, and a novice researcher may not be able to keep participants on focus, leading to irrelevant data being generated. There needs to be a feeling of trust and confidence to speak freely and know that information shared will remain confidential between the group (Denscombe, 2017). Being open and candid may have been difficult for SNs when with their peers, especially as the subject could be distressing for some. Rich data was required, and as structured interviews include a standardised list of questions (Denscombe, 2017) they were not viewed as a suitable method.

Semi-structured interviews were chosen as they are the preferred method, to give richer, in-depth data that describes the individual's experience (Smith et al., 2022). Using a semi-structured interview schedule (Appendix 8), although flexible, is helpful for novices in IPA as it can give guidance and prompts. Using open questions, gives fluidity, which helps to ease the anxiety of participants and empower them to take ownership, giving them confidence to talk about their personal experiences. If this does not occur, the interviewer can modify questions, as subjects are highlighted (Smith et al., 2022). Smith and Nizza (2021) state that how interviews are completed is key to the success of the study and semi-structured interviews, using open

questions help to build a relationship with the participant to help them to feel comfortable. The open questions utilised were designed to support this relationship building and confidence. Open questions are participant led, as there is no hypothesis to test (Smith et al., 2022). When developing the questions, the researcher considered what was already known about SNs experience during the C19 pandemic (Chapter 2).

Due to C19 working conditions and time constrictions virtual interviews were completed on the Teams platform, however participants were also offered the opportunity for face-to-face interviews if preferred. Bichard et al. (2022) report how privacy and internet access is an important factor during virtual interviews. Nobody requested a face-to-face interview, and the issue of privacy was not voiced or perceived as an issue. All participants were students who had digital access and experience of virtual platforms for learning, and there were no issues reported during interviews. Keen et al. (2022) state that most of the current evidence surrounding interviews on virtual platforms focuses negatively on these aspects and views this method as a stop gap during the pandemic. However, they cite that there is less research concerning the benefits, such as enhancing international research, being inclusive of those with mobility challenges and opportunities for rich data (Keen et al., 2022). As students were based on different sites, completing virtual meetings saved time and resources as the interviews could be recorded with the inbuilt transcription facility enabled. Due to some inconsistencies and technical issues, they were then checked and transcribed by the author to include all words spoken by both parties, which although time consuming, was viewed as less than when transcribing audio recordings.

Saarijärvi, and Bratt (2021), concur with Keen et al. (2022) that other benefits to online interviews include being able to constantly review them and make observations of body language, or to listen for key phrases. This reflects the authors experience, as they were able to make notes and observe non-verbal communication, such as significant pauses or signs from the participant, more easily. The author found that the recordings enabled a deeper reflection on the individual interviews and allowed for data analysis from an early stage (Smith et al., 2022).

3.7 Data Reduction and Analysis

IPA is a method of data analysis which commences during data collection, which allows researchers to fully immerse themselves in the data, while keeping an open mind (Smith et al., 2022). It is an iterative process where each interview transcript is repeatedly read, noted, and interpreted (Smith & Nizza, 2021). All interviews were recorded and transcribed by the researcher, which although time consuming, allowed themes to be identified at an early stage. Smith et al. (2022) provide a helpful seven step guide to support data analysis (Table 3.3). Appendix 9 includes an example of data analysis.

Data Analysis	
Step 1 Starting with the first case: Reading and re-reading	Repeated reading of the first interview to immerse oneself in the data and allowing the participant to become the main focus of analysis.
Step 2 Exploratory notes	This close analysis is completed on an exploratory level to allow the researcher to become familiar with the transcript and to note any particular ways the participant talks and understands a topic.
Step 3 Constructing experiential statements	Analysing exploratory notes to search for themes within the data, articulating the most important sections and what was important to the participant.
Step 4 Searching for connections across experiential statements	Consideration of how the themes identified are linked in the group, including identifying group experiential themes (GETs) that link the main themes together.
Step 5	Creating clusters of PETs for each participant

Naming the personal experiential themes (PETs) and organising them into a table	
Step 6 Continuing the individual analysis of other cases	Consider the next transcript, coding previous emerging ideas, when possible, to be able to treat each transcript on an individual basis.
Step 7 Working with personal experiential themes to develop group experiential themes across cases	Considering themes that are common across all transcripts, PETs and GETs, and compiling them to create a table of themes.

