

An Exploration of the Factors which Shape Military Nursing Students' Experience of Pre-Registration Nurse Education in the Absence of Military Nurse Lecturers: A Constructivist Grounded Theory

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## **Abstract**

Historically the pre-registration education of military nurses mirrored that of their civilian peers except it was delivered in military schools of nursing by Military Nurse Lecturers (MNL). Against a backdrop of neoliberalism the evolution of nurse education, in tandem with policy changes made by Defence resulted in MNL removal from pre-registration nurse education in 2010. Consequently, Military Nursing Students (MNS) are now educated exclusively by civilian academics within a civilian Higher Education Institution (HEI), which represents a significant departure from military phase 2 training norms (Holman, 2016). Despite this, there has yet to be any research conducted which explores the impact of this decision for MNS or examines the utility of the MNL.

Employing constructivist grounded theory and drawing upon narrative data generated from 14 intensive interviews with former MNS in concert with analysis of students' academic performance data, this study sought to identify what unique contribution, if any, MNL made to the educational experience of MNS. A secondary aim was to examine the impact which the withdrawal of MNL had upon MNS pre-registration nurse education.

The findings show that MNS experience of nurse education was significantly impacted by non-teacher related factors and as such the withdrawal of MNL was considered unimpactful. Nonetheless MNL were not considered to be without utility and it is proposed that their fundamental uniqueness resides in their interoperability, thus they have the potential to become greater than the sum of their parts, if facilitated to do so. The findings demonstrate a complex interplay between MNS identity, the socio-cultural context and relationships, which in turn impacts upon their ability to mobilise support, whilst exerting either a stabilising or destabilising effect upon four key processes: transitioning, belonging, learning and identity formation. The findings from analysis of academic performance data are open to various interpretations thus support the argument presented throughout this thesis that quantitative data must be viewed critically and employed judiciously as they provide a very particular perspective upon the educational experience.

A grounded theory model of the factors which shape MNS experience of pre-registration nurse education in the absence of MNL has been constructed which can be used to inform and enhance the student experience for a wide range of learners.

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### Frequently used Abbreviations

ANOVA	Analysis of Variance
ADF	Australian Defence Force
BCU	Birmingham City University
CEG	Career Employment Group
CoC	Chain of Command
cGT	constructivist Grounded Theory
DE	Direct Entrant
DMS	Defence Medical Services
DNS	Defence Nursing Service
FtF	Face-to-Face
GDPR	General Data Protection Regulations
GNC	General Nursing Council
GT	Grounded Theory
HE	Higher Education
HEI	Higher Education Institution
JNCO	Junior Non-Commissioned Officer
MATTS	Mandatory Annual Training Tests
MNL	Military Nurse Lecturer
MNS	Military Nursing Student
MoD	Ministry of Defence
MODREC	Ministry of Defence Research Ethics Committee
NHS	National Health Service
NCO	Non-Commissioned Officer
NMC	Nursing and Midwifery Council
NO	Nursing Officer
OMA	Overall Mark Awarded
PT	Personal Tutor
PGCE	Post Graduate Certificate in Education
PMRAFNS	Princess Mary's Royal Air Force Nursing Service
QARANC	Queen Alexandra's Royal Army Nursing Corps
QARNNS	Queen Alexandra's Royal Naval Nursing Service
RAF	Royal Air Force
RCN	Royal College of Nursing
RN	Registered Nurse
SNCO	Senior Non-Commissioned Officer
SA	South Africa
SpLD	Specific Learning Difficulty
SEN	State Enrolled Nurse
SI	Symbolic Interactionism
SITS	Systems in Tuition
SP	Service Personnel/Service Person
sS	Single Service
SV	Student Veteran
TSR	Teacher-Student-Relationship
TO	Trainee Officer
TT	Trade Transfer
UK	United Kingdom
UKCC	United Kingdom Central Council of Nurses, Midwives and Health Visitors
US	United States (of America)

## Glossary

Captain (Capt)	Rank of an Army Officer.
Career Employment Group	Army term used to describe the professional occupation associated with specific Arms, Regiments or Corps in the British Army, for example Nurse.
Chain of Command	Refers to the hierarchical management structure within the military and those persons who are members of it.
Direct Entrant	Term used to indicate mode of entry into service, more specifically that the individual joined the Armed Forces directly from civilian life.
Joint Hospital Group	Refers to those NHS Hospitals which have embedded within them military healthcare units in which a range of Defence Medical Services personnel maintain their clinical currency for operational deployment.
Junior Non-Commissioned Officer	Collective term used in the Royal Navy, Army and RAF to describe the ranks of personnel who do not hold a Queens Commission and who are below the rank of Sergeant.
Mandatory Annual Training Tests	Term used to describe the Annual mandated training required by Army personnel.
Military Nurse Lecturer	A serving member of the Armed Forces holding the following qualifications: Registered Nurse, Registered Nurse Teacher, a first degree and PGCE and who is employed in a lecturer role.
Military Nursing Student	A serving member of the Armed Forces who is undergoing pre-registration nurse education.
Non-Commissioned Officer	Collective term used in the Royal Navy, Army and RAF to describe the ranks of any serving personnel who are enlisted therefore do not hold a Queens Commission and who are below the rank of Sergeant.
Nursing Officer	Collective term used in the Royal Navy, Army and RAF to describe a nurse of any Commissioned rank.
Professionally Qualified Officer	Term used to describe an Officer within any Service who possesses a professional civilian recognised qualification such as nurse, doctor, lawyer, dentist, vet or chaplain.
Senior Non-Commissioned Officer	Collective term used in the Royal Navy, Army and RAF to describe the ranks of enlisted personnel which are above and include the rank of Sergeant but typically does not include Warrant Officers.
Service Person/ Personnel	Collective noun used to describe any serving member of the Armed Forces regardless of Service, rank or employment.
single Service	Term used to distinguish between Defence activity which incorporate all 3 Services (Royal Navy, Army and RAF) and activity which is under the command and control of an individual or single Service.
Trade Transfer	Term used to indicate mode of entry into current service occupation, more specifically that the individual commenced their current employment from out with this CEG but from within the military.
Tri-Service	Collective term used to describe joint enterprise between the Royal Navy, Army and RAF ergo all 3 Services.

## Chapter 1 Introduction

Nurse education has changed significantly over the past 30 years (Dyson & McAllister, 2020). Notably there was the introduction of Project 2000 in the early 1990's, which saw nurse education move from vocational, certificate level training; delivered in hospital Schools of Nursing by Tutors, to diploma level accreditation delivered in institutions of Higher Education (HE). Little more than a decade later diploma level education would be superseded by the Baccalaureate pre-registration education for all nurses in the United Kingdom (UK).

Mirroring the changes occurring within civilian nurse education so too Royal Navy, Army and Royal Air Force (RAF) Schools of Nursing merged and transitioned into HE and in a further evolution relinquished the delivery of military nurse education to the civilian HE sector in 2010 (Holman, 2016). From this point forward pre-registration Military Nursing Students (MNS) were no longer educated by Military Nurse Lecturers (MNL) as historically they were, instead they were educated alongside their civilian peers, by civilian academics. This called into question the need for Defence to continue investing in MNL, when they were no longer used as intended, for the pre-registration education of MNS.

Although this enquiry is considering historical events, it arguably remains relevant as MNS continue to be educated within the civilian HE system however there has yet to be any research published exploring the impact of the withdrawal of MNL from MNS professional education (Holman, 2016) and yet the 'student experience' is researched extensively within HE. Moreover, it is widely accepted that there is a dearth of published literature pertaining to British military nursing (Currie & Chipps, 2015). Therefore, this research sought to explore the impact which the withdrawal of MNL had upon the professional education of MNS and in doing so establish if any themes emerge which suggest that MNL make a distinct contribution to the educational experience of MNS, thus adding to the limited body of knowledge.

It is widely recognised in the literature that student nurses are best placed to comment upon those factors which impact upon their educational experience (Long et al., 2014). Therefore, by engaging with former MNS and identifying what, if anything was lost by the withdrawal of MNL from pre-registration education, this research is intended to facilitate dialogue about how to optimize the student experience and inform the preparation of military nurses in years to come.

The purpose of this chapter is to provide context to the enquiry, as the history of nurse education is a complex interplay between, social, economic and political drivers, all of which combine to shape the evolution of nursing. What follows is a chronological account of Eurocentric events which shaped the professionalisation of nursing and influenced nurse education. It is not a critical interrogation of popular history; therefore it should not be read as such. The discussion will also briefly outline the establishment of military nursing and trajectory of military nurse education, before going on to situate military nursing within the wider Defence healthcare context. An account of the journey from Sister Tutor to modern day nurse lecturer will also be provided in both the civilian and military context before finally considering the factors which contributed to the withdrawal of MNL from pre-registration nurse education<sup>1</sup>.

### **1.1.1 Early Origins of nursing**

The provision of care did not originate with the advent of nursing, to care is a human quality and the act of care giving has historically been the remit of females within family units (Abel-Smith, 1960). However, the rise of Christianity was to have a significant impact upon the organisation of nursing and to this day the monastic origins remain evident. Over time and impacted by the effects of war and poverty, traditional care giving moved beyond the family unit and was increasingly administered in a semi-organised fashion, by non-familial providers.

Some of the first organised groups of care givers were nuns known as *Deaconesses*, they pledged themselves to the ministry of the sick and poor, delivering care either in the home or in monasteries, which is where some of the earliest hospitals originated (Borsay & Hunter, 2012). As Christianity began to spread, so too did the provision of nursing care and in Britain the earliest Christian order established for the provision of nursing was the Augustinian Order (AD 650). Training for *Deaconesses* at this time was vocational, with novices learning from more experienced nuns (Piggott, 1990).

During the Middle Ages war was to have a significant impact upon the history of both military and civilian nursing. The Crusades to the Holy land in the 10<sup>th</sup> Century gave rise to *The Order of the Knights of St John*, which is one of the earliest recorded military medical orders. Women were permitted to join the *Order* and as such are recognised as some of the earliest military nurses, although records as early as AD43 show nursing care being provided to wounded soldiers within hospitals in the Roman Empire (Theofanidis & Sapountzi-Krepia, 2015). Religious orders were responsible for much of the health care provision outside the

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<sup>1</sup> All reference made to nurse education refers to pre-registration nurse education unless stated otherwise.



family, however ties between religion and nursing were to be weakened as a result of the Reformation in 1500s. Nonetheless this did not diminish the need for nursing care, as war continued to rage across Europe, the poor, sick and wounded still needed to be cared for. Furthermore, as the value of being able to deliver care close to the battlefield also became increasingly evident this would give rise to the attachment of surgeons and later nurses to regiments within armies (Borsay & Hunter, 2012).

Pre-industrial revolution, as the association between religion and nursing continued to fragment it largely fell upon uneducated, lower-class females, to pick up the mantle and carry out the duties of the nurse, which once considered virtuous, were now considered unrespectable for a lady. Florence Nightingale herself would go on to say that nursing was the remit of *'those who were too old, too weak, too drunken, too dirty, too stupid or too bad to do anything else'* (Gaffney, 1982).

### **1.1.2 Birth of Modern Nursing**

Despite clearly pre-dating Florence Nightingale, the birth of modern nursing is largely attributed to her in the 1800s. Equally, as a result of her contribution towards nursing during the Crimean War (1854) she is also credited with founding British Army nursing (Hallett, 2012). As an aspiring nurse, Nightingale would undertake her own nurse training at the Lutheran Kaiserswerth Institute for Deaconesses, Germany in 1850, which at the time lasted two weeks in duration (Prescott, 2017).

The history of Nightingale's achievements, although contestable, (Borsay & Hunter, 2012; Brooks, 2005) are extensively documented, particularly her contribution to military nursing and in a show of national gratitude *The Florence Nightingale Foundation* (FNF) was established and the funds raised were used to build The Nightingale School of Nursing, St Thomas's Hospital, London in 1860. This was a significant milestone in the history of nurse education, as the training model developed by Nightingale went on to be replicated globally (Ousey, 2011). In 1860 nurse education at St Thomas's comprised of one year's training, as a probationer, learning and working within the hospital. This apprenticeship model of nursing was to endure for over a century with nurses learning their craft at the bedside, as they worked alongside more experienced nurses under the supervision of *Sister Tutors* or *Home Sisters* who assisted probationers to translate the knowledge gained via medical lectures into nursing practice (Whitehead, 2020).

### **1.1.3 Establishment of the Military Nursing Services**

Following the Crimean war there was a proliferation of military hospitals in the UK therefore a constant supply of military nurses were required to staff them (Hay, 1952). This led to the formation of the Army (1881), Royal Navy (1884) and RAF (1918) Nursing Services, known today as Queen Alexandra's Royal Army Nursing Corps (QARANC), Queen Alexandra's Royal Naval Nursing Service (QARNNS) and Princess Mary's Royal Air Force Nursing Service (PMRAFNS) respectively.

At inception all three Nursing Services recruited qualified nurses rather than training their own (Hay, 1952; Mackie, 2014). However, to keep pace with demand the Royal Navy, Army and RAF commenced the training of their own Service nurses in 1962, 1950 and 1962 respectively. Military Nurse training was analogous to civilian training, leading to a civilian award, but took place within Schools of Nursing embedded within respective Services' military hospitals, delivered by military Sister Tutors (Hay, 1951; Mackie, 2014).

### **1.1.4 Nurse Education in the 20th and 21st Century**

Nightingale may have established one of the earliest Schools of Nursing in 1860 however it would be nearly 60 years before the General Nursing Council (GNC) would come into effect in 1919 signalling the start of the journey towards professionalisation and regulation of nursing and nurse education. The Nurse Registration Act (1919) would herald the formation of nurse registration and with it legal protection for the title 'Nurse'. To call oneself a State Registered Nurse (SRN) the registrant had to provide evidence that they had completed one year of training and two years clinical practice. The Nurse Registration Act also gave the regulator the power to set standards for practice and to discipline registrants failing to uphold the standards. Since its inception, the professional regulator has undergone a series of evolutions however the *Nursing and Midwifery Council* (NMC) as it has been known since 2002 retains responsibility for maintaining the register and setting the professional standards for both practice and education in accordance with The Nursing and Midwifery Order (2001).

WWII saw the need for increased numbers of both military and civilian nurses, furthermore in 1948 the National Health Service (NHS) was established, this too would increase the requirement for a constant supply of qualified nurses (Solano & Rafferty, 2007). This was achieved via a two-tiered education system leading to two levels of nurse, the lower level State Enrolled Nurse (SEN) and more qualified State Registered Nurse (SRN). Motivated by concerns over manpower the Government commissioned the first of a succession of reports by Wood 1947; Platt 1964; Briggs 1972 and Judge 1985 (Wood, 1947; RCN, 1964; DHSS, 1972; RCN, 1985) addressing workforce planning and nurse education. However, the

certificate level apprenticeship model of nurse training, delivered in schools of nursing, embedded within hospitals remained largely unchanged until 1960 when the first Degree in Nursing commenced at the University of Edinburgh (Watson, 2006) despite this, graduate nurses would remain in the minority for the next fifty years.

#### **1.1.5 Influence of the Higher Education agenda for Nurse Education**

A series of Government reviews, beginning in the 1960s, scrutinising the HE sector would have lasting implications for nurse education, starting with the Robbins Report (1963). Robbins famously stated that everyone capable of benefitting from HE should be allowed to do so, irrespective of their economic situation (Committee of Higher Education, 1963). Robbins would lay the foundations for the mass expansion of HE which resulted following the recommendations of the 1991 White Paper: *Higher Education a new framework* (DES, 1991). This paper resulted in the creation of 'New' universities from Further Education colleges and polytechnics and would herald the Widening Participation (WP) agenda and mass marketisation of HE. The WP agenda would aid the transfer of nurse training into the HE sector as many former Colleges of Nursing were subsumed into universities under the reform of the sector (Bentley, 1996; Burke, 2006 Taylor et al., 2010).

#### **1.1.6 Most Significant changes to Nurse Education**

Concurrently ongoing issues related to the poor recruitment and retention of nurses, and the prevailing socio-political agenda (Carr, 2007; Kenny, 2004; le Var, 1997) would see multiple nursing reviews in the intervening years culminating in one of the most significant changes to nurse education set out in *Project 2000: A New Preparation for Practice* (UKCC, 1986). Project 2000 (P2K) would signify the end of certificate level training delivered in Schools of nursing, replaced by a 3 year programme of study, delivered in Colleges of Nursing, leading to the academic award of diploma and Registered General Nurse (RGN) status. As a corollary of this, second level Enrolled Nurse training would cease. Nursing students were to be awarded full student status, therefore would no longer be directly employed by Health boards and they would be granted supernumerary status whilst undertaking supervised clinical practice.