Table 3.3

Smith et al. (2022) recommend keeping a diary of initial ideas during the first engagement with the data as ideas can be overwhelming and hinder the process of focusing on the information. During the process of transcription of the first interview, key phrases that had been used, that signified the emergence of a theme were noted using different coloured highlighter pens. This process was repeated when transcribing subsequent interviews and emerging themes were noted down for further consideration later in the analysis process. The transcripts were read and re-read, while watching and listening to the interview recordings, to enable the researcher to immerse herself in the data. This led to a recognition of the pace and tone of the participants responses within the interviews and an in-depth analysis of the text (Smith et al., 2022). Watching the videos brought richer analysis as body language and facial expressions, could be analysed repeatedly. Each transcript was examined line-by-line, searching text in-depth for experiential statements that were important to the participant indicated an emerging theme (Smith & Nizza, 2021). It was also possible to listen and notice language such as colloquial expressions, and pauses within the dialogue, when participants were lost in thought or considering an important event. These all helped to support the overall understanding and meaning of what was being said (Smith & Nizza, 2021).

These colour coded themes were then divided to form personal experiential themes (PETs) for each transcript was devised and the researcher considered what the themes meant to the participants within the context of the experience being studied. This enabled the researcher to start the interpretative phase of analysis as the text was examined for deeper meanings, questioning, significant statements, to try to gain an understanding of the participant making sense of their experience (Nizza & Smith, 2021). Stages in the process began to merge as the author moved back and forth in the hermeneutic cycle, linking the initial detailed coding of the transcript with the more in-depth interpretative analysis, to align the emerging themes. This also included exploring the group transcripts to see where they converged and diverged, finding key aspects, patterns and themes developing with each individual quotation (Smith et al., 2022). Once definitive themes had been identified across all transcripts, they were organised into group experiential themes (GETs). Each theme was allocated a title which summarised the core issues and will be discussed in the results section.

3.7 Dissemination

A core component of the research process is dissemination and can validate the credibility of the study. Methods can include reports, presentations, or publishing in a peer-reviewed journal (Moule & Goodman, 2014). This dissertation is the primary method of dissemination; however, a report will be presented to the ethics committee, a presentation will be delivered to the faculty, and journals will be approached to seek publication.

Chapter 4: Findings and Discussion

4.1 Introduction

This chapter is a discussion of the findings and themes identified during the in-depth data analysis, completed in accordance with IPA guidelines (Smith et al., 2022). Initially, each transcript was manually analysed with brief notes and then more detailed exploratory notes of first impressions. The text was reviewed line by line, considering linguistic, descriptive, and conceptual elements and noting pauses, emphasis, and repetition. Although many of the themes overlapped, they were data driven, as advocated by Smith and Nizza (2021). The author used their analytical judgement to create Personal Experiential themes (PETS), themes based on the unique experiences of each individual participant. Initially fifteen PETS were identified but following supervision and further examination, this was condensed to nine, which formed four Group Experiential Themes (GETs). Appendix 10 includes an illustration of significant terms and phrases from the transcripts. Although the GETs identified were found in each data set, the participants reactions and interpretations of events were varied, and this will be demonstrated with examples taken from the interview transcriptions.

4.2 GET 1

“It's not been an enjoyable experience” – Feeling a sense of loss/ experiencing an impoverished programme

The most prominent theme which emerged in the early stages and continued throughout the interviews was the perception of loss and having an impoverished university experience, both academically and practically. Four PETs were identified, within this GET; a sense of Loss; Feeling disempowered; Feeling overwhelmed; Feeling education was not a priority.

“I didn't enjoy my uni experience” “I have spoke to other students and they said we've not kind of, had that uni experience that everyone else has had” (Liv)

“And because like I've missed out on like, you know...we feel like we've... we've... like missed out a little bit” (Naomi)

“There's not really an uninterrupted education. It is interrupted by a lot of things” (Tina)

The recurrent feeling was that they felt their studies had been interrupted and overshadowed by the pandemic, meaning they had not got what they needed or expected from the programme. This correlates with the OfS (2021) report which demonstrated a decrease in the rates of satisfaction with programmes of study, during the pandemic. Only 47.6% of students reported feeling content with delivery, although 78.1% stated that they were satisfied with access to course materials. UCAS (2022) and HESA (2022) reported an increase in the number of nursing degree applicants in the first year of the pandemic. The bravery of the emergency services was portrayed on a weekly basis in the media. These figures could suggest that there was a renewed interest in nursing, however due to the delivery of the programme, these students, felt disillusioned.

There was also a feeling of solidarity that ran through the interviews, when students referred to themselves as a group. For example, Liv and Naomi both state, “we've”, several times. Participants felt a sadness and sense of loss for something that should have been and could never be recovered. This was interpreted from the disjointed and repetitive nature of the comments and how they trailed off at times. For the participants who had caring responsibilities and children in school, they felt it was particularly difficult trying to manage their own learning and that of their children and they felt that their education was constantly interrupted. The tensions were impacting on their mental health with feelings of guilt for not being able to support their families and children as much as they wished due to their own learning needs.

“Then you cope with the whole, being a mum being the parent the online schooling, so it never really ended. It was just ongoing. “I could not even access the university library for some quiet space” (Tina)

Participants felt that they had previously managed their education well and were able to keep it separate from family commitments, however during the pandemic, they had no escape, and it was impacting on their learning. Tina's view echoed that of her colleagues, as she felt that she could not focus on her own education due to supporting her family, with home schooling and childcare. This correlates with findings from Pullan et al. (2023), who reported on how studying at home had a negative impact on education.

They felt they had worked hard to access their nursing course and made sacrifices to have a better life for themselves and their families. Several felt they had made an error of judgement and questioned their reasoning for commencing the programme during C19, but they were determined to complete. This links to editorials by Leigh et al. (2020) and Williams (2022) who highlighted the courage and resilience of SNs and could suggest that their beliefs and morals are influenced by their professional status, NMC (2018) professional values and the 6 Cs of nursing.

"I thought....I should have just waited to start this course until maybe Covid had calmed down or you know....at that time it just felt like it was too much stress for what it was worth at the time" (Liv)

Academically, participants felt disempowered due to a lack of knowledge of the situation. They were also frustrated by online learning, which was demonstrated in the language and short sentence format.

"At first it was a complete shambles" (Naomi)

It becomes like boring, tedious, boring and tedious, yeah, just continual same old thing" (Yasmin)

Calica and Paterson (2023) report on the negative feedback concerning how a lack of netiquette caused frustration. Pullan et al. (2023) suggest that it was more difficult for those students who had commenced the programme before the pandemic and were more familiar with being taught face to face. The participants were all mature

students and, although new to the nursing programme, four of them had previously studied in higher education but not experienced online teaching. They discussed how they had found it difficult to adapt to the new technology and engage with sessions, which correlates with these studies and with Ross et al. (2017) who reported that students prefer familiarity.

Although students felt frustrated, they also felt torn between their own needs and the difficulties academics faced, being in an exceptional and unknown experience. This compassionate mood reflected nursing values and the analytical views of the participants.

“it's probably a lot to do with their first experiences of teaching online. I understand as a as a teacher, a lecturer. It would have been horrific to deal with that change really quickly” (Yasmin)

In relation to practice, participants referred to the lack of opportunities for learning and how they felt that they were viewed as a burden by staff and used as an extra pair of hands. There was also a sense of injustice, dismay, and frustration. Participants felt they were paying for their course and needed to learn and be part of this challenging time.