The goal of P2K was to create a 'knowledgeable doer', wherein the nurse was both skilled technically and able to provide an account of their practice, thus P2K aimed to elevate the professional and academic standing of nursing (Ousey, 2011:72). However within less than 10 years from its introduction nurse education would once again come under scrutiny over concerns about the preparedness of nurses being produced (Findlow, 2012; Peach, 1999; RCN, 2007; Watson, 2006). These concerns, in concert with reorganisation within the NHS;

changes to the funding and provision of health and social care; implementation of new commissioning process for healthcare education and a series of public healthcare scandals led the Government and NMC to review nurse education yet again (Taylor et al., 2010; RCN, 2007). In 2009 it was announced that nursing was to become all graduate entry by 2013 (RCN, 2007). This would see the academic standard for pre-registration nurse education set at Baccalaureate degree across the entire UK.

### **1.1.7 Evolution of the Nurse Teacher**

With every evolution of nurse training so too the role of those preparing nurses has had to evolve (Carlisle et al., 1996), however Hallett, (2012) highlights that even at its inception, nurse education struggled to conceptualise who should be responsible for the preparation of nurses. *Home Sister* were the forerunners to modern day educators (Brooks, 2005) however in 1918 the soon to be Royal College of Nursing delivered the first recognised teaching qualification, in the form of the Sister Tutor Certificate, a qualification which would remain extant until 1950, when it was superseded by the Sister Tutor Diploma.

The Sister Tutor Diploma would remain a pre-eminent teaching qualification for nurse educators until 1982 (Hull & Jones, 2012) when nurse education was on the trajectory towards integration with HE courtesy of P2K, which recommended that those responsible for nurse education were themselves graduates with academic teaching credentials. As always, the regulator was there to set the standard, however the move into HE also necessitated compliance with HEI requirements. Therefore, while the regulator endorsed *Mentor*, *Practice Educator* and *Lecturer* qualifications for nurse educators practicing in the clinical environment and HE sector respectively (ENB, 2001), individual universities were permitted to stipulate their own academic requirements, such as insisting that nurse lecturers held a first degree in disciplines other than nursing (Kirk et al., 1997). The standards and titles for nurse educators would change again in 2002 following the restructuring and re-branding of the regulator and with it introduced the *Practice Teacher* and *Nurse Teacher* into the lexicon of nurse education (NMC, 2008) as the registrable qualifications awarded on completion of a Post Graduate Certificate in Education (PGCE).

### **1.1.8 Military Nurse Training in the modern era**

The trajectory of military nurse education reflects the changes occurring within the civilian sector, consequently P2K saw Royal Navy, Army and RAF nurse training merge and move to the University of Portsmouth, where students undertook the Diploma in Nursing leading to nurse registration (Holman, 2016). Although military nurse education had transitioned into

the HE sector it was not fully integrated with the university until it relocated to the University of Central England (now Birmingham City University (BCU)) (Holman, 2016).

In 2001 the Defence School of Health Care Studies (DSHCS) or the *Defence School* as it was known colloquially, was established and embedded within the Faculty of Health, Birmingham City University. Its purpose was to oversee and support the delivery of Tri-Service healthcare education to meet the requirements of the Defence Medical Service (DMS). In short it provided pre-registration education to nurses, Operating Department Practitioners and radiographers. From 2001 until 2010, all MNL and MNS were fully integrated within the School of Nursing, teaching and learning alongside their civilian counterparts on the nurse education programme via one of two routes: the diploma in HE or Bachelor of Science Degree with Honours (BSc (Hons)) in Nursing, leading to the award of Registered Nurse, Adult or Mental Health.

The Defence School comprised a range of Service Personnel (SP) drawn from all three Services, responsible for the education, discipline, administration, welfare and academic support of military students (Bell, 2013). Although MNL were employed by Defence their primary output was to the university in support of nurse education, which included teaching, assessing and personal tutelage; quality assurance and curriculum enhancement; and leadership of cohorts, modules and programmes. As serving personnel MNL also had responsibilities commensurate with their rank and as dictated by single Service (sS) requirements, which for most included maintaining clinical practice in line with their clinical speciality.

### **1.1.9 The Military Nurse Lecturer**

The MNL shares a common ancestry with their civilian peers, having originated from sS Schools of Nursing where they fulfilled the role of the Sister Tutor, evolving to become lecturers as the profession transitioned out of vocational training into HE. Defence recognises *Education* as a post-registration speciality for military nurses hence it attracts both funding for post-Graduate study and financial remuneration for those undertaking the role. Consequently, although small in number, MNL come at considerable expense to Defence and in times of economic austerity any significant expenditure must be justifiable (HM Government, 2010). Against the backdrop of war in Iraq and Afghanistan, Defence was required to demonstrate how it would address the deficit created by its growing budget, which it did through a series of reviews. The Strategic Defence and Security Review (SDSR) set out the manpower and capability requirements for Defence across all three Services until 2020 (HM Government, 2010; 2015). Ultimately these reviews demanded a more agile and responsive Force, in which

personnel must be able to demonstrate utility in both the deployed and non-deployed setting. Consequently, the tenure of MNL became precarious as they were considered highly specialised, lacked an Operationally defined deployable role and ostensibly undertook a peace-time role which had been outsourced to the university at considerable expense, with demonstrably successful results (Bell, 2013).

#### **1.1.10 How to Become a Military Nurse**

There are several possible routes into military nursing and they vary by Service, however all candidates entering as civilians, known as Direct Entry (DE), begin their journey at recruit selection, which for those wishing to undertake '*student nurse training*<sup>2</sup>' involves not only meeting the military requirements of their chosen Service but also passing nurse selection, which includes achieving the minimum academic standards required to satisfy university admissions. If successful the candidate proceeds to *Phase 1 basic training*, which is intended to introduce the civilian to Service life; instil in them Service values and equip them with *basic* military skills. Upon successful completion of Phase 1 training the SP is now considered a qualified Sailor, Soldier or Airman and will hold the rank of *Able Rate* (AB), *Private (Pte)* and *Aircraftman* (AC) respectively. From here they will now proceed to Phase 2 training, also known as trade specific training.

A second important, although smaller recruitment stream for student nurse training comes from within the Service, but from out with the nursing Career Employment Group (CEG) for example Military Police. Such individuals are known as Trade Transfers (TT). A TT will typically have completed both Phase 1 and 2 training in their chosen trade or occupation however are now seeking employment as a military nurse which necessitates completion of Phase 2 nurse training. TT are required to undergo the nurse selection process and if successful they will proceed directly to Phase 2 training.

Phase 2 training for nurses requires completion of nurse education at BCU. Over the course of the 3 year programme MNS are required to successfully complete all elements of the nursing curriculum in accordance with the NMC standards for pre-registration education and training (NMC, 2010) and Quality Assurance Agency for Education (QAA) standards, for both theory and practice. To facilitate this they attend academic lessons within the university and clinical placements within a range of settings including the NHS, Joint Hospital Group (JHG) and Defence Primary Healthcare. Military and civilian nursing students study, work

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<sup>2</sup> Student Nurse Training is Defence terminology

and live together for the duration of their course, therefore to all intents and purposes they are '*university students*' (Holman, 2016:12).

Upon successful completion of their studies all MNS are awarded their academic qualification, nurse registration, and direct entry SP are promoted by one rank therefore typically join their first Unit upon promotion. Following completion of the pre-requisite leadership course they receive a further promotion making them a Junior Non-Commissioned Officer (JNCO). Promotion for TT will be in accordance with their agreed Terms of Service as they commence nurse training already in possession of rank.

#### **1.1.11 The Purpose of Military nurses**

The primary purpose of a military nurse is to provide nursing care in support of deployed Operations whatever form they take be that peacekeeping, humanitarian relief or war (MoD, 2019b). Historically military nurses supported Operations on land, sea and air in accordance with their respective sS however as warfare, technology and military doctrine has evolved the lines between the Nursing Services has been blurred and today's military nurse is more interoperable than ever before (Holman, 2016). This too is reflected within the organisation of Defence, which although recognises the distinction hierarchies within the three Services is increasingly *Joint* in approach (MoD, 2021c).

Within the Joint environment the QARNNS, QARANC and PMRAFNS form part of the Defence Nursing Service (DNS) which in turn is incorporated within the larger Defence Medical Services (DMS) alongside medicine and the other professions allied to health. The DMS primary task is to '*Generate, deliver and assure medical Operational capability for operations*' (MoD, 2021a) in layman's terms this means ensuring that sufficient numbers of appropriately trained healthcare personnel are ready to either support deployment or be deployed. What constitutes both *suitable numbers* and *suitable training* is stipulated in a multitude of Defence and sS policies but for military nurses securing their professional registration is a fundamental requirement.

#### **1.1.12 The Withdrawal of MNL from Pre-Registration Nurse Education**

After almost a decade at BCU it had become evident to Defence that a civilian organisation could meet the training needs of a military population therefore questions were beginning to be raised about '*over training*' and the cost effectiveness of providing educational support to a programme that was delivering the necessary product (Holman, 2016). In August 2010 the decision was made to withdraw MNL from the pre-registration nurse education programme however the Defence School remained in situ and continued to function in all other respects.

Several MNL who taught specifically on the post-registration Defence Nursing Studies top up degree pathway, which enabled diploma qualified nurses to attain graduate status, also remained. However, going forward MNS would no longer receive academic tuition within the university from MNL, despite which Defence continued to support the post-graduate preparation of nurse educators who continued to deliver post-registration education to military nurses at BCU.

## **1.2 Summary**

The background discussion has intended to demonstrate that the education of civilian and military nurses has been significantly impacted by the dominant social needs of the day, be they war, the economy, or Government agenda. Military and religious traditions have left a lasting impact upon the culture and traditions within nursing, and to this day nurses are still referred to as *Sister* and *Matron*. Despite the move away from vocational training into HE nursing is still considered by many to be a calling, hence the resistance met by those who sought to professionalise and raise the academic standard of nurse education (Brooks & Rafferty, 2010) thus anti-intellectualism persists today.

Since nursing first became recognised as a profession there has been an unrelenting shortage of staff consequently workforce requirements have driven innumerable reviews of the method, means, and standard to which nurses should be prepared for their role, which has not always been in the interests of the nursing profession (Whitehead, 2020) and this is true for both civilian and military nursing. The education of military nurses is now delivered exclusively by civilian academics within a civilian HE institutions (HEI) which represents a significant departure from military training norms (Holman, 2016). Despite which there has yet to be any research conducted which explores the impact of this decision for either MNS or MNL, which speaks to the status of military nursing research within Defence.



### **1.3 Aims of this study & Research Question**

1. To identify if and what unique contribution MNL make to the educational experience of pre-registration MNS. The ability to provide empirical evidence of their utility, distinct from civilian lecturers or other military staff, may enable MNL to identify and justify an ongoing educational role within Defence.
2. De facto, identify what impact, if any, the withdrawal of MNL, from nurse education had upon the educational experience of MNS. Identifying what, if anything, has been lost may facilitate dialogue about how best to enhance the student experience in future.
3. Construct a theory identifying the factors which shape MNS experience of nurse education in the absence of MNL, thus facilitating a greater understanding of the relationship between teaching and learning.

### **1.4 Overview of the thesis**

As an introduction to this enquiry Chapter 1 provides a historical overview of nursing and nurse education, both military and civilian and begins to lay the foundations for this research which includes acknowledgement of positionality and reflexivity. Chapter 2, the initial literature review is intended to acquaint the reader with the field of enquiry, sensitising them to potentially relevant concepts, rather than provide a comprehensive analysis of it. As such it begins to explore what is already known about MNS, MNL, serving and veteran students and their experiences of HE. Chapters 3 and 4 discuss the research methodology and design in detail. Presentation of the research findings are the focus of Chapter 5 which is delivered in two parts: qualitative and quantitative findings. Chapter 6 discusses the findings in tandem with the extant literature and constructs a theoretical model of MNS experience of nurse education. Finally, Chapter 7 concludes and acknowledges the limitations of this research and offers recommendations going forward.

### **1.5 Positionality and Reflexivity**

The researcher who aligns themselves with a constructivist paradigm does so in the knowledge that it requires their voice to be *explicitly acknowledged* (Ramalho et al., 2015). For constructivists, research is a value-laden pursuit and the researcher as the architect of the enquiry; instrument of data collection; analytical mind and constructor of theory cannot

and should not be neutralised (Charmaz, 2014a). Charmaz (2014a) argues that by addressing their *position, privileges, perspectives and interactions* the researcher makes it known how they have impacted upon their enquiry (pg. 13). Such transparency can be mobilised using reflexivity and positionality; in which the researcher shares insights into their own life history and events which have shaped their beliefs (Clough & Nutbrown, 2012).

My interest in this research comes from the 'event' (Žižek, 2014) that was the withdrawal of MNL from nurse education, although my interest in nurse education predates this. I am and have been a Registered Nurse for more than 23 years, 17 of which were spent as a (Direct Entrant) Nursing Officer in the British Army and 10 of these were spent in education therefore I approach this research very much as an *insider* (Aburn et al., 2021). On the day I arrived at BCU to commence my PGCE and become a Nurse Lecturer the news broke that MNL were being removed from nurse education. I witnessed and felt the '*rupture*' (Surak, 2017) this event caused in the lives of both my fellow MNL and civilian colleagues and I anticipated that it too might have had an effect upon MNS. However, I was not privy to the effects of this decision for MNS as the decision in effect precluded me from engaging with them and this contributed in part to my desire to explore this line of enquiry.

My interest in nurse education began whilst I was undertaking my Bachelor of Nursing Degree, where I was exposed to a very particular discourse about both nursing and education and this would go on to influence my position as both a teacher and researcher. Educated within an *ancient* university and studying nursing within the Faculty of Medicine, the curricula transmitted a very particular discourse, consequently I was cultivating a positivist position despite being unaware of it. This would lead me to explore *The benefits of Degree Education for Nurses* as the topic of my undergraduate dissertation.

However as I pursued my Masters then Doctorate of Education my thinking about education, knowledge and research was challenged, influenced by thinkers such as Collini (2012) and Lyotard (1984) who invite the reader to look critically at the purpose of the university; Freire (2014) who explores education from a critical and emancipatory perspective; and Bandura (1977) and Wenger (2013) who define learning not as a mental act but as a social act in which knowledge is created through our interaction with others. As a lecturer my practice is strongly influenced by constructivist pedagogy, as such I believe the relationship between teacher and student is central to learning (Loughran, 2013), although this is challenged by the structures within which I practice.

As a researcher I would describe myself as polyvocal (Denzin & Lincoln, 2018) although I have a strong proclivity towards constructivist ontology, believing that the social and natural world cannot be studied in the same way, as truths are many in the social context, reflecting both the life history of the knower and the time and space which they occupy (Charmaz, 2014a). This acknowledges that the theory which I have constructed is but one possible version of the *truth*, rooted in the many truths of those willing to share their experiences with me. Reflecting our entangled relationships both with one another and with time and space. My theoretical position in relation to research and education has changed too as my physical position in time and space has changed. Therefore, as I moved between different roles I have gained alternative perspectives. My final and most recent move was to leave the Army, so as I undertook the data collection phase of this research I was no longer an insider with a vested professional interest in answering the research question, but an 'inbetweenener' residing on the margins between inside and out, despite which I remain passionate about the education of military nurses.

My principle aim in conducting this research was to give MNL a voice with which to articulate their contribution to the education of MNS however rather than simply verify my own assumptions and approach my fellow MNL to ask what value they believe we offer, I wanted to draw upon the experience of those who had experienced MNL in practice, ergo I approached MNS to ask them if and in what way they were impacted by the withdrawal of MNL. In doing so I sought to establish if MNL made a unique contribution to their learning experience. However, in approaching former students I accepted that my own beliefs about the value of MNL, which are rooted in constructivist pedagogy, may be dispelled and that MNL might not make a significant contribution to the educational experience of MNS.

## Chapter 2 Part 1

### Literature Review

The literature review will be presented in 2 parts over 2 chapters, ostensibly to manage the emergent nature of GT which demands that the researcher follow the data, allowing it to lead the path of the enquiry (Charmaz, 2014a).

Part 1, *Becoming Acquainted with the field of Enquiry* represents the initial review of the literature which occurred early in the research process and sought to establish what was known about the educational experiences of MNS and the contributions made by MNL to it. In effect it aims to *sensitise* the reader to dominant thinking and current knowledge within the field (Charmaz, 2014a). Glaser (2012) explains that when he wrote '*all is data*' this included not only what the researcher observes or how and what they are told by their participants but crucially all *that* which surrounds the field of enquiry is also considered data, ergo the socio-political discourse in which the enquiry is situated. Bourdieu and Wacquant (1992) extend this idea further, when they invite researchers to practice 'reflexive sociology'. Reflexive sociology moves the researcher beyond consideration of their own unconscious bias and positionality demanding that they also examine the dispositions, assumptions or '*scholastic point of view*' (Schirato & Webb, 2003:545) embedded within the practice of enquiry which are both taken for granted and privileged. Drawing upon the principles of reflexive sociology and Glaser's definition of data, the literature review will also examine what lies beneath and explore the socio-political influences upon research practice within Defence nursing.