“And then you go onto placement and there's five or six students already there, because of the lack of placement... so tell me how you get to the front of that queue. and you know it's difficult” (Yasmin)

Rachael was a third-year student who had just commenced her final year and she opted into the extended placement, which meant she was paid as a healthcare assistant. She felt that people did not understand her role, she was a pair of hands, and her learning was not seen as a priority, which was echoed by other participants. The literature review highlighted this lack of understanding and suggests that clearer guidelines should have been given (Kane et al., 2021; MCSherry et al., 2021)

“They said, well, you're included in the numbers, now you're being paid” (Rachael)

“I feel like they never saw me then as a student. You are one person. We need you because it's a pandemic. So you're learning is not now my priority” (Tina)

“I was even struggling with like having my PARE signed” (Yasmin)

Participants talked about having to be strong to ensure that learning outcomes were achieved, because staff were under so much pressure. Students, who had life and work experience, felt they had more confidence to speak up, which was evident in the use of language and tone of voice.

“Then I also had to say, I am not being paid to be here, I'm paying to be here and I am supernumerary” (Naomi)

However, again, there was a sense of being torn because they felt the practice staff were under a tremendous amount of pressure and did not know what to expect of the pandemic. They also felt guilty that they had no right to complain as they were only there for a short period of time, but practice staff, had no option. Feelings of being perceived negatively led to students not voicing their concerns.

“I didn't want to seem like I was moaning over COVID or worrying over COVID when that's their job. Like they were doing it day in, day out and they weren't moaning, so I didn't want to kind of look...” (Liv)

4.3 GET 2

“I felt like I was on an island by myself” – Feeling isolated and helpless

The strong feeling of being isolated was apparent in all but one of the participant interviews. Three had commenced their training six months after the start of the pandemic and most of the teaching was online, with skills practice on a limited basis.

Their tone of voice and stilted sentences conveyed sadness as they felt they had not had chance to meet their colleagues and build their support networks.

“I didn’t know anyone, erm, because we’d hardly been into uni then, even more so than now. I didn’t have...like any friends who I could speak to, so there was no one really to speak to” (Liv)

This correlates with Calica and Paterson (2023) who report on the negative impact the pandemic had on the social aspects of university life. They also discuss the negative impact on student confidence, which was interpreted during this study, when participants discussed how their lack of networking opportunities had an impact on their level of confidence and learning opportunities. Some of the reasons appeared to be that they felt embarrassed to ask questions. There was also a fear of how they might be perceived, however they felt that if they had known their colleagues it would have been different.

“I think the teams made it very... I don’t know who’s watching. I think that’s the anxiety. Like what people would think” (Tina)

Collaborative learning is advocated in nursing as it reduces anxiety and increases confidence and knowledge (Williamson et al., 2020). However, this was not always possible for the participants and their feelings suggest this had a negative impact on these aspects. Throughout the interviews there were perceptions of not belonging and feeling like outsiders, which led to anxiety. One of the students felt that if university had placed students in smaller peer learning groups from the beginning and ensured they worked together, this would have been a positive measure.

“If uni are making us do it, it’ll be fine cause everyone’s in the same position kind of thing” (Liv)

In their paper Kahu et al., (2022) suggest that a sense of belonging is essential for HE students and this includes having social networks, feeling familiar with the

programme, and feeling their course is right for them. Without this, students are at risk of attrition, meaning that HEIs must focus on student engagement, however the blended learning participants experienced during the pandemic did not appear to foster this sense of belonging.

Participants felt that placement was a particularly anxious situation as there was nobody to seek help from, because they were either too busy or they did not have the answers.