Part 2 comprises 2 elements: *Attending to the literature and Returning to the field* and is integrated within the Discussion (Chapter 6) as advocated by Charmaz (2014a). The former represents the iterative process of theoretical sensitivity thus enabling the literature to serve as a source of further data to explore and enrich categories as they are being constructed (Ramalho et al., 2015). While the latter represents the substantive review of the literature undertaken following data analysis, although it is not delineated as such within the discussion. Returning to the literature, informed by the findings of this enquiry, I seek to establish not only where the extant literature can further illuminate my findings but equally where my findings make the greatest contribution to knowledge (Alvesson & Sandberg, 2013).

## 2.1 Becoming Acquainted with the Field of Enquiry

The initial literature search sought to identify and examine what was already known in the field of military nurse education and more specifically the contribution of MNL to the student experience. The following key terms were used to conduct the search:

'Military Nurse Lecturer'	Military <i>AND</i> education
Military <i>AND</i> 'nurse lecturer'	'Military nursing student'
Military <i>AND</i> 'nurse educator'	'Military nurse education'
Military <i>AND</i> nurse	'Military education'

Table 1 Key word search terms

The term military was also exchanged for 'Defence' and 'Army'. Search parameters were restricted to English language only, however no restriction was placed on year or source of publication, as it was anticipated that returns would already be limited. Preference was given to peer reviewed primary research, although systematic reviews of the literature were subsequently included and latterly grey literature was also considered. To source policy and official reports, searches were conducted of relevant Government department websites and Hansard. The following databases were searched:

CINAHL	EBSCO	ERIC	Google Scholar	ProQuest
PubMed	Science Direct	Scopus	Summon	Web of Science

Table 2 List of databases

While broader search terms such as 'military education' yielded an abundance of literature, much of it bore no relevance to the field of enquiry, thus reflecting what Currie and Chipps (2015) found during their bibliometric examination of the state of military nursing research. The research literature pertaining to British military nursing tended to be orientated towards Operational experiences and preparedness for deployment, reflecting the wider socio-political climate of the time. No research was found which specifically explored how MNS have been impacted by the withdrawal of MNL from their professional education, thus confirming Holman's (2016) assertion that this line of enquiry is ripe for exploration. Furthermore no Defence policy was sourced specifically relating to the withdrawal of MNL from nurse education however a variety of official documents, which contextualise the decision were located and will be discussed.

A limited number of research publications were identified which addressed the educational experience of British and South African (SA) MNS; the HE experience of British, Australian and American (US) SP and insights into the role and experience of receiving tuition from MNL. Given the scarcity of literature specifically addressing the population of interest the scope of the literature was expanded to include research drawing upon the educational experiences of veterans. It is worth re-stating that this initial review of the literature is not intended to provide a comprehensive overview of the field of enquiry, as this is inconsistent with the methodology employed, rather it aims to provide an insight into the socio-political climate and the impact which this had upon a population who are ill-explored hence the requirement to draw upon an eclectic mix of research literature.

### **2.1.1 MNS Experience of Nurse Education at the Defence School**

Motivated by anecdotal evidence which suggested that MNS academically outperformed their civilian peers E., Bell (2013) undertook a small-scale case study which sought to explore the impact of organisational culture upon the learning experience of military students embedded within a civilian environment. Following semi-structured interviews with six third year nursing students and questionnaire responses from nine MNL, Bell concluded that military culture was distinct from the dominant civilian culture and that despite representing a '*military sub-culture*' its presence was strongly felt and largely positive in terms of the contribution it made towards learning. Ethos and image; achievement, environment and discipline, support and welfare formed the basis of Bell's model of military culture.

According to Bell (2013) MNS distinguish themselves from their civilian peers, which she contends may impact upon integration and sense of community between military and civilian personnel. As a corollary of this MNS expressed the desire to identify with their distinct military status and the wearing of uniform was considered important for reinforcing their identity and sense of military belonging, as was the opportunity for military communion however both were negatively impacted as a result of being embedded within a civilian environment.

MNS were motivated to achieve, driven both internally by a strong commitment to deep learning or externally from the threat of discipline, although Bell (2013) does not offer substantial evidence in support of her former contention. Perceptions of discipline appear to be sharply contrasted, whereby rules and direction are embraced by some, who perceive it as a form of support which enables them to remain focused upon learning, while rejected by others, who consider it condescending, given their rank and seniority. Thus, Bell is already laying the foundations which suggest that MNS are not homogenous.

In a field where there is little other research available, Bell (2013) provides insight into the military culture and educational experience of MNS at the Defence School, which makes it one of the most directly relevant studies. Although it should be noted that DE were excluded from participation therefore Bell's findings reflect only the views of TT. However, this offered me a useful comparison, to establish if entry status had a significant bearing on the overall experience.

Another former MNL, also with an interest in nurse education H., Bell (2014) conducted research exploring the factors which contribute toward success from the student perspective. Using a multiple case study approach Bell sought to identify those factors which contribute to the success of those defined as high-achieving and she specifically sought to include MNS within her sample based upon the premise that they represented an unusual case, stating '*as the only group of military nursing students in the UK case 3 has a different selection process and a unique learning culture that provides a broader and potentially alternative perspective*' (pg. 87).

Bell (2014) recruited the twelve most academically successful Tri-Service military students from the BSc (hons) Adult nursing pathway from a single intake. Both Bells' (2013) and (2014) research reflect the same time frame which makes for an interesting comparison between their respective findings. Bell's (2014) resultant model of student success as defined by the student, demonstrates that motivation, engagement and support were mediators between innate student ability and the learning experience, towards achieving the goals of being a good student and good nurse, which represented the students' definition of success. Bell concluded that motivation to succeed was the most important factor contributing to success, followed in turn by a mature attitude towards learning, determination and support.

Bell (2014) actively sought to include contrary case analysis within her research and more often than not the military case represented the divergent perspective, for example, motivation and determination to succeed was positively impacted by commitment to Service, military expectation and military standards. Although it was not Bell's intention to demonstrate that MNS have a unique educational experience compared to their civilian peers, the findings she presents appear to substantiate such a supposition. Moreover, Bell's findings appear to suggest that *being military* makes an overwhelmingly positive impact upon student success, which resonate with Bell's (2013) earlier findings particularly in respect of their attitude towards learning and motivation to succeed. Given that my research was also exploring the student experience I was interested to see if trends were repeated as participants were drawn from the same population.

Given the dearth in literature pertaining to the educational experience of British MNS international literature was explored revealing several studies originating from South Africa and the US. Although the military, education and healthcare systems of UK, SA and US nursing students are not directly comparable, sufficient similarities were thought to exist to make the findings worth discussion. Of note MNS in SA are educated within a military School of Nursing by MNL. As Candidate Officers they are enrolled on a diploma programme leading to nurse registration and undertake clinical placement predominantly within the military healthcare system.

In light of reports of falling standards, unethical conduct and a decline in professionalism of nurses within SA Zägenhagen (2016) sought to explore the impact which the hidden curriculum had upon the professional socialisation of MNS, based upon the premise that professionalism is '*caught rather than taught*' (pg. 3) through the interactions between teacher and learner. Using constructivist grounded theory Zägenhagen interviewed both MNS and MNL to construct a model of *the 'influence of the hidden curriculum in the military teaching and learning environment during professional socialisation'*.

Central to Zägenhagen's (2016) findings is the tension between the military and nursing context. Zägenhagen highlights the challenges associated with socialisation into military culture which is considered unique. Although enculturation is identified as essential for the formation of professional military identity, it is acknowledged by both MNS and MNL that some of the values and behaviours it seeks to cultivate and the methods employed for doing so are at odds with the professionalism required by nursing and pedagogy associated with adult learning. Consequently, MNS were considered less inquisitive, less likely to question practice, less assertive and demonstrated less critical thinking, this contrasts with the observations made by Bell (2014) and with my own anecdotal experience as a lecturer of MNS. Moreover, because of the conflict caused by the duality of role and the discourse which privileges the soldier identity over that of nurse, Zägenhagen concluded that MNS are not equipped to manage the many contradictions they encounter in both the clinical and military setting.

While MNL were considered instrumental to the process of professional socialisation Zägenhagen (2016) found MNS highly critical of them and this proved detrimental for their learning. Zägenhagen concluded that MNL '*behaviours and attitudes gave rise to diminished confidence, interfere with learning and discourage academic inquiry and ultimately engender a sense of powerlessness, feelings of dehumanisation, distress and desperation*' (pg. 257).



Zägenhagen (2016) provides a very detailed account of MNS educational experience focusing upon military and professional socialisation and the tensions inherent within them. Despite the differences between UK and SA healthcare, military and educational institutions it is entirely plausible to contend that the challenges encounter by SA MNS as a result of the dichotomy between the military and professional contexts, may be replicated elsewhere. Therefore Zägenhagen's findings go far in sensitising the reader to the experiences encountered by MNS, in particular relations between MNS and MNL and their resultant effect. Moreover participants within Zägenhagen's research share similarities with UK DE therefore this offers a potentially useful comparator.

### **2.1.2 Transition**

Pre-dating Zägenhagen (2016) Caka, et al. (2015) explored SA MNS educational experience focusing on the process of transition, contending that MNS by virtue of their dual identity experience *dual transition* as they shift from student nurse to qualified practitioner and Candidate Officer to Nursing Officer (NO). Caka et al., define transition somewhat narrowly as, '*a period of learning and adjustment to the requirements of nursing in which the graduate acquires skills, knowledge and values to take up a role of becoming an efficient member of the nursing staff*' (pg. 195). Five major themes emerge from the data: *dual transition, shortage of staff, attitudes, support and competence*.

According to Caka et al. (2015) transition to qualified practice presents additional challenges for newly qualified military NO as they must contend with both clinical and military demands, and yet feel that their training left them unprepared for either, not least because education was frequently interrupted by military duties. The lack of clinical preparedness was compounded further by the shortage of supervised clinical practice from their MNL as '*clinical accompaniment*', was the expected standard of supervision. The absence of supervision left MNS feeling neglected and these feelings were amplified further by the poor attitude of staff in the practice setting. MNS reported feeling demoralised, frustrated and worthless as qualified staff appeared disinterested in supporting their learning needs. Consequently, clinical placement was a source of much discontent for MNS and this not only proved detrimental for their learning but also for their wellbeing, as they felt that they did not belong.

Caka et al.'s (2015) findings are in sharp contrast to those of Bells' (2013), (2014) both of whom portray more encouraging accounts of the MNS experience suggesting that military culture makes a positive contribution to learning, although it is acknowledged that Caka et al., were focusing upon transition. However, it is not improbable to speculate that some of

the experiences articulated by SA MNS may transcend the geographical divide as UK MNS possess the dual role of SP and nurse therefore will be required to navigate the dual transition process. Although Caka et al.'s focus was upon transition, their findings uncover wider facets of the military nurse education experience thus contribute to the limited body of research. Of particular interest were Caka et al.'s findings in relation to the impact of military demands upon preparedness and I was curious whether MNS at the Defence School would share similar or contrary perspectives.

Acknowledging that transition is a much-explored phenomenon, but also recognising that little is known about the transition experience of serving members of the Armed Forces Chargualaf and Tse (2017) explore transition and the factors which impact upon it from a qualified practitioner's perspective, as they embark upon a military career in the US Air Force. This research is included on the premise that it explores the experience of joining the military Nursing Service directly from civilian life, therefore it may offer insights comparable to those of DE MNS as they are in essence transitioning into Service, from civilian life.

Chargualaf and Tse (2017), like Caka et al. (2015) found that transition proved stressful however the primary source of stress for newly commissioned NO was lack of knowledge about military culture and way of life. This knowledge gap caused apprehension and anxiety as new NO indicated that they did not know what to expect nor did they understand what was expected of them and this was compounded further by what they considered ineffective training. Consequently, those nurses new to Service life felt unprepared for their role and while they report that they looked to their military peers for support and guidance, accounts varied as to the effectiveness of such support, with those experiencing a lack of support feeling isolated as a result. However, where support had been forthcoming, especially from their military sponsor, it was felt that it aided the process of transition. This lead Chargualaf and Tse to conclude that effective support was the single most important facilitator of transition.

New NO also report that their lack of Service knowledge impacted upon formation of their new NO identity as they struggled to reconcile where their civilian role identity ended and military identity began. They also report feeling stressed and frustrated at what they considered a lack of clear direction about their role, in particular those aspect related to being an Officer, not least because they expected it to be well defined and clearly articulated to them. This lead Chargualaf and Tse (2017) to conclude that lack of role preparedness was the single most significant obstacle to transition.

Chargualaf and Tse (2017) also found that NO were indoctrinated with the ideology of (military) '*Officer first nurse second*' and this caused unease for practitioners whose professional values placed primacy on the patient, further challenging construction of their NO identity. Therefore, their dual role was perceived as a juggling act and this initially caused stress as they felt ill-equipped to determine where priorities lay.

Chargualaf and Tse (2017) offer yet another perspective upon the military nursing experience by focusing upon the challenges encountered by qualified nurses who seek to join the Armed Forces and although their accounts are from Officers joining the US Air Force, their findings resonate with Caka et al.'s (2015) particularly in respect of lack of preparedness for role, which begs the question how MNS can be better equipped to manage transition.

### **2.1.3 Experience of the Student Veteran (SV)**

Veteran's research is a growing field of enquiry particularly in relation to transition from Service back into civilian life (Binks & Cambridge, 2018; Burkhart & Hogan, 2015; Cooper et al., 2017, 2018). While veterans arguably represent a distinct sub-cohort of the wider military population there is increasing interest in the experience of those who choose to pursue HE, in particular education leading to a career in nursing and it is to this literature that the discussion will now turn, as veterans pursuing nurse education may share experiences in common with TT MNS.

With a focus upon transition from military service to civilian nurse education Prasad et al. (2020) sought to explore the lived experience of SV formally employed within medical roles during Service in the US military, as they undertook a full time BSc Nursing. According to Prasad et al., veterans bring to their educational experience a strong commitment to the ethos underpinning service and Service values such as, discipline, respect and work ethic. However in practice SV found transition into HE stressful both academically and socially (Prasad et al., 2020).

Academically SV articulated a desire to achieve and '*pass exams*' however this was countered by frustration and apprehension about adopting unfamiliar ways of learning and having to engage with new technology (Prasad et al., 2020). Jones (2013) made similar observations with SV indicating a preference for military style learning which is structured and mechanistic. This is at odds with the findings captured by Bell (2013) whose participants were all TT therefore one might have expected them to articulate similar concerns. Despite being highly motivated and goal orientated there were concerns that SV

may fail to attain academic success, compounded by a reluctance to seek help, both academic and psycho-social for '*fear of looking stupid*', reinforced by a belief that they should resolve their own problems independently. Related to this SV also found the lack of guidance frustrating, as they did not understand who to seek help from. Paradoxically, Prasad et al. (2020) also indicate that those veterans with longer durations of military service found it frustrating to accept direction when they believed they were already competent.

Socially SV indicated that they felt isolated and '*out of place*' both on campus and in clinical practice reporting the desire to feel accepted by their classmates and capture the camaraderie they once knew while in Service (Prasad et al., 2020). Prasad et al. (2020) contend that this reflects the tension between their identity as veterans, who desire to maintain Service ethos and their newly emerging student identity which is still learning the customs and practices of HE. Jones (2013) also found that SV struggled to form relationships with their peers borne out of frustration as civilian students were perceived as lazy and lacking in motivation, commitment and respect thus had '*flawed characters*'. Equally social integration can prove challenging for SV as they do not fit the traditional-student stereotype as they are older, have family commitments, financial responsibilities and perhaps health issues to manage therefore college is but one facet of their life (Reyes et al., 2018).

Prasad et al.'s (2020) findings resonate within others in the field suggesting that veterans' military experience can serve to support and facilitate learning, equally it can function as a barrier (Jones, 2013; Reyes et al., 2018) therefore it is incumbent upon stakeholders to better understand veteran's needs, to promote positive outcomes. Reflecting upon the educational experience of veterans potentially offers insights into the challenges and opportunities facing TT MNS as they transition into a new Arm of Service, which is unique not least because of its location within a civilian institution.

#### **2.1.4 The Role of the Military Nurse Lecturer**

In a climate of Defence cuts and policy change which threatened the tenure of the MNL Holman's (2016) research drew upon the experiences of ten Army nurse lecturers at the Defence School, to identify perceptions of their role. A secondary aim of Holman's research was to establish how MNL reconcile the various facets of their role which she referred to as triple hats.

Holman (2016) contends that MNL, as products of the system their role serves '*implicitly identify as military nurses*' (pg. 3) deriving their sense of belonging to the Army by embracing

the *'soldier first'* doctrine, which places saliency on the identity derived from being a soldier. However, she goes on to argue that while being a military nurse is central to MNL identity, their position as an educator is considered an extension of their role rather than a separate identity. Consequently military nursing underpins MNL practice as teachers and this is reflected in the way they teach, the knowledge and skills they seek to impart and the values they attempt to engender, a position which resonates with me. However Holman like Bell (2013) found that being embedded within a civilian setting diluted military culture, ethos, standards and sense of military belonging.

Holman's (2016) findings demonstrate that in many respects the role of the MNL was considered similar to that of a civilian lecturer however her findings appear to suggest that the praxis of being a MNL is unique. Like Zägenhagen (2016) Holman also found that MNL believed they had an important role to play in the socialisation of MNS by reinforcing their military identity, ethos and culture, without which the end product would be a civilian rather than a military nurse, who by extension would be less prepared for role.

*'Operational activity is the fundamental activity of all military personnel'* (Holman, 2016:38) ergo the *raison d'être* of the military nurse is to deploy to an Operational theatre, to care for sick and wounded SP. As a corollary of this Holman reports that MNL believe that in their capacity as role models they are able to share their military knowledge and experience of Operational deployment thus assist MNS to prepare for their Operational role and contribute to their overall fitness to practice. Holman's participants referred to this as providing the *'military seasoning'* (pg. 98) and this was considered the *'value-added'* (pg. 103) which enabled them to differentiate themselves from their civilian peers and allowed them to influence the *end product*.

Noticeable by its absence in Holman's (2016) findings is any specific mention by MNL of a support role, yet all the preceding literature discussed identify support as an essential component of the educational experience. Perhaps support is considered so implicit to the role of both the nurse lecturer and NO that it is not felt to merit special mention by those interviewed, however Holman herself fails to comment upon this obvious omission.

Holman's (2016) research clearly adds to an almost non-existent body of knowledge pertaining directly to the role of the MNL and in doing so enables MNL to articulate where they believe they make a unique contribution to the preparation of MNS. Furthermore a significant proportion of Holman's findings address issues related to military nursing identity more broadly, therefore while these findings are attributable to MNL within the Defence

school it is entirely plausible that MNS may experience similar challenges particularly in relation to identity, culture and belonging. Holman's study is the only primary research identified which considered the contribution made by UK MNL to the educational experience of MNS, although admittedly it does so from the lecturers' perspective. Holman acknowledges this as a limitation of her research, therefore she suggests the student perspective needs future exploration to more fully understand the contributions made by the MNL to nurse education, thus contributing to the provenance of my own enquiry.

In contrast to Holman (2016) Murphy et al. (2012) employed a phenomenological design, interviewing 14 civilian nursing students, seeking to identify if the learning experience provided by an Army Nursing Corps (ANC) faculty proved positive from the student perspective. Murphy et al., were not seeking to compare civilian and military faculty per se, rather they sought to establish how a military faculty were received by non-military students, to establish the future viability of using Serving nurse faculty in civilian nurse education. Murphy et al.'s research is discussed on the grounds that civilian nursing student may offer insights which are comparable with DE MNS as both are unfamiliar with military culture and practices. However it is acknowledged that there is one fundamental difference, MNS will be expected to internalise and conform to military culture and all that this entails, while civilian students will not.

Civilian students approached the experience with numerous expectations and preconceptions about the Army, the methods military nursing faculty would employ and the culture they would seek to cultivate (Murphy et al., 2012). Students anticipated that ANC faculty would be '*strict, structured and disciplined*' and this caused apprehension as it was thought that this would inhibit both student autonomy and cultivation of an adult learning environment, which is consistent with Zägenhagen's (2016) findings. Interestingly there was no expectation that they would experience a more supportive environment which is at odds with the expectations of SP as demonstrated by Bell (2013), Caka et al. (2015) and Zägenhagen.

Despite initially being intimidated and feeling uncomfortable receiving tuition from ANC faculty Murphy et al. (2012) report that over time and through engagement ANC faculty were able to dispel many of the preconceived ideas held by civilian students. Therefore where they had been apprehensive about structure and order, they grew to appreciate it and considered it positive for learning. Students developed a respect for uniformed personnel as they came to understand the loyalty, integrity and duty integral to their professional values and this in turn informed the students' own growing sense of professionalism. So too with

time ANC faculty were able to humanize themselves such that students were able to see past the uniform and appreciate them as people who were '*highly skilled*' and '*competent professionals*', who '*cared*' and who had a '*willingness to teach*' and a commitment to duty that was admired.

Murphy et al. (2012) conclude that despite initial reservations based upon military stereotypes, civilian students ultimately found the learning experience provided by ANC faculty positive and some even commented that it was '*invaluable*'. Despite the abundance of nursing research originating from the US it is interesting that Murphy et al., themselves comment upon the lack of research specifically exploring the educational domain and the integration of military personnel within dominant civilian organisations therefore these findings clearly add to a field where very little was known. Furthermore Murphy et al., demonstrate that civilian nursing students can derive educational benefits from exposure to military faculty and that ultimately the experience was positive because the faculty were military, not in spite of it, which concurs with the findings of Bell (2014) who also found that the presence of military personnel within a civilian domain had a positive effect upon learning culture.

### **2.1.5 Service Personnel's experience of HE**

Given the lack of research concentrating upon the experience of MNS, literature which examines the HE experience of SP more widely was considered. Webb (2016) explores the HE experience of students who were either serving or had served in the British Army (Regular and Reserve). Using a critical emancipatory lens and framing military personnel as under-represented minorities, Webb specifically addresses how identity and social class impact upon the student experience.

Although Webb's (2014) research does not capture the experiences of nursing students exclusively her findings are none the less relevant, as a military student's Service identity provides the common denominator irrespective of educational discipline pursued, which Webb herself acknowledges when she speaks of the collective identity military culture inculcates. Therefore Webb's findings not only provide an insight into the experiences of Army students they also offer a means of considering the impact of pedagogy content knowledge.

Webb (2014) contends that social class exerts a powerful effect upon educational experience, causing injurious harm by cultivating beliefs such as '*I wasn't as good as other people*' and '*they told me I was thick, stupid and lazy*'; (pg. 81, 86) during schooling

accordingly the Army offered escape or salvation. Webb contends that life histories are brought to bear in one's experience of HE, as such SP are aware of their incongruence compared to traditional learners, describing themselves as '*strangers*' in the HE environment (pg. 94). This is a most unsettling experience after the familiarity of the Army hierarchy where everyone knows their place by virtue of their rank and the rights and privileges it affords.

Exploring the challenges faced by SP within HE Webb (2014) suggests that they are similar to those facing other non-traditional students. Being a mature student, having family commitments and financial responsibilities impacts upon identity; sense of belonging and resources to engage fully with their studies and the wider aspects of university life, thus Webb's findings resonate with those of Prasad et al. (2020). Clearly MNS are not analogous to non-traditional students in all respects and Webb herself acknowledges that non-traditional students are not a homogenous group, however of note MNS are unlikely to face the same financial hardships as other students as they are not required to pay course fees and are salaried while studying.

Webb (2014) proposes that SP have various identities available to them, two of which are *soldier-hood* and *student-hood* and the extent to which either identity is given saliency is impacted by the context in which they find themselves, although she identifies a preference for soldier-hood. Webb argues that notions of soldier-hood collide with the orthodoxy of HE which privilege the traditional student stereotype thus marginalizing those from Army backgrounds. However Webb acknowledges that identity work is complex and often contradictory, moreover influenced by an emancipatory lens she is reluctant to employ a *deficiency model* in which marginalised students are considered only in terms of what they lack, preferring instead to focus upon what British Army students bring to the HE experience by virtue of their soldier-hood. Therefore Webb employs resilience as the mediator between competing identities contending that it enables British Army students to become successful in HE.

As a corollary of the intersection between student and soldier the resulting attitude towards learning is positive and Webb (2014) identifies values which originate in soldier-hood but which prove beneficial for student-hood, such as a strong work ethic, motivation to succeed and rejection of failure all of which enables them to succeed within HE, these findings concur with Bell (2014). However Webb like Prasad et al. (2020) found that soldier-hood is not always beneficial for learning as it fosters a disinclination towards help seeking.



Webb (2014) argues that HEI are '*averting their gaze*' thus failing to acknowledge the needs of students from the Armed Forces, which seems contradictory with her aspiration to avoid adopting a deficiency model. Nonetheless she suggests that policies and practices within HE, while advocating for widening participation, in reality expect students from non-traditional backgrounds to mould themselves to the conventions of the institution which serve the traditional student stereotype, rather than the intuition being flexible and responsive to the needs of the learner.

By drawing parallels between SP and other non-traditional learners Webb (2014) provides an alternative frame of reference for examining what is otherwise an underexplored group of learners. However caution is required in adopting such a perspective as it risks framing Army personnel as a homogenous group, which fails to acknowledge the differences which arise as a result of the traditions and histories integral to Cap badge, Regiments and Arms of the Service (Meyer et al., 2016;). Nonetheless Webb provides insights into SP experience of HE in a field where little research exists, whilst also looking at the HE establishment and how its practices influence the experience of the students it proports to serve, thus it sensitises the reader to some of the potential challenges which MNS, in particular TT may encounter as they enter HE.

Also with an interest in social identity, albeit the impact which operating between the civilian and military context has upon it, Wilson et al. (2015) employ Roccas and Brewer's (2002) *social identity complexity model* to explore the first-year student experience of Trainee Officers (TO) within the Australian Defence Force (ADF). The ADF educate their professionally qualified Officers in a very similar fashion to UK military nurses, utilising support structures and employing the Chain of Command (CoC) to monitor academic performance, although the civilian university which TO attend is located within a dominant military establishment. Therefore Wilson et al.'s research offers a clear point of difference against which to contrast the experience of MNS at the Defence School.

Wilson et al. (2015) found that while TO had a strong sense of belonging to the university and an even stronger sense of belonging to Defence, this did not translate into persistence, engagement or motivation. This is at odds with the finding of the wider body of research pertaining to learning and its relationship with belonging and motivation (Zepke & Leach, 2010; Deci & Ryan, 2000). Wilson et al., attribute their findings in part to the difficulties TO had in reconciling their dual identities as student and soldier, contending that TO who were able to '*merge*' their academic and military identity managed their studies more effectively; were more satisfied and had increased sense of wellbeing compared to those who select a

*'dominant'* social identity. Choosing to favour one identity over the other necessarily meant that the non-dominant identity became resented and burdensome. Consequent TO reported feeling frustrated and disillusioned at having to try and balance competing demands. Wilson et al., concluded that the organisation must take measures to assist students to develop strong dual identities, to derive maximum benefit from professional education.

Wilson et al.'s (2015) research not only highlights the concept of dual identity, it also articulates the importance of identity for successful learning and given the similarities between the professional education of Australian TO and UK MNS one might anticipate making similar observations in relation to the challenges of managing multiple social identities.

## **2.2 Sensitising concepts**

Although the research reviewed may appear somewhat eclectic, it arguably provides sensitising concepts as several clear themes emerge despite their varying foci of enquiry. Although when one considers the foci of the literature more closely it is evident that those enquires conducted by either Serving or former MNL (Bell, 2013; Bell, 2014; Caka et al., 2015; Holman, 2016; Zägenhagen, 2016) share a common interest in performance, be that academic, military or clinical which perhaps speaks to the influences which bear upon them.

### **2.2.1 Culture**

Reference is made to culture in some form, in every research paper reviewed. While the consensus is that military culture, whatever that may be, proves positive for learning, mediated through the values and behaviours SP are inculcated with, there are clear examples where elements of military culture prove detrimental for learning. Therefore as this research is seeking to explore MNS experience of HE it would appear prudent to remain alive to the emergence of culture within participants' narratives.

### **2.2.2 Identity**

Identity was another concept prevalent within the literature, wherein it was defined in a variety of ways. The literature discussed the salience and persistence of a military identity and the impact which context had upon the cultivation and expression of identity. Identity was also constructed in terms of role and several papers identify the challenges associated with adapting to a dual role and role ambiguity. As a corollary of this preparedness for role was yet another dominant theme, with the prevailing evidence suggesting that military nurses felt unprepared. Paradoxically these findings are in direct contrast with those which demonstrated that military students are highly successful learners by virtue of their military

identity. Consequently I should remain receptive to the emergence of identity within my own enquiry and the factors which impact upon it.

### **2.2.3 Transition**

Transition also emerges as a strong theme within the literature, explored from several different perspectives, reflecting the experiences of those entering Service life; the nursing profession and HE, as well as those exiting Service. Accepting that transition is as Chargualaf (2016) contends '*complex, multidimensional and an inherent part of any nursing career*' (pg.132), then it follows that MNS will experience a number of transitions during the course of their nurse education therefore this may feature in their narratives.

### **2.2.4 Support**

Support strongly emerged from the research, featuring in a number of theoretical models as a mediator of success, however divergent experiences were evident. Support was considered an enabler in all contexts and settings consequently when support was lacking or when there was resistance to accept support, it proved detrimental for learning, performance, transition, social integration and wellbeing.

## **2.3 Practicing Reflexive Sociology**

What the aforementioned research has demonstrated is that a military population is inherently unique and so worthy of enquiry in its own right therefore this raises a number of questions. Firstly, why, despite Holman (2016) identifying this as an area ripe for enquiry had no one sought to explore the impact of MNL withdrawal from nurse education. Secondly and perhaps more significantly, why is there such a lack of military nursing research (Bernthal, 2013; Currie & Chipps, 2015).

To begin to understand why the withdrawal of MNL from nurse education has not been addressed it is necessary to consider the climate in which the decision was made, or to borrow from Foucault (1972), consider the '*archaeology*', which is congruent with the constructivist perspective; examining discourse in the field (Dorman et al., 2001). The sensitive nature of Defence information prohibits discussion of any policies which are not already available within the public domain. This, in tandem with the hierarchical relationship between Defence and its composite organisations, means that Defence policy frequently fail to capture the level of granularity articulated by the sS when they translate Defence direction into Service policy, and this creates disparity between policies. Consequently discussion of Defence policy, at best provides an incomplete picture of what happens 'on the ground'.

Therefore as it is both impermissible and impractical for this thesis to explore specific sS policies resulting in the withdrawal of MNL from nurse education, the discussion will focus upon Government policy discourse.

Predictably no specific Defence policy could be located, explicitly stating that MNL were to be withdrawal from nurse education. However various other documents allow a picture to be constructed supporting the broader narrative within this thesis, that Defence embraces the neoliberal discourse and by extension the positivist epistemology and methodologies which have increasingly informed political decision making over the past 40 year (Dorman et al., 2001; Fulton, 2013). This is evident across Government consequently 'economy, efficiency and effectiveness' have become the hallmarks of social policy (O'Leary & Cui, 2020: 143). And these factors, in combination with the marginalised position of nursing within the DMS and beyond account for not only the lack of military nursing research but the absence of political will to capture MNS experience of nurse education in anything but quantitative terms ergo the dispensability of MNL.

### **2.3.1 Economics**

The legacy of Government policy has significantly shaped structures, organisation and strategy within Defence and directly influenced the decision to withdraw MNL from nurse education. Since WW2 Defence policy has been dominated by fiscal considerations for example the devaluation of Sterling in 1967 prompted the '*Healey Review*' (1965) (*Hansard*, HC Deb 22 February 1966 vol 725 cc239-54) and with it cancellation of Defence procurement contracts; the '*Mason Review*' (1974) (*Hansard*, HC Deb 03 December 1974 vol 882 cc1351-69) was undertaken to reduce the percentage of Gross Domestic Product (GDP) spent on Defence; *Front line first: The Defence Cost Study* (1994) speaks for itself. And more recently the £38bn hole in the Defence budget was a significant factor in the '*Strategic Defence and Security Review*' (SDSR) (2010).