“I felt like I was on an island by myself (Laughs). I like, like every now and then, I'd get in my little paddle boat and paddle and say like....do you know what's going on here? No, OK and paddle this way” (Rachael)

Rachael uses metaphor and humour in this comment which is one method that professionals use to release negative emotions (Fogharty & Elliot, 2020). During the interviews it was noted that several of the participants laughed or made jokes about their experiences, which would suggest that this was used as a coping mechanism. Although there appeared to be a lack of emotional support, for some, there did appear to be factors in place to help them complete their nursing roles, which could indicate that by having a focus, they were able to carry on.

“When I think about it clinically...clinically nobody knew what was going on, but we had a plan (laughs). We know we're going to do our normal observations. When the proverbial really hit the fan, we came together as a team, and I felt like I had that support” (Rachael)

However, other participants felt there was a lack of emotional support in practice, and their feelings were that this was because staff were scared or did not know what to say. Several members of the group said that they did not speak about it to their families, which could indicate that this was because of their fear or because they felt this was the right thing to do. Although professional values are important and nurses should always model these values (NMC, 2018), internalisation of emotions can have negative impacts which manifest in physical health conditions (Akgun & Oz,

2017). The OfS (2022) found that only 41.9% of students reported being supported with their mental health by their HEI, which suggests another area for development. During the interviews the students wanted to talk about what happened and they appeared to value the opportunity to discuss their experiences.

I haven't managed it well. I just cling on to those patients who made it. After eight months of just seeing death over and over and over and over again.....I don't think I've received emotional support with this... it's what.. you know you.... How are you feeling? Are you coping very well? Do you want to go work in a COVID ward.....
(Tina)

Tina felt she had not dealt with things; however, the interview was held a year after the first wave of the pandemic and she appeared to be feeling much less anxious, which was the perception, the author had of all the participants. Participants experience of support varied considerably. Some felt that academic staff were supportive and although they did not have the answers, they appreciated their compassionate stance. During the interviews, the students reflected on the fact that they had never had an opportunity to talk about their experiences and how this had been a cathartic experience for them. The author is an academic at the HEI and a personal academic tutor, which includes pastoral support, which the students were familiar with. The passing of time, and the authors role could explain how they felt comfortable talking about their experiences. Rollnick et al. (2022) advocate developing therapeutic relationships through motivational interviewing techniques and these were used throughout the interviews. This approach appeared to put the group at ease and feel their experiences were valued.

The author was conscious of not re-traumatising the students and had included this factor in the ethics application, so was prepared to support them. The students all agreed that, if necessary, they knew how to seek support but felt that this opportunity had been helpful for them.

4.4 GET 3

“I was crying before I went for my shift because I was scared” – Constantly feeling frightened

All participants revealed high anxiety during the pandemic, which reflected how society was feeling. However, it was not just due to the fear of becoming infected, but of transmitting it to family members, the general public or the immunosuppressed patients they were caring for.

“You know because when they first said COVID I was I was I was crying before I went for my shift because I was scared” (Tina)

“I felt like I was a lamb to slaughter.....At times.....I felt like...we've got a workforce here of student nurses that we can just go, Hey, let's grab them and throw them in because we are so short staffed, we are struggling so much. We need these guys in here” (Rachael)

Some participants felt they were treated differently to staff and were not given as much protection, which led to them contracting COVID and having to make up time later in the programme.

“They didn't really seem bothered about students. We're just...I felt...I felt like we were the lesser relation, like, you know, but we're still, we're still in a face-to-face role” (Naomi)

Fear of contracting COVID and transmitting it to their family was particularly concerning for the participants. The tension of needing to support patients, pass their programme, and protect their families was having an impact on their emotional wellbeing.

“I had not seen my parents for eight months and they live...like a mile away” (Tina)

“I was thinking is this worth it, like I'm putting mum at risk and putting family at risk..you know” (Liv)

Several of the group talked about how the health messages from the government and the media were adding to their fear of transmitting C19 to vulnerable members of their family. This brought feelings of tension because they could not avoid being in contact with patients who were, or could be, C19 positive. Over 50% of the group talked about a family member being immunosuppressed, which heightened this anxiety. Tina recalled sitting in the car, waving to her parents, because she was too scared to go in, and then crying on the way home. After being on shift, she would shower and sleep on the sofa to avoid putting her husband and children at risk. This distress correlates with evidence from studies relating to the students who opted into the extended placement (Cushen-Brewster et al., 2021; Godbold et al., 2021; Kane et al., 2021).

“I don't want be a super spreader” (Naomi)

The term super spreader was used by several in the group and suggested feelings of guilt and anxiety mixed with a desire to care for and protect both their patients and their families. These ethical dilemmas link to Griffin and Riley's (2021) study and demonstrate the tensions that SNs had to deal with throughout the pandemic.

Fear of failing the programme led to anxiety for all but one of the participants, who was completing the extended project. This fear was due to several factors, including, contracting C19 and having to take time off placement, and a lack of opportunities to complete all proficiencies. It is common for students to be concerned about failing (Barrow, 2018) but, due to uncertainty during the pandemic and the lack of internal locus of control, this fear was magnified, as demonstrated in Naomi's narrative.

“I lost a lot of sleep over it because I was thinking like, I just panicked, thinking I'm gonna fail. And then people did reassure me, but in my mind, I was thinking

irrational. Like I'm gonna fail. No, no, no, no, no matter what anyone said until it was all signed....." (Naomi)

Although there were strong feelings of fear, participants also felt they had risen to the challenge of working during the pandemic and that it had had a profound effect on their lives and their future nursing career. They all felt that they had learned valuable lessons and that if they could get through C19, they could deal with anything that practice brought.

"It was scary what was happening and it's something that has shaped me as I am as a nurse today and it's something I'll never forget" (Rachael)

4.5 GET 4

It's not fair, they should have put a fund in place" – Feeling let down, financially

Financial hardship was raised by several participants and, although some initially reported they had not had issues, when questioned further, it was apparent that some had experienced financial problems. Those who had not, discussed feelings of disappointment at how colleagues had been let down and left to struggle financially. Despite some funding being made available, it was felt that this was not widely advertised and was insufficient. One participant reported that there were a large number in the cohort who needed financial support, however when they applied, this funding had already been allocated. Another participant discussed how a colleague experienced issues with accessing online course materials. As she could only use her own phone, which was part of an expensive contract for data, this was impacting on her financially, which correlates with current evidence (Leigh et al., 2020; OfS, 2020a). The participant gave her an old phone to use, and her linguistics demonstrated strong feelings about how this should not be happening in one of the richest countries in the world, and that it was shameful that people could not access the internet free of charge.

“Really disappointed...Really disappointed that in this day and age, people are in this position” (Rachael)

Another discrepancy with the current data is that, although the students could not work during the pandemic due to their placements being in red alert areas, this did not appear to impact on their financial situation. One reason for this could be because all the participants were living at home, and not in student accommodation. Two of the participants, who had joined the programme after the pandemic had started, stated that they had recognised there would be limited opportunities for work and had planned their finances. All students stated that although their financial situation was difficult, they had limited opportunities for socialising due to social distancing.

Some of the students talked about colleagues who had paid for their programme and, through no fault of their own, they had contracted COVID. They then had outstanding hours to make up on the programme but had no additional funds made available to them. Another interpretation was that some participants felt they were treated differently to staff and were not given as much protection, which had caused this situation, which correlates with Griffin and Riley’s (2021) study.

“We were like the lesser relation” (Naomi)

The issue of childcare caused tension for participants. Some felt it was unfair that childcare was so expensive and because of social distancing or fear of passing the virus to vulnerable relatives, they had to seek alternatives to their normal routine. Although there was funding available, this was not substantial and some stated that funding possibilities should be advertised more widely to ensure people could take advantage. Some did live with family and had support, but they talked of their colleagues who had nobody and were finding the situation difficult.