Financial constraints have been managed ostensibly by the repeated rationalisation and re-organisation of manpower and resources. Between 1975 and 1995 Government policy has resulted in significant reductions to Defence manpower, first '*Mason*' (1974) cut the workforce by 11% then '*Options for Change*' (1990) (*Hansard*, HC Deb 25 July 1990 vol 177 cc468-86) made an additional 18% reduction and less than 4 years later '*The Defence Cost Study*' (1994) made further reductions. More recently the 2010 SDSR reduced manpower by 30,000 personnel, although the Government was at pains to stress that these cuts were to address capability not finances. However military commentators suggest that the shift in Defence policy direction, towards capability and away from threat-based assessment was

evident much earlier following '*Options for Change*' (1990), a review precipitated by the end of the Cold War, which recognised that in the modern era the threat was going to be less discernible (Dorman et al., 2001). The Defence Operating Model defines capability in terms of 'operating effect' or 'output' therefore any given capability is comprised of the personnel, training, equipment and doctrine required to bring about the desired effect (MoD, 2020). An operating model which is output orientated necessitates surveillance mechanisms to ensure outputs are achieved, accordingly Defence employs policies and governance frameworks comparable to those employed by the Departments of Education and Health.

The fiscal agenda similarly shaped nurse education and is evident in an abundance of Department of Health (DoH) reform papers (1999, 2000, 2000a, 2001, 2002, 2004). The impact of fiscal policy was showcased by Fulton (2013) in his exploration of the archaeology and genealogy of mentorship within English nurse education. Fulton (2013) argues that mentorship was the DoH and UKCC response to changes in nurse education, which included supernumerary status for students and rationalisation of the education workforce through discontinuation of clinical teachers (Ioannides, 1999). However despite adding significantly to the workload of the over-stretched Registered Nurse, mentorship received little objection from clinical managers as it was seen as a cost-neutral solution. What is more, legitimated by NMC policy, mentorship became a managerial tool facilitating surveillance of the workforce and healthcare setting, which in turn furthered the clinical governance and Evidence Based Practice agenda within nursing and Government (Fulton, 2013).

### **2.3.2 Effectiveness**

'*Managerialism*' (O'Leary & Cui, 2020) has also impacted HE both nationally and internationally. Convergence of several factors have culminated in the creation of Quality Assurance (QA) regimes to provide oversight of the HE sector. These factors include the declining financial capacity to fund HE, coupled with an increased social expectation to participate; rapid expansion and increasing complexity of the sector which has seen it outgrow local bureaucratic processes and the growing strategic importance of HE for knowledge production, innovation, talent acquisition and ultimately income generation (Jarvis, 2014). Barnett (2000) argued that in an age of '*supercomplexity*' the university is no longer its own end but is an instrument of the state and as such '*performativity*', is the dominant ideology. Jarvis (2014) concurs adding that QA regimes are '*inextricably political*' employed '*as much to pursue political agenda*' as they are to promote '*excellence*' in education wherein quality is misappropriately defined as utility, '*fitness for purpose*' or '*value for money*' (pg. 158).

### 2.3.3 Efficiency

Defence efficiencies have been accompanied by an increased reliance upon external agencies including the private sector to support and in some instances augment Defence capability. Indeed *The Defence Cost Study* (1994) was explicit that in order to maintain Operational capability support functions were to be outsourced where practicable. And this was further emphasised in the SDSR (2010) which embraced the need to work collaboratively, to form partnerships with industry, academia, the private sector and Reserve Forces, arguing that as the characteristics of modern warfare changed and became increasingly technological, new threats emerged therefore new capabilities were required to address them. However manning shortfalls created by policies intended to better align force capability with requirements have been exacerbated by an inability to recruit and retain SP (Defence Committee, 2008a). And in a climate where, the now symbolic 'front line' takes precedence, any threats to Operational capability must be addressed. Making virtue from necessity, the 'Joint approach' not only to Operations but to training, management and organisation was employed, (Strategic Defence Reviews (SDR), 1998, 2003; SDSR, 2010).

Just as the fundamental nature of Armed Conflict and threats to global security have changed (MoD, 2018b) so too has the nature of HE and in an increasingly connected and technological world the university has had to acknowledge that it is no longer the dominant producer of knowledge within society, as once it was (Collini, 2012; Holmes & Lindsey, 2018). Indeed the burgeoning knowledge economy has demanded that the HE sector diversify and embrace performativity and the QA discourse which accompanies it to ensure that they remain competitive and relevant within the knowledge industry (Jarvis, 2014). Methodologies such as the Teaching Excellence and Student Outcomes Framework (TEF), Research Excellence Framework, Qualification and Credit Frameworks, National league table, and the National Student Survey have been implemented to provide 'evidence' to consumers be they students, academics, researchers, industry partners, funding councils or Government of an organisations performance in comparison to its competitors (Holmes & Lindsey, 2018; O'Leary & Cui, 2020). Although Collini (2012) is sceptical of such QA regimes saying:

*'The great unspoken truth is that the processes of "assurance" do not actually achieve these ends.... they tell us nothing of value about what actually happened.... they merely indicate that the processes of assurance have been complied with' (pg. 108).*

Although HE no longer has a monopoly on knowledge creation, universities are now the sole producers of Registered nurses, therefore nurse education perhaps more than most disciplines has felt the impact of neoliberalism as Governments both nationally and internationally seek to address the global nursing workforce shortage (Pitt et al., 2012). Supported by policies such as Widening Participation and changes to funding, universities have sought to expand their nurse education provision in an attempt to keep pace with insatiable labour market demands, whilst capitalising upon the opportunity for income generation. Consequently student nurse recruitment, academic progression, course completion and satisfaction have become the indicators of successful strategies for both the HE sector and Government thereby furthering the measurement culture. This preoccupation with outputs has precipitated a deluge in quantitative research (Alshammari et al., 2018; Dante, et al., 2011; Lovegrove, 2018; McCarey., et al., 2007; Muzenda, 2013; Pitt et al., 2012) seeking to measure academic performance and identify the factors which impact upon it, in order to support strategies intended to maximise efficiency and effectiveness of the system. Although Pitt et al. (2012) in their integrative review of the aforementioned literature raise concerns about the lack of research seeking to explore the relationship between academic performance and clinical competence, which they suggest is troubling given that nursing is a practice orientated profession. Moreover since the UK launched TEF, which seeks to rate an institutions' teaching quality based upon the measurement of students' academic attainment, attrition rates, satisfaction and employability, an increase in research seeking to explore the relationship between teacher, teaching and student performance might well be expected to follow.

#### **2.3.4 Impact of Defence policy for DMS**

Defence reviews have had several implications for the DMS and military nursing, significantly they instigated the closure of all military hospitals within the UK and the subsequent formation of MoD Hospital Units (MDHUs) within the NHS. Despite much opposition from the Service community, Government argued that military hospitals were no longer viable either clinically or financially, as they had insufficient patient throughput to enable DMS personnel to maintain professional competence or develop the clinical skills required for Operations. Moreover partnership with the NHS facilitated clinical rationalisation of the DMS enabling it to better align medical capability with Operational requirements, therefore several uniformed clinical specialities were civilianised. With the closure of military hospitals nurse education was impacted too, and the provision of the clinical element of pre-registration education was provided almost exclusively by the NHS, with the associated costs involved.

Reorganisation of the DMS saw it integrate with the NHS further, establishing the Royal Centre for Defence Medicine (RCDM) in 2001. RCDM was to be a 'centre of excellence' and the jewel in the crown of the DMS, as part of the wider Midland Medical Accommodation Project (MMA). This would aim to see Birmingham become the centre of gravity for the entire DMS by 2014. However this vision came at considerable expense and while cost savings had initially been made following the closure of military hospitals the cost of the DMS soared exponentially in the year following the opening of RCDM (Defence Committee, 1998). Moreover RCDM alone incurred a significant overspend on its budget, consequently parliamentary questions were raised about the ongoing costs and '*value for money*' in light of negative press over standards of care received by SP. In detailing expenditure the DMS stated that the bulk of the budget was attributable to spending on personnel, including nurse training at the Defence School, rent of facilities and support costs for staff and students such as accommodation, travel and subsistence (Drayson, 2007).

	2003-04 £ million	2004-05 £ million	2005-06 £ million	2006-07 £ million
Budget	15.434	17.541	20.502	5.783 <sup>1</sup>
Outturn	17.116	17.541	23.040 <sup>2</sup>	22.199
Notes:				
<sup>1</sup> From 2006-07 no separate manpower budget has been allocated to RCDM.				
<sup>2</sup> Includes £940,000 of costs that should have been charged to the budget in 2004-05.				

Table 3 RCDM Annual Spending

The DMS also experienced significant reductions in workforce as a result of successive Defence reviews, leading the Government to conclude that the DMS had insufficient manpower to adequately support combat Operations, a situation undoubtedly compounded by a policy which prohibited non-specialist nurses deploying into specialist nursing roles. Such was the gravity and extent of undermanning that Government recommended a financial injection of £140 million over 4 years to enhance capability which included addressing the shortage in personnel, particularly nurses, through recruitment initiatives such as 'Golden Hellos', Nursing Cadetships and Financial Retention Initiatives designed to encourage personnel to remain in significantly under-manned or '*pinch-point*' clinical specialities (Defence Committee, 1998).

In the 1990s as the structure and organisation of Defence and the DMS was undergoing radical change so too was the model of pre-registration nurse education (detailed in Chapter 1). To ensure that MNS received the education and clinical practice necessary for



qualification partnerships were established between Defence, the NHS and HE sector therefore the move of nurse training into HE proved particularly costly for Defence, not least as the Public Accounts Committee (2019) report demonstrates, Defence had a poor track record of successfully negotiating external contracts. Moreover costs were compounded by relocation to the Midlands, as Birmingham was not an established military location therefore it had none of the infrastructure required to support a large military population, consequently this also had to be sourced via contract with the private sector.

In a climate dominated by efficiency and driven by capability the DMS needed to address how cost savings could be made within the constraints of the new nurse education model whilst also addressing manning shortfalls especially in Operational pinch-points. Given the cost burden of phase 2 nurse training, significant savings could be realised if Defence discontinued training in favour of recruiting only qualified nurses as it had done pre-1960. However the financial incentive programme had not been particularly successful in recruiting or retaining, not least because Defence was competing in a market already in crisis (NAO, 2020). DNS manning figures for pinch-point trades in 2001 show the extent of the shortfall within Emergency care, Critical care and Burns and Plastics, undermanned by 61%, 63% and 68% respectively (*Hansard*, HC Deb 29 January 2001 vol 362 cc62-3W). The establishment of the DNS as at January 2006 continued to demonstrate significant manning shortfalls (Touhig, 2006) (Table 4).

	<b>Trained strength</b>	<b>Requirement<sup>(32)</sup></b>
Naval service <sup>(33)</sup>	290	330
Officers	90	110
Other ranks	200	220
Army <sup>(34)</sup> (5508960035)	840	1,080
Officers <sup>(36)</sup>	270	380
Other ranks	570	690
Royal Air Force	420	430
Officers <sup>(37)</sup>	120	130
Other ranks	300	300

Table 4 DNS Manning as at 1 Jan 2006

And when manning of pinch-points were revisited again in 2008 to assess the longer-term effectiveness of financial initiatives the Army Medical Service had shown marginal improvements, but Emergency care and Critical care nursing remained undermanned by 30% and 23% respectively (Defence Committee, 2008a).

For Defence, the most productive recruitment stream for nurses was via Phases 2 nurse training (*Hansard*, HC Deb 29 January 2001 vol 362 cc62), although it was also the most expensive and least efficient source of manpower. Therefore, given that it was not viable to discontinue nurse training the DMS looked for other ways to make efficiencies, and reducing manpower was seen as an easily achievable, low impact option, not least as the manning shortfall of MNL was only 6% which was favourable compared to other nursing specialities (*Hansard*, HC Deb 29 January 2001 vol 362 cc62). Therefore from a fiscal and capability perspective the argument for withdrawing MNL from the Defence School and using the liability elsewhere, was compelling. Moreover the precedence had already been set, as several traditionally uniformed roles within the DMS had been civilianised previously on the basis that they were seen to have no deployable role, therefore the provision was continued under contract. Consequently the tactical decision was made, MNL were withdrawn from pre-registration nurse education and accounts offered by staff assigned to the Defence School at this time confirm events.

Returning to the question ‘why Defence failed to explore the impact of this decision for MNS educational experience’, the simple answer is because it wasn’t considered necessary, as it was presumed that there was no impact. A presumption, based upon reports published by organisations such as the Defence Medical Education and Training Agency (2007) and Ofsted (2012) which detail MNS ‘*excellent*’ academic performance, high completion rates and low wastage. Moreover given the policy discourse Defence operated within, there was little political appetite to support existential qualitative research when UK Armed Forces were sustaining significant injuries on combat Operations in Iraq and Afghanistan, consequently Defence research priorities reflected this (Currie & Chipps, 2015). Therefore Defence’s research position reinforces the assertion that ‘evidence’ is political ergo some forms of evidence are considered more legitimate than others and in the context of neoliberalism this means quantitative data, gathered by positivist methodologies looking to address ‘*real*’ issues (Denzin & Lincoln, 2018; Levin, 2013; Racine & Vandenberg, 2021).

### **2.3.5 Why the lack of Military nursing research?**

Perhaps the more significant question however is why is there a lack of military nursing research when the requirement to undertake practice based upon current ‘*best evidence*’ is enshrined in professional policy (NMC, 2015:9). Is it that military nurses are not undertaking research or is it simply that they are not publishing it. Bernthal (2013) asks these very questions, where she concluded that nurses submit fewer research proposals to the Defence Medical Research Directorate compared to their professional peers. In considering why this was the case Bernthal suggests that the bureaucratic nature of the Defence

research process discourages nurses, compounded by a perception that research is the remit of doctors, which is consistent with opinion in the wider literature.

Bernthal (2013) also suggests that a lack of '*confidence*' may account for military nurses reluctance to engage in research however what is lacking is arguably more elemental than just confidence, it is military nursing research '*capital*' which is deficient (Bourdieu & Wacquant, 1992). Defence nursing's position within the DMS contributes to their inability to create either the capital necessary to cultivate a unique body of knowledge or the body of knowledge required to validate military nursing capital (Rancine and Vendenberg, 2021). However a lack of research capital is not confined to military nursing. The literature suggests that nursing's place within the academy remains poorly understood, compounded by enduring stereotypes subjugating nursing to medicine, consequently nurses and nurse academics struggle to conceptualise their identity as clinicians, scholars, researchers and educators which is disempowering (Andrew, 2012; Barton, 1998; Boyd, et al., 2009; Carlisle et al., 1996; Carr, 2007; Deans et al., 2003; Rancine & Vendenberg, 2021). Moreover the persistence of anti-intellectualism within the nursing profession, to which Defence is not immune, also stymies progress towards cultivating military nursing research capital and a positive research culture. Indeed Racine and Vendenberg (2021) suggest that anti-intellectualism is once again in ascent as a result of neoliberalism, which Holmes and Lindsey (2018) contend is '*anti-academic*'. Thus anti-intellectualism is reproduced within the profession via the education system, reinforced by the Evidence Based Practice (EBP) discourse which positions nurses as the consumers of researcher not the creator (Lewis et al., 2014; Roxburgh, 2006; Rancine & Vendenberg, 2021).

### **2.3.6 Practical Limitation**

#### **Time**

Equally the lack of military nursing research may be attributable to more practical considerations such as limited time, funding and opportunity. Insufficient time and competing demands are widely reported by nurses as barriers to undertaking research, hence its low priority for many practitioners (Lewis et al, 2014; McDermid et al, 2012; Peters & McDermid, 2020, Roxburgh, 2006). However within HE, research is an inherent part of scholarship, consequently there is an expectation that nursing academics will deliver a research output, although the implicit assumption that academics embrace teaching and research equally is false (McDermid et al., 2012). Roberson (2007) in her research exploring the 'research-teaching nexus' concluded that some academic believe that research and teaching are mutually exclusive endeavours, a perspective compounded by current policy discourse which has further dislocated teaching and research. Consequently

a paradox emerges wherein some academics are both resistant to undertake research because they identify more strongly with the role of educator whilst simultaneously being under more pressure than ever to produce research, to enable the university to elevate their standing, secure custom, attract funding thus be more competitive in the international HE market (Cleaver et al., 2014; Jarvis, 2014).

When nurse education first made the move into HE concerns were raised about nurse-teachers ability to manage the competing role of educator, clinician and researcher which led Kirk et al. (1997) to suggest that it was perhaps unwise to make such demands. However the trend persists, indeed the literature indicates that nurse academic are increasingly overwhelmed by the workload of the nursing curriculum, compounded by the requirements of neoliberal discourse consequently they have insufficient time for either clinical practice or any other scholarly activity including research (Barrett, 2007; Barton, 1998; Boyd et al., 2009; Clifford, 1995; Deans et al., 2003; Gazza, 2009; Holmes & Lindsay, 2018; Kirk et al, 1997; McDermid et al., 2012).

Time is arguably in even shorter supply for the military nurse. In addition to their primary role, they must maintain clinical currency and Operational readiness, achieved through various mandated training, whilst undertaking additional duties commensurate with their rank; all the while accommodating the posting cycle and deployments (Currie & Chipps, 2015; Holman, 2016). Added to which is the culture of performativity, wherein SP are required to demonstrate that they are continuously improving, personally and professionally, as part of the annual appraisal process.

## **Funding**

Funding is yet another essential research resource however it is widely reported in the literature that nurses, compared to other health professionals, have less access to funds, ergo the lower research output (Cutcliffe & McKenna, 2002; Lewis et al, 2014; Peters & McDermid, 2020; Roxburgh, 2006;). Currie and Chipps (2015) contend that funding is one of the main obstacles to UK military nurses undertaking research, however they fail to elucidate why. Although by drawing comparisons with the US Tri-Service Nursing Research Programme, they intimate that it is the result of systemic under-investment, a proposition confirmed by Moore (2014) in her interview with the first Defence Professor of Nursing. Additionally, the wider literature suggests that nurses are disadvantaged as they frequently lack the research profile necessary to secure funding and are less likely to be pursuing fields of enquiry or utilising methodologies which attract funding (Cutcliffe & McKenna, 2002, Lewis et al., 2014). Finance to pursue an academic pathway is an alternative route by which SP

can undertake research. However this is an extremely competitive and limited funding stream for military nurses as post-registration educational requirements are determined by capability, thereby significantly restricting the volume and scope of academic research supported. Moreover by accepting funding, the military nurse relinquishes the freedom to pursue their own professional research agenda.

### **Opportunity**

In addition to limited time and finances an inherent lack of opportunity at an organisational level also impacts upon military nursing research output as illustrated by the relatively recent establishment of the Academic Department of Military Nursing (ADMN) and with it, appointment of the first Defence Professor of Nursing (Moore, 2014). Yet the Operational Health Research Division, was established in 2004 (Caplin, 2004). The ADMN is the focus for Tri-Service nursing research and is one of the few organisations offering dedicated nurse-researcher appointments within the DNS. However it is an extremely small team comprising Officers of senior rank, consequently appointments for military nurses wishing to pursue a career in research are extremely limited.

The lack of opportunity for military nurses to initiate, design and conduct research is further compounded by the lack of strategic will to undertake nursing focused enquiry as evidenced by the DMS research strategy (Hodgetts & Mahoney, 2015). This is unsurprising given that research priorities were determined by stakeholders drawn from various Defence organisations where nurses are not routinely employed such as Defence Science and Technical Laboratories (DSTL), Institute of Naval Medicine, and Centre for Aviation. Furthermore research priorities were not orientated towards fields that would be within the traditional remit of nursing such as health informatics, environmental medicine, toxicology and diagnostic imaging. Moreover in those fields where nursing is better aligned, such as mental health, their specialist nature limits opportunities for those outside the speciality.

### **2.3.7 Conclusion**

What has become evident by examining a wide variety of policy discourse in relation to military nursing is that neoliberalism is endemic across the structures within which it operates, resulting in a complex, contentious and often contradictory relationship between them. However what is abundantly clear, is that if nothing changes, then nothing will change, and the future of military nursing risks being, '*sacrificed on the altars of political expediency and economic rationalism*' (Holmes and Lindsey, 2018). Hence the requirement to undertake research which paradoxically speaks the language of Defence by addressing MNL utility and examining MNS academic performance, in order to challenge the

assumptions upon which decision are made, in particular that 'value' can be reduced to quantification, whilst defined only in Operational terms.

## **2.4 Summary**

This literature review was intended to sensitise the reader to the wider discourse in the field of military nurse education. Gaps in the literature made it necessary to draw upon research which may be dated; from further afield and from more divergent populations to gain insights into the HE experience of SP. As a result, interesting parallels have been found between military students; non-traditional students and veterans. Although it is acknowledged that utilising international research is not without risk as expectations, practices and norms will no doubt differ therefore findings will in part reflect their heritage and so may not be applicable in the UK context in all respects. There was a paucity of research specifically addressing the relationship between MNL and MNS and the impact of that relationship for learning despite the abundance of '*relational research*' within the teaching and learning field. Furthermore no research was found which examines the impact of the withdrawal of MNL from nurse education upon MNS, which it is argued is reflective of the neoliberal discourse operating within Defence.

## Chapter 3 Methodology

The following chapter provides a detailed account of the research methodology, which is the comprehensive plan outlining how the researcher will conduct their enquiry in accordance with the precepts of the selected approach (Guba & Lincoln, 1994). The discussion will outline how the decision to utilise constructivist Grounded Theory (cGT) was arrived at, and in doing so it will explore the theoretical foundations underpinning research and undertake a critical discussion of Grounded Theory (GT) methodology.

### 3.1 The *Salient Issues*

Knowledge creation within the academy is both deeply contested (Denzin & Lincoln, 2018; Lather, 2006; Rolfe, 2006) and yet highly organised (Howell, 2013). Accordingly any examination of the approach to be adopted in seeking new knowledge cannot be undertaken in isolation from philosophical consideration of what is considered 'knowable' or real (ontology) and the means by which it can come to be known (epistemology), as together they form the coherent framework or 'paradigm' upon which all enquiry is built (Guba & Lincoln, 1994). As a consequence of this inter-connected relationship, the research methodology employed will broadly determine the type of knowledge created, whilst the type of knowledge sought, significantly influences methodology selection (Howell, 2013).

Methodologies form part of the wider research discourse and as such they can be deployed in various ways. In the most literal sense they function as the procedural framework used to direct the research process, therefore congruence between the research aims and overarching paradigm is the basis for methodology selection (Guba & Lincoln, 1994). However methodologies can also be chosen purposefully because they jar with normative traditions in a given field therefore, they are used as 'ideological' tools to make a political statement (Levin, 2013). A methodology can also be put to work to trouble or unsettle existing knowledge employing problematisation wherein the researcher approaches their methodology with scepticism, seeking to disrupt the orthodoxy which underpins it, rather than '*legitimising what is already known*' (Alvesson & Sandberg, 2013).

In selecting a research methodology I considered various philosophical assumptions and their associated approaches, looking for the one which *fit best*, which necessarily recognises that there is no '*right way*' to know, but many different ways (Lather, 2006). Therefore as I sought to deduce which methodology best met my needs, I was guided by what Guba and

Lincoln (1994) identify as the '*salient issues*' these include consideration of the nature of knowledge; research aims, positionality, representation, power and practice.

### **3.1.1 Nature of Knowledge**

Research does not take place in a vacuum, it is embedded in the world both symbolically and literally (Charmaz, 2014a) therefore in selecting a research methodology the researcher should acquaint themselves with the research traditions in their chosen discipline (Kivunja & Kuyini, 2017). This enquiry crossed two distinct disciplinary traditions nursing and education and was further nuanced as a result of the military dimension therefore the challenge of determining the nature of knowledge was all the more complex. Although Atkinson et al. (2001) urge caution, arguing that it is prohibitive and limiting if disciplines are '*classified and circumscribed according to style of research*'. Adopting a pragmatic view Alvesson and Sandberg (2013) suggest that contributing new knowledge to any given field is a balancing act in which the contribution must both '*differ significantly*' and yet be '*connected to*', the existing body of knowledge for it to be considered meaningful.

Despite its long history nursing continues to question the foundations of its knowledge base, unsure of whether it is, or should be, an art or science (Chinn & Falk-Rafael, 2018; Sandelowski, 1986, Cutcliffe & McKenna, 2002). This is not a vacuous philosophical question, the contested nature of nursing's knowledge has created scholarly divisions which are polarised between positivism and interpretivism, which represent two dominant and largely competing paradigms (Denzin & Lincoln, 2018). Rolfe (2006) argues that the positivists position has given rise to the Evidence Based Practice (EBP) meta-narrative wherein it is believed that nursing should aligning itself with the natural sciences, adopting the 'scientific method' which is celebrated for the quantifiable, objective and authoritative knowledge it creates, by researchers who maintain distance from their subject, to avoid contaminating the field, whilst they pursue a single verifiable truth or right way to practice (Denzin & Lincoln, 2018).

Conversely pro-interpretivists argue that nursing's knowledge based is better served by embracing the richness, complexity and creativity associated with interpretivist research traditions (Cutcliffe & McKenna, 2002; Sandelowski, 1986) in which the knowledge created is considered a reflection of the researchers' relationship with their participants, thus knowledge is seen as relational, contextual, temporal and contestable (Guba & Lincoln, 1994). As a result of these divisions the knowledge base within nursing is relatively wide and this provided significant methodological scope. Although Cutcliffe and McKenna, (2002) are amongst many who contend that funding board's research preferences significantly influence the



methodologies selected by nurse researchers and Clarke (2019) argues that political ideologies do too. Similarly Currie and Chipps (2015) concluded that quantitative methodologies dominated the field of military nursing research. As Defence was a key stakeholder in this research, I too was aware of their preference for quantitative research (as discussed in chapter 2) and this knowledge influenced methodological deductions.

In many respects education has faced similar challenges to nursing as a practice orientated profession which now finds itself embedded within HE. Denzin and Lincoln (2018) contend that educational research traditionally embraced the 'scientific model' owing to the historically privileged position which empirical research held, resulting in a discourse which suggested that the social world should be studied in much the same way as the natural world, in order to establish universal laws of human behaviour. However in the 1960s as the impact of the philosophical shift from the '*traditional*' to '*modernist*' era was beginning to be felt, educational research began to move away from the scientific model towards constructivist research approaches (Clarke, 2019; Delmont et al., 2000).

Although many prominent educationalists contend that the UK has seen a resurgence in 'scientific' research practices in response to neoliberal discourse which is reducing education to that which is quantifiable in order to support the knowledge economy (Trif, 2014), furnish university league tables and support educational policy (Biesta, 2007; Jarvis, 2014; Lather, 2006; Levin, 2013; O'Leary & Cui, 2020). Biesta (2007) argues that policy makers desire to establish '*what works*' in the field of education has led to a discourse which once again privileges '*scientific*' knowledge and methodologies. However as in nursing there is resistance to the '*evidence orientated*' research agenda in education (Grenfell & James, 2004; Kemmis, 2011; Jarvis, 2014; Levin, 2013). Lather (2006) laments the impact of hegemonic discourse upon educational research arguing that it serves to perpetuate '*tidy binaries*' whereby research is seen as '*either*' '*or*', the over simplistic divide between qualitative and quantitative research being a case in point, and in the process creates what she refers to as '*methodological fundamentalists*, who lose sight of the larger research picture. Whilst Biesta (2007) argues that '*what works*' '*won't work*' in education as '*being a student is not an illness just as teaching is not the cure*'. Therefore educational researchers need to think differently about how they approach research and this provides methodological scope.

Although from a disciplinary perspective it might appear that both education and nursing are somewhat binary in what they consider knowledge, this did not constrain my choice of methodology, rather it further informed it and solidified my desire to adopt an approach which enabled me to draw upon a variety of data, so that I might engage with several stakeholders, using the data that they understand best.

### **3.1.2 Research Aims**

Research is the pursuit of knowledge however knowledge is rarely pursued for its own end, it is sought in order to test, predict, exploration, extend or disrupt existing knowledge (Denzin & Lincoln, 2018). Similar to the principles of *constructive alignment* within education where the intended learning outcomes guide the methods employed to teach and assess learning (Biggs & Tang, 2011) one of the basic tenants of research is that the methodology should be consistent with the aims of the enquiry (Kivunja & Kuyini, 2017). As the goal of this research was neither to disrupt existing knowledge nor test and verify existing theory, not least because as the literature review has demonstrated, so little was known about MNS, several methodologies were immediately discounted by virtue of their location within the 'critical' or 'deconstructivist' paradigm (Lather, 2006). Moreover Guba and Lincoln, (1994) argue that the theoretical framework chosen by the researcher restricts their field of view, whether it is intended to or not and with this in mind I did not wish to adopt a narrow theoretical position such as Webb (2014) when she employed the '*emancipatory lens*' to explore the HE experiences of army personnel or the Bourdieusian lens often employed within educational research (Reay, 2004).

This research asked what unique contribution, if any, MNL made to the educational experience of MNS ergo it sought to investigate the relationship between teacher and learner. However it did so, not for the purpose of establishing causation between these relationships nor to quantify the impact of one relationship upon the other. The aim was to explore the meaning and nature of the relationship between teacher and student at a psycho-social and emotional level, to gain a deeper understanding of the dynamics at play and to explore if and in what way the withdrawal of MNL was felt and experienced by MNS. Therefore it was deemed inappropriate to draw upon methodologies originating from a positivist paradigm with their realist ontology and objectivist epistemology, wherein it is believed that a single quantifiable social reality exists independent from the social actor who perceives it, which is best investigated by a researcher who adopts a neutral position to avoid contaminating the evidence (Guba & Lincoln, 1994). Having largely discounted positivist, critical and deconstructivist approaches my attention turned to pragmatist, interpretivist and constructivist methodologies.

## **Methodologies within the pragmatic paradigm**

Although not recognised by all as a distinct paradigm (Lather, 2006; Sale et al., 2002) pragmatism is considered by many to be the third paradigm within the field of educational research (Greene, 2008; Johnson et al., 2007; Tashakkori & Teddlie, 2003), locating itself variously along the continuum between the extremes of positivist and interpretivist research. The philosophy underpinning pragmatism takes the view that the social world is complex and dynamic therefore to study it in all its complexity the researcher needs to adopt the *means* which best enable their research question to capture multiple '*perspectives*', '*positions* and '*standpoint*' whilst being '*cognisant of local and broader socio-political realities and resources*' (Johnson et al., 2007). Given pragmatism's orientation towards examining problems originating from practice Halcomb and Hickman (2015) argue that it is routinely used within both education and nursing.

### **3.1.2.a Mixed Methods**

Mixed methods research, although itself controversial (Johnson et al., 2007; Symonds & Gorard, 2010) is synonymous with pragmatism. Various definitions (Johnson et al., 2007), the definition offered by Greene resonated with me as it appeared to capture the spirit of my enquiry particularly in respect to its acknowledgement of '*multiple ways of knowing*':

*'Mixed methods enquiry is an approach to investigating the social world that ideally involves more than one methodological tradition and thus more than one way of knowing, along with more than one kind of technique for gathering, analysing and representing human phenomena, all for the purpose of better understanding.'*

Given what little was known about MNS experience of nurse education and their relationship with MNL I sought a methodology which would enable me to capture the experience from as divergent a perspective as possible, so that I might understand it more fully. Therefore a mixed methods approach was appealing as it is designed to capture both '*generality*' and '*particularity*' (Greene, 2008) premised upon the assumption that certain types of data are better at capturing and conveying meaning than others. To illustrate, it was entirely plausible that as participants shared their experience of nurse education the issue of academic performance would arise. And as earlier discussion alluded to academic performance is captured quantitatively and expressed numerically in grades, which enables trends to be plotted and performance to be analysed statistically providing a numerical picture of the academic experience (Briggs & Tang, 2011). However that grade cannot capture the embodied experience (Dowling, 2007), the social, psychological, physical and emotional meaning of academic performance; nor does it reveal what impacted upon it or the experience

more widely, for this narrative or qualitative data is necessary. Therefore mixed methods are frequently championed as offering the researcher the '*best of both*' worlds (Johnson et al., 2007) as multiple methods of data collection and analysis complement one another thus support confirmation of findings; provide a richer and more divergent picture and better enable the researcher to address contradictions or gaps which appear when using a single data collection method.

Moreover mixed methods were appealing precisely because they are utilitarian and acknowledge the constraints and demands placed upon the research, researcher and their participants, thus accepts that choices might need to be made on the basis of what is practicable rather than ideal (Johnson et al., 2007). This was particularly pertinent as securing access to a military population can be challenging, as they are geographically disparate, more likely to be called away or become unavailable at short notice (Finnegan, 2014) and this not only applied to participants but also to myself as the principal researcher. Consequently there would be significant risk attached to adopting a methodology with conventions which were inherently inflexible or which participants considered burdensome, such as hermeneutics which necessitates multiple interviews (Dowling, 2007) or phenomenology which utilises member checking practices (Bradbury-Jones et al., 2010). Equally, informed by previous experience I concluded that SP are somewhat conservative in nature therefore disinclined towards what might be considered *non-traditional* research methods such as '*self-interviewing*' or '*storytelling*' which are widely employed in qualitative educational enquiry (Frey, 2018) and this too was factored into methodological deliberations.