“Childcare costs are quite high. Its costly” (Liv)

4.6 Conclusion

This qualitative study aimed to explore PRN SNs perceptions of their learning experiences during the C19 pandemic. The IPA methodology was chosen to ensure this study was robust and captured rich data, which could be analysed from an interpretative stance. Transcripts from face-to-face interviews on teams with participants were then analysed and PETs and GETs were identified.

These findings, and how they contrast and compare with the current body of evidence, have been discussed in depth. The main themes reveal that participants felt they had received an impoverished education and this sense of loss and disempowerment had made them feel their education was not prioritised. Participants highlighted their feelings of isolation and lack of belonging during their programme, which negatively impacted on their confidence and emotional health. Fear was a prominent topic, and this led to tensions between their wish to care for people, and to protect themselves, their family, and the public. Participants also recalled how financial status was impacted by the pandemic and that they felt there should have been more support provided. Analysis of the interviews has identified gaps in both practice and theoretical components of the Programme in relation to supporting SNs in emergency situations. Strategies to resolve these issues, including group and individual support, funding for exceptional circumstances, and support for practice and academic staff have been suggested. The interpretation of the interviews suggested that the participants felt empathy towards both practice and academic networks, however they were also disappointed and frustrated by the situation.

4.7 Methodological Reflection

The author found it difficult to listen to negative reflections, such as, how the participants felt that they had been let down by colleagues, the Government, and society in general. In this instance the author contained these negative emotions and remained non-judgemental, ensuring she worked within the NMC (2018) Code of Practice. Due to the nature of the C19 Pandemic there were times when the

reflections elicited strong emotions and the author wanted to support the participants but, had to consider her own role as a researcher as opposed to giving pastoral support. However, the author followed policy and ensured students were provided with information of how to access support services.

The author is a novice in IPA research and although this study included a small number of participants, the results provide rich data and contribute to the current literature. Further research into this area is required however, as the full implications of the impact of the C19 pandemic are not fully known and may take time to evolve.

Chapter 5: Recommendations

5.1 Recommendations

The C19 pandemic disrupted education and society as a whole and it is essential that plans are in place for future pandemics to ensure the smooth delivery of nurse education. This must be completed in conjunction with HEIs, the government, regulatory bodies, practice partners, and the student voice. Part of this planning must consider the role of SNs in future emergencies, ensuring practice partners understand this fully. This will include pandemic preparedness training for SNs and practice partners.

The author acknowledges that some HEIs have already implemented changes to their curriculum. However, it is recommended that all academic staff and students attend mandatory training in the delivery of blended learning approaches and, although face-to-face teaching is the preferred method of programme delivery, the students have experience of learning online. This should be evaluated yearly to support further development. Funding for access to data and computer hardware must be available and HEIs need to explore how this can be provided.

Isolation during the pandemic had a negative impact on students and society as a whole and, during interviews, participants felt this was still evident. It is recommended that a buddy system is created, and that students are placed in small study groups, supported by an academic or student representative. This will facilitate collaboration and build professional and personal friendships. Although there are university societies, specific extracurricular activities could be created for SNs, for example, fun quizzes and social events.

HEIs currently provide wellbeing services and training in mental health awareness, however, it is recommended that all students and academics take part in workshops to develop these skills and embed them into the curriculum. It is proposed that motivational interviewing is introduced to the programme to build confidence and stronger therapeutic relationships.

Although there are hardship funds, it should not be assumed that SNs are aware of them, and all academics are encouraged to ensure they highlight what is available through any contact that they may have with SNs. HEIs should campaign for more funding to be available to students in exceptional circumstances. It is also recommended that HEIs and practice partners explore ways to support students who are unable to complete their programme due to circumstances beyond their control.

As acknowledged, the full impact of C19 is still not known and further research is recommended to explore how these experiences have affected SNs and ensure they are supported in their future careers.