However despite the synergies between the aims of mixed methods and this research I discounted it because it left several important questions unanswered, especially in relation to positionality, representations, power and structure. What is more I agree with Symonds and Gorard (2010) that quantitative and qualitative data are not limited to any specific paradigm, which by extension makes the construction of a unique methodology to house them unnecessary. As a framework to guide enquiry mixed methods have a number of limitations resulting from scholarly disagreement as to '*why, what, when, where, and how much mixing*' is necessary (Johnson et al., 2007). And while many researchers might embrace the freedom which this lack of a prescriptive structure affords them, I like Symonds and Gorard (2010) believe that some boundaries are required because '*without form things are insubstantial*'. Moreover despite the '*fluid*' structure I had no sense that mixed methods research was intended to be inductive and emergent and these were essential features of my desired methodology as I needed to be able to go where the research took me, rather than prescribing the path the research took, not least because I was approaching this enquiry with virtually no

preconceived ideas about what would be important for MNS experience of nurse education or their relationship with MNL. Therefore whilst the ability to draw upon a variety of data types and methods remained appealing, I sought to do so inductively and from within a methodology which offered a more structured approach.

When little is known about the phenomena of interest Charmaz and Thornberg (2021) argue that GT is an appropriate methodology to employ precisely because the focus of the enquiry is made evident during the process of data collection and analysis, rather than being established before one enters the field. Indeed the original variant developed by Glaser and Strauss (1967) insisted that the researcher should come to their enquiry with nothing more than a '*general wonderment*' or ideation (Urquhart, 2013). Although Cutcliffe (2005) acknowledges that this is not always possible for researchers who are undertaking enquiry as part of a higher degree as ethics committees and higher degree boards demand a more concrete basis for enquiry than '*ideation*'. Exploring the research literature it was evident that GT was used extensively across a range of disciplines including nursing (Mills et al., 2006) and education (Charmaz, 2014b) and as evident within the literature review it has also been used to undertake Defence related nursing research (Currie & Chipps, 2015; Finnegan, 2011; Finnegan et al., 2015; Zägenhagen, 2016). This encouraged me to explore GT further as it was not a methodology I had given much consideration to, as theory generation had not been my initial aim and as I did so I considered interpretivist research traditions more broadly.

### **Methodologies within the interpretivist/constructivist paradigm**

If the aim of enquiry is 'understanding' from the perspective of the social actor, then Guba and Lincoln (1994) state that the researcher ought to align themselves with constructivist methodologies. Constructivist research is concerned with the subjective reality of the individual, specifically how they make meaning of and from their social context, therefore it recognises that notions of truth are multiple, relational, positional and temporal (Clarke, 2019) and in doing so refutes the existence of a single external objective reality. What is more constructivists recognise that the knowledge borne from research is '*intentionally constructed*' therefore as the researcher explores how participants make sense of their world, they too must consider how their own sense making impacts upon the knowledge created (Weber, 2004: 6).

The distinctions between the interpretivist and constructivist paradigm is not immediately clear when one explores the literature indeed the terms are often used interchangeably (Kivunja & Kuyini, 2017; Mackenzie & Snipe, 2006; Wahyuni, 2012). Although the 'constructionist turn' is widely attributed to the influences of the interpretivist paradigm and

theories such as symbolic interactionism, phenomenology and hermeneutics, wherein it is assumed that *'people, including researchers construct or interpret the realities in which they participate through their own situated perspectives'* (Clarke, 2019: 6). Acknowledging the lack of consistent language Denzin and Lincoln (2018) contend that as the field continues to evolve, the exact nature of any given paradigm is contestable and open to interpretation therefore ontology and epistemology are better thought of as existing upon continuums rather than fixed or bounded entities.

Characteristics of Interpretivist paradigm: cited in Kivunja and Kuyini (2017)
<ul style="list-style-type: none"> <li>• The admission that the social world cannot be understood from the standpoint of an individual</li> <li>• The belief that realities are multiple and socially constructed</li> <li>• The acceptance that there is inevitable interaction between the researcher and his or her research participants</li> <li>• The acceptance that context is vital for knowledge and knowing</li> <li>• The belief that knowledge is created by the findings, can be value laden and the values need to be made explicit</li> <li>• The need to understand the individual rather than universal laws</li> <li>• The belief that causes and effects are mutually interdependent.</li> <li>• The belief that contextual factors need to be taken into consideration in any systematic pursuit of understanding</li> </ul>

Table 5 Characteristics of Interpretive Research

### 3.1.2.b Phenomenology

As already stated, this enquiry was fundamentally exploratory in nature, seeking to better understand the educational experience of MNS from their perspective thereby clearly demonstrating synergies with interpretivist research aims. Neubauer et al. (2019) argue that *'the foundational premise of research'* is *'learning from the experience of others'* and with an express interest in capturing the 'lived experience' is phenomenology (Tuohy et al., 2013).

While the term phenomenology is often attributed to Edmond Husserl in the 20<sup>th</sup> century the philosophy from which the approach originates predates this (Dibley et al., 2020). In contrast to received wisdom implicit in Western philosophy, which is considered rational, empirical and logico-deductive, phenomenology is an experiential philosophy accordingly it considers experience the source of knowledge (Dibley et al., 2020). Thus as a methodology phenomenology is often described as a qualitative research approach which seeks to capture the essence of a phenomena from the perspective of the individual, for the purpose of describing, extending or challenging understanding (Dibley et al., 2020). From its early origins in Germany phenomenology migrated across Europe then intercontinentally thus as both a way of thinking and way of creating knowledge it has evolved reflecting both time and place. Accordingly there are numerous iterations and orientations which Dowling (2007)

suggests ranges from positivist (Husserl), and post-positive (Merleau-Ponty) to interpretivist (Heidegger) and constructivist (Gadamer) although Husserl's transcendental (descriptive) and Heidegger's Hermeneutic (interpretive) phenomenology remain the two classic variants.

Husserl's approach to phenomenology was scientific thus he advocated the objective study of the subject experience, to determine what he called the *invariant essence* of an experience (Dibley et al., 2020) which he believed transcended the individual, time and place (Giorgi et al., 2017). To achieve this the researcher took an objectivist position, bracketing preconceived notions to adopt the phenomenological attitude necessary to enable the essence or truth of the phenomenon to be determined from interview, free from interpretation.

Proceeding Husserl, Heidegger's interpretation of phenomenology is at considerable odds with Husserl's original work. Most significantly Heidegger believed that individuals were situated within a world of meaning consequently interpretive phenomenology aims to answer questions related to *being-in-the-world* (Dowling, 2007) therefore Heidegger's goal is interpretative understanding of experience rather than description. In keeping with the precepts of interpretivism more generally, Heidegger recognised the co-constructive nature of knowledge created through social experience, believing that space and time are key determinants of knowledge creation, therefore Heidegger rejected bracketing in favour of reflexivity (Bradbury-Jones et al., 2010).

With such variation between the branches of phenomenology it might be assumed that selecting the most appropriate variant for exploring MNS experience of nurse education would be a relatively simple task however this was not the case. I knew the variant chosen would determine the path my enquiry took, but given what little was known about MNS experience of nurse education I was concerned about making a poor methodological choice. For example whilst drawn to Husserl's concept of the *invariant essence of things*, I was seriously challenged by his insistence upon adopting an objective position, as like Heidegger I believe the researcher cannot stand apart from the research process as they too are '*in the world*'. Moreover given the autoethnographic undercurrent of my work I do not believe it would be possible or desirable for me to bracket my preconceptions, rather they and their influence upon this research should be made known. Conversely, I was troubled by Heidegger's focus upon '*being*' and what it means to be, as I did not wish to presuppose that '*being*' would itself be important within the MNS educational experience. That said for Heidegger the goal of phenomenology was '*understanding*' (Dibley et al., 2020) thus his variant was more closely aligned with the overall aims of this enquiry.

Still grappling with how to proceed I used the opportunity which the doctoral programme afforded to undertake a pilot study to determine both the appropriateness of employing phenomenology and more broadly to explore the conceptual provenance of the proposed field of enquiry. Drawing upon the experiences of a civilian nurse lecturer the pilot specifically sought to address '*what unique contribution MNL made to the educational experience of MNS*' and in doing so facilitated my trialing of a semi-structured interview guide, gaining experience conducting a phenomenological interview and undertaking rudimentary thematic analysis.

Although the pilot study was approached from an interpretivist phenomenological position it was not possible to conduct data analysis using the hermeneutic circle as logistical constraints meant the respondent participated in a single interview without follow-up, therefore there was no opportunity for the on-going co-construction of data and member checking which necessarily accompanies hermeneutic analysis (Bradbury-Jones et al., 2010; Mackay, 2005), consequently a combination of Giorgi (1970) and van Kaam's (1966) data analysis was employed. Nonetheless the pilot enquiry fulfilled its aims and provided invaluable insights which subsequently informed this thesis. Specifically the '*methodological imperative*' (Mills et al., 2006) to align research aims, methodology and paradigm with one's own onto-epistemological position. Indeed I was disinclined to employ phenomenology due to my inability to reconcile these, wherein different elements were appealing, but no one variant on its own was congruent with my beliefs or the aims of this enquiry, nor where they practicable or sufficiently pragmatic given the logistical constraints associated with undertaking research involving a military population (Finnegan, 2011). Disinclined towards phenomenology my deliberations turned to GT.

### **3.1.2.c Grounded Theory**

GT is broadly defined as a methodology which consists of systematic guidelines for the concurrent collection and analysis of data, with the goal of constructing theory, which provides an abstract understanding of the social phenomena being studied (Charmaz & Thornberg, 2021) therefore unlike positivist theory, GT does not seek to predict or control future outcomes. As such Crooks (2001) argues that it is well placed to '*explore social relationships, group behaviours and the contextual factors which effect individuals' lives*', which resonated with the aims of my own enquiry. GT gives the researcher the freedom to gather data based upon its ability to support theory development (Strauss & Corbin, 1998), indeed the idiom '*all is data*' is attributed to Glaser (2001). Consequently GT draws upon both qualitative and quantitative data, to enable the researcher to gather multiple perspectives until the categories which have been created via data analysis are rich and dense or '*theoretically saturated*'. This approach to data sampling is known as theoretical



sampling and is a defining feature of the methodology which differentiates it from others within the interpretivist paradigm (Kenny & Fourie, 2015).

The purpose of theoretical sampling is to enable the researcher to seek out data which meets that specific aim (Charmaz, 2014a). In essence it is following the data, allowing it to guide the decision where to go next to best inform categories and fill knowledge gaps identified through the process of '*constant comparison*'. Constant comparison is yet another defining feature of GT and is the cyclical process used to guide data analysis known as coding (Charmaz & Thornberg, 2021). The aim of constant comparison is to ensure that the categories developed through the constant comparison of data are unique, well defined, and capture variations in perspectives. Furthermore the cyclical process of data comparison is intended to progressively refine categories thereby elevating their level of abstraction (Tie et al., 2019). Thus the emergent and iterative nature of GT permits the researcher to adopt a flexible sampling strategy to both participant recruitment and data collection.

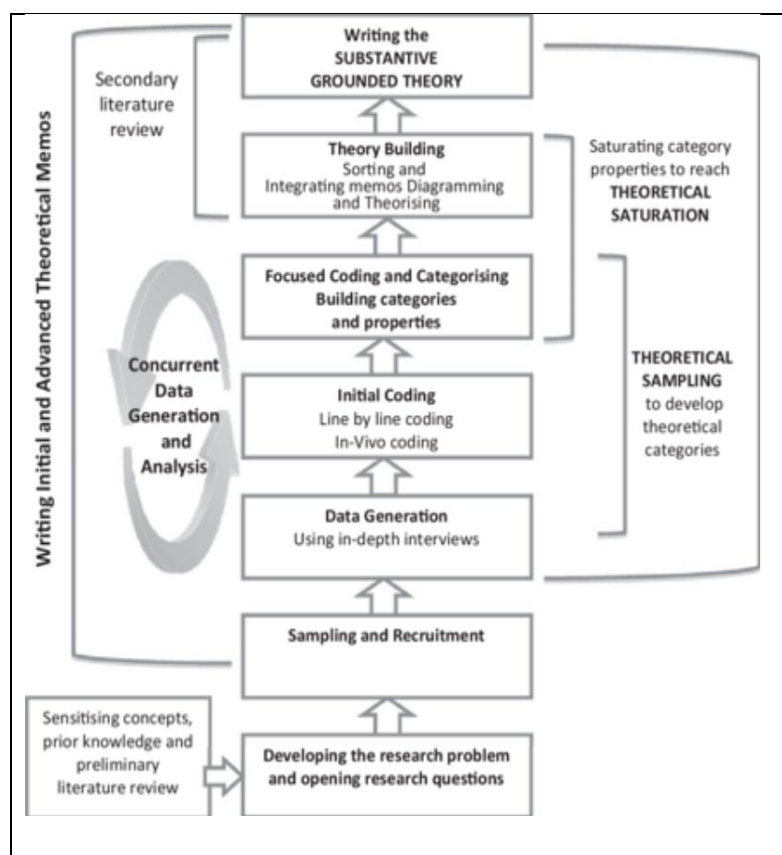


Diagram 1 Grounded Theory Process (Giles, de Lacey & Muir-Cochrane, 2016).

Although theory creation was not the intended goal of my research at the outset, GT became increasingly appealing as it is systematic, yet flexible, emergent and inductive and as a methodology it had been expressly devised to explore social phenomena by drawing upon a wide variety of data (Charmaz, 2014a). Indeed GT is said to have been developed by Glaser and Strauss (1967) in opposition to the overtly positivist discourse dominating social science research. As sociologists they were concerned by what they perceived to be the over-emphasis on theory verification, at the expense of new theory generation. Consequently they sought to develop a systematic process of empirical data collection, from which new credible social theory could be inductively generated (Glaser & Strauss, 1967). However just as the wider methodological field continues to evolve so too GT has evolved resulting in three distinct variants: original (Glaser & Strauss, 1967), evolved (Strauss & Corbin, 1990) and constructivist (Charmaz, 2000). Diagram 2 contrasts the three variants (Cited in Kenny & Fourier, 2015).

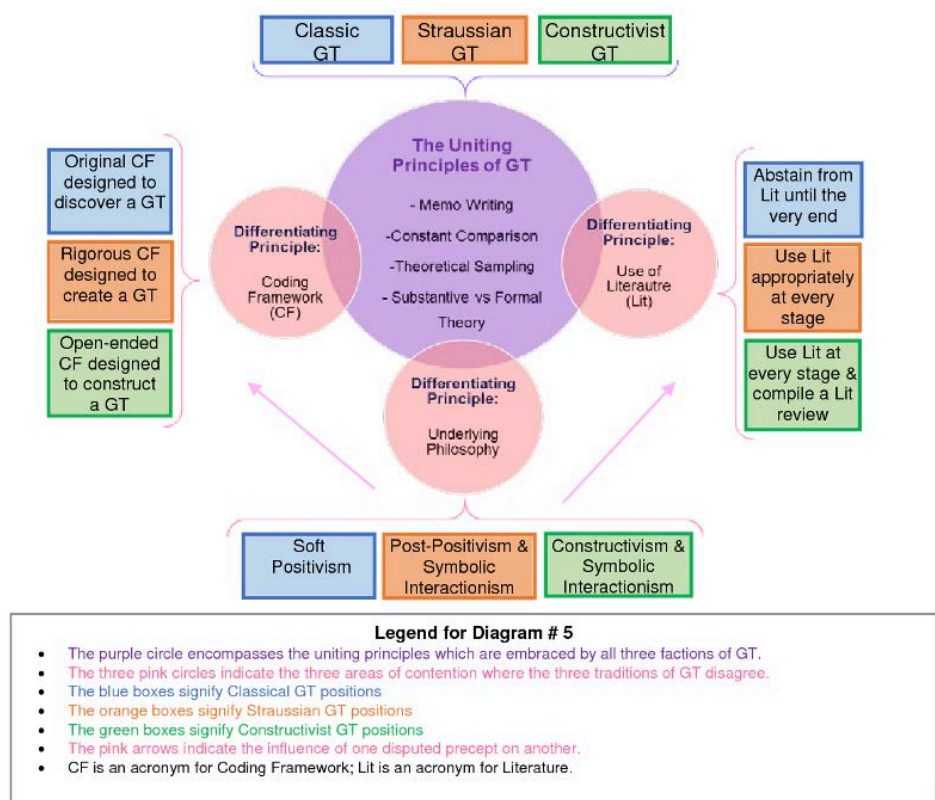


Diagram 2 Variants of Grounded Theory

### 3.1.3. Voice

Cheek (2000) contends that embedded within the discourse of postmodern approaches to research is the concept of '*representation*' therefore the question invariably arises as to whom the research seeks to represent, while accepting that the very notion of representation itself is contestable (Denzin & Lincoln, 2018). Foremost, this research sought to provide MNL with a voice, using MNS experiences as the conduit to do so, therefore in the process it sought to capture the manifold voices of the MNS. As earlier discussion has alluded to, in order to capture multiple perspectives it is necessary to draw upon a methodology possessing a relativist ontology, whereby reality is viewed as that which is socially constructed therefore dependent upon the knower to give it meaning, thus acknowledges that multiple realities or truths exist which in themselves are contestable and situated (Charmaz, 2014a).

Furthermore as both a former MNL and the principal researcher it was important that my own voice was evident, not for representation purposes but to convey my positionality, as the very act of generating a research question arguably demonstrates a proclivity towards a given field of enquiry, therefore the research process is never a completely neutral endeavour, despite positivists claims to the contrary (Clough & Nutbrown, 2012). Therefore articulating how my own social and educational history, military experiences, perspectives and biases have informed this enquiry provides assurance as to the quality of the research (Tracy, 2010). This would not be achievable drawing upon a methodology employing an objectivist epistemology as this positions the researcher as a neutral observer rather than an active participant within knowledge construction, thus seeks to silence the researchers voice (Kivunja & Kuyini, 2017). Consequently I sought a methodology which was subjectivist in nature thus has mechanisms integral to the approach designed to capture the researcher's positionality. These deliberations further confirmed that descriptive phenomenology was not a suitable methodology to employ, and it also began to inform judgement in regard to the suitability of either original or evolved variants of GT, hence I was becoming increasingly drawn to cGT.

There is much debate over the philosophical origins of GT, and this represents one of the significant points of departure between variants (Urquhart, 2013). Original GT is based upon the ontological premise that a shared reality will be revealed by the data, thereby supporting the claims of a positivist foundation (Mills et al., 2006). Although Kenny and Fourie (2015) suggest that Glaser and Strauss themselves saw GT as a *general method* therefore, resisted the requirement for it to be associated with any underlying onto-epistemological position despite the significant body of literature which claims that GT was rooted in Symbolic

Interactionism. An additional philosophical position posited within the literature is that GT is orthogonal, therefore it can draw upon positivist, interpretivist and critical traditions in order to generate theory (Urquhart, 2012). Whilst this gives considerable scope for the researcher to employ GT based upon their own onto-epistemological position Chamberlain-Salaun et al. (2013) argue that accepting it does not give the researcher *carte blanche* to cherry pick across the variants, they must remain clear about the particular variant being used, to ensure methodological rigor thus we see an example of the '*methodological fundamentalism*' Lather (2006) refers to.

Notwithstanding the orthogonal position there is consensus within the wider literature (Charmaz, 2006; Clarke, 2019; Kenny & Fourie, 2015; Mills et al., 2006) that it is possible to identify the influence of a positivist onto-epistemology in the original variant wherein the researcher is required to set aside bias and enter the field of enquiry with an '*empty mind*' so as to avoid contaminating the data or forcing it to fit preconceptions (Glaser & Strauss, 1967). This is variously achieved by delaying the initial literature search, remaining a-theoretical (Cutcliffe, 2005) and staying close to the data, to avoid interpretation (Glaser, 1992). However Urquhart (2002) counters Glaser's assumptions arguing that GT is inherently subjectivist in nature as the researcher can do nothing but '*collect, code, conceptualize, and collate the data according to his or her personal discretion*' despite Glaser's (1992, 2013) ongoing protestations to the contrary. Moreover Glaser (2012) argues that the aim of GT is to produce a theory which is an '*abstraction from time, place and people*' as the researcher looks for latent patterns within their data, wherein they are not required to contribute their own interpretation which is considered an '*unwarranted intrusion*'. Therefore while Glaser acknowledges multiple perspectives he argues that the researcher's perspective should not be one of them. Moreover the rigorous process of constant comparison between data allows the researcher to move beyond the specifics to capture the general as data is transformed into codes, then categories and ultimately theory, representing the '*conceptual reality*' which has emerged from it (Glaser 2012) therefore the realist ontology which underpins the positivist perspective is evident.

In recognition of their rejection of a realist ontology, and acceptance that theory is *created* from data it is claimed that Strauss following his collaboration with Corbin (1990) evolved GT making it more post-positive in nature, owing to his commitment to symbolic interactionism and the critical realist ontology (Clarke, 2019). Attributed largely to George Herbert Mead (1863-1931) and further developed by Herbert Blumer (1969) symbolic interaction is a sociological framework which offers a lens through which to explore the social world and the behaviour of social actors, wherein social action is understood as necessitating interpretation of the meaning and motivations underlying it, rather than as a deterministic response to external

stimuli and the structures an actor operates within (Blumer, 1969). Accordingly social action is considered situated, interactive and interpretive in nature, which by extension infers that meaning too is negotiable and constantly subject to reinterpretation. Therefore in order to understand the human experience, the meaning underpinning it must be explored by the researcher from the individuals' perspective. Although symbolic interactionism is not in itself a research methodology Blumer (1967) argued that the researcher who chooses to be guided by the principles underpinning it should adopt an emic perspective while exploring the phenomena of interest from as many perspectives as possible, all the while being flexible and prepared to change their position in response to their findings.

Accordingly the '*empty mind*', which had become synonymous with the objectivist position, originally advocated by Glaser and Strauss (1967) was subsequently rejected by Strauss and Corbin (1990) who instead suggested that the researcher approach the field of enquiry with an '*open mind*' thus they accepted that it was unrealistic to expect the researcher to approach their research without preconceived ideas therefore they advocate the practice of *theoretical sensitivity*. In practicing theoretical sensitivity the researcher should have an awareness of relevant debates in order that they appreciate the context in which their theory is being developed, hence early engagement and regular engagement with the literature.

However Strauss and Corbin (1990) rejected the idea of in-depth immersion in the literature before entering the field of enquiry to prevent it from obscuring their view, thus the post-positive ontology is evident as there is acceptance that reality can only be imperfectly apprehended therefore the goal is to develop a theory which gets as close to a shared truth as possible. To achieve this evolved GT unlike either the original or constructivist variant relies upon a multi-stage coding process, incorporating a complex coding matrix, which they argued better enables the researcher to explore the complexity of the social world, revealing the relationships between categories, whilst managing any preconceptions the researcher brings to their enquiry (Strauss & Corbin, 1990). However their coding matrix is widely criticised on the basis that not only is it difficult to operationalise, therefore distracts the researcher from complete immersion in their data and stifles creativity (Duchscher & Morgan, 2004), but it also leads to a deductive and reductive approach to coding thus forces the data to fit pre-determined concepts, rather than letting codes, categories and theory emerge from the data as the methodology proports (Glaser, 1992). In response to these criticism Corbin (2008) following Strauss's death, has continued to evolve their original work moving it towards constructivism (Clarke, 2019) and in the process revising the need for strict adherence to the coding matrix, suggesting instead that it can be deployed flexibly.

The objectivist epistemological position is deeply contested both from within the GT movement and from without whereby the relative merits of varying epistemologies and their implications for assuring quality and rigour continue to be debated (Denzin & Lincoln, 2018). Consequently Charmaz sought to develop GT in a constructivist direction. Also influenced by symbolic interactionism Charmaz (2000) like Strauss and Corbin (1990) advocates the practice of theoretical sensitivity, thus endorses early engagement with the literature, however she suggests that the researcher refrains from synthesising a formal literature review until after data analysis, or in her words let the literature '*lie fallow*' (Charmaz, 2014a: 307), to enable the researcher to follow the data in the first instance, thus remaining consistent with the original GT method. However significantly Charmaz did not seek to position the researcher as Glaser and Strauss and Corbin had before her saying:

*'He (Glaser) assumes that we can gather our data unfettered by bias or biography, instead a constructivist approach recognizes that the categories, concepts and theoretical level of an analysis emerge from the researcher's interactions within the field (Charmaz, 2000). And she goes on to say: 'The researcher composes the story; it does not simply unfold before the eyes of an objective viewer' and as such 'the story reflects the viewer as well as the viewed'.*

Therefore from the constructivist position a subjective epistemology moves beyond seeing the researcher as the interpreter of data, positioning them instead as the co-constructor of knowledge, believing that meaning is created by the researcher through the process of social interaction with research participants (Charmaz, 2014a). Glaser (2012) is highly critical of cGT positioning of the researcher arguing that it inappropriately elevates their position and distracts from that which should dominate, which is the participants perspective. Moreover that Charmaz adopts constructionism purely as a mean of legitimating the forcing of data to fit her own assumption (Glaser, 2012).

Addressing the ontology underpinning cGT Charmaz (2000:510) states:

*'Constructivism assumes the relativism of multiple social realities, recognizes the mutual creation of knowledge by the viewer and the viewed, and aims toward interpretive understanding of subjects' meanings', thus 'any theoretical rendering offers an interpretive portrayal of the studied world not an exact picture of it' (Charmaz, 2014a: 17).*

Therefore whilst the influence of symbolic interactionism is evident in Charmaz's writing, cGT moves beyond symbolic interactions assertion that the purpose of naturalistic enquiry is to capture the meaning of the experience from the perspective of those experiencing it. Consequently the methodology must speak to this, which cGT does by employing reflexivity. Nonetheless Glaser (2013) continued to reject constructivist re-rendering of GT, calling it a '*misnomer*' arguing that at best all Charmaz had succeeded in doing was develop an approach to '*qualitative data analysis*' such was her preoccupation with accurately capturing participants stories, rather than transcending the individuals' experience to discover the conceptual reality underpinning it (Glaser, 2012).

Therefore while there is much debate surrounding the various iterations of GT and their respective interpretations the positivist and constructivist positions remain somewhat irreconcilable as they are onto-epistemologically at odds with one another. With such stark contrast between variants, this aided methodology selection and confirmed that original GT was not appropriate. Moreover as a result of a large and contested body of literature (Charmaz, 2000; Clarke, 2019; Chamberlain-Salaun et al., 2013; Kenny & Fourie, 2014, 2015) it remained unclear to me whether evolved GT had evolved sufficiently far from its post-positivist position to be able to effectively address my specific challenges related to power, positionality and my own onto-epistemological perspective, therefore I was further inclined towards cGT.

### **3.1.4 Positionality and Power**

If one accepts, as I do, that data is created during the interaction between researcher and participant Hall and Callery (2001) argue that to assure the quality of GT the researcher must '*attend to the effects of the researcher-participant interaction*' by addressing issues of positionality, relationality, trust and power.

Researcher positionality is often viewed as being binary, either '*insider*' or '*outsider*' (Beals et al, 2020), however this was not my experience. When this research commenced, I was a military nurse researching other military nurses therefore I was what Aburn et al. (2021) contends is an 'insider' in the privileged position of belonging to the community under study. Moreover I **was** a MNL, therefore represented the intended subject of the enquiry. However as a member of the community under study it was acknowledged that former relationships could either strengthen or weaken my position (Gubrium & Holstein, 2001), particularly as I had held various positions of authority within that community. Paradoxically participants might consider me an outsider by virtue of my role as researcher, positioning me as the *other*, separate from them (Beals et al, 2020), just as the conductor of an orchestra is both part of,

but separate from it. Importantly I also considered myself an outsider at times, given my status as both an officer, exploring the experiences of those who were non-commissioned; and DE, consigned to the margins by those who *are* the *inside*. Finally I knew that before this research was completed, I would have resigned from Service, and so no longer an insider but a new in-between thing, a veteran. Therefore my positionality was fluid, dynamic, residing somewhere on a continuum between 'inside-outside' (Aburn et al., 2021) thus its potential impact had to be considered and attended to.

Although earlier discussion has sought to outline how various methodologies attempt to manage positionality the fact remains that not only was I ideally positioned to adopt an emic perspective, but I wished to, so that I might reap the benefits it affords. Aburn et al. (2021) contend that adopting the insider perspective enabled them to acquire deeper insights as they undertook research involving their nursing colleagues as they were alive to the many nuances that may go unnoticed by an outsider, not least because of shared culture, traditions, experiences and language. Moreover as insiders they were privileged and privy to knowledge that might not be shared so freely otherwise. The wider research literature acknowledges the value of adopting the emic perspective precisely because interpretivist methodologies attempt to understand the experiences of others from their perspective, or see the world through their eyes (Clarke, 2019). Indeed Blumer (1969) argued that the value of the interpretive research tradition was best realised by a researcher who was intimately familiar with the field of enquiry, as without it they cannot begin to comprehend what they fail to see.

Although this is tempered by an awareness of the need to remain vigilant as being an insider is not without risk. Both Aburn et al. (2021) and Finnegan (2014) report that as a result of the researcher as insider position their participants made assumptions about what they knew and understood during interview, and this impacted upon the nature of data created. Moreover the interview itself is considered a site in which underlying power dynamics between researcher and participant might be enacted (Brinkmann & Kvale, 2018). To counter these risks Hall and Callery (2001) call for relationality between researcher and participant, which recognises that trust is an essential component of their relationship, without which participants may not be willing to share their experiences. Moreover they argue that in order to build trust and to fully engage participants in the research process the relationship between researcher and participant must be considered equitable, thus shifting power solely from the researcher allowing it to be shared with participants. I too was concerned about the inequitable distribution of power within this enquiry as a direct consequence of the hierarchical structure inherent within the military organisation, wherein the relationship between officer and soldier is characterised by deference and subordination of the latter to the former thus further privileged



me as a result of my rank and status. If unattended to this power dynamic had the potential to exert a negative effect on both participation and engagement. Consequently part of my early deliberations considered how and who should be involved in data collection.

### **3.1.4.a Interviews**

Interviews are used extensively within all forms of interpretive research, across many disciplines for their capacity to produce rich data about aspects of social experiences (Brinkmann, 2020). Cohen et al. (2018) describe the interview as '*a powerful and flexible tool for data collection, enabling multi-sensory channels to be used*' to create data (pg. 409). Interviews vary in style, approach, purpose and degree of structure depending upon the methodology in which they are being employed (Cohen et al., 2018). To that end Brinkmann and Kvale (2018) argue that to determine if interviewing is the most appropriate method of data collection the researcher must first establish what purpose the interview serves as the 'why' informs the 'how'.

As already stated, the aim of this enquiry was to explore the educational experience of MNS in order to gain a deeper understanding of their relationship with MNL and to investigate if and in what ways the loss of that relationship was felt. Consequently the interview was being employed as a means of entering a relationship with participants, to gain insights into their private worlds, to see the experience through their eyes, after which the various narratives created would be woven together by me to form a rich tapestry which allows others to better understand MNS experience of nurse education in the absence of MNL. In this respect the objectivist approach to interviewing employed by both original GT and descriptive phenomenology with their emphasis upon the acquisition of accurate accounts about individuals' experiences using techniques such as the unstructured interview so as to avoid leading participants or contaminating the data would not be appropriate for this enquiry. Moreover the objectivist approach to interviewing does not address how power inequity is overcome, although power is arguably less of an issue for those adopting both the objectivist and realist position as the data generated by interview is not considered a reflection of the relationships between participant and researcher and neither is language considered problematic, consequently validity of the account is of greater concern (Brinkmann & Kvale, 2018). Early in methodological deliberations consideration was given to the use of a semi-objectivist stance employing either the self-interview or utilising an interviewer who was unknown to potential participants, to better manage issues associated with positionality, and whilst this clearly addressed the 'how', it did not address and was not congruent with the 'why' of this enquiry.

Perceiving the interview not as a means of gathering information but as an opportunity to engage in a social encounter with a person of interest wherein the knowledge created is a reflection of the interaction between interviewer and interviewee is the constructivist interview (Gubrium & Holstein, 2001). Despite Glaser's (2012) various objections, Charmaz's (2014a) endorses the intensive interview which she describes as '*a gently guided, one-sided conversation that explores a person's substantial experience with the research topic*' (pg. 56) during which the researcher and their participants are positioned as equal partners in the process of creating knowledge. As such the participant is no longer perceived as an object by the researcher but rather as a '*comember of a communicative partnership*' (Gubrium & Holstein, 2001:166). Gubrium and Holstein, (2001) adopt the metaphor of '*traveller*' to describe the relationship between researcher and participant wherein the researcher journeys alongside their participant, being guided through their experience by them, content to accompany as the journey unfolds. This equitable relationship dynamic underpinning cGT was a particularly appealing feature of the variant, as it provided a means of addressing the unequal power distribution inherent within the traditional researcher-participant relationship, which in this instance was compounded further by the hierarchical nature of Defence, the impact of rank and my own fluid positionality. Thus cGT offered a distinct advantage which other methodologies did not.

### **3.1.5 Aligned with My Beliefs as A Practitioner**

Finally, as an educator I align my practice within what I consider a broadly constructivist framework as I believe that knowledge is constructed by the learner through both cognitive and social processes (Bada, 2015). The epistemology underpinning constructivist theories of learning resonate with constructivist epistemology more widely, in that knowledge is considered experientially, created through activity, therefore it is not something that one acquires or is given but something that one does or is and as such knowledge cannot be separated from the individual or the context in which it is enacted (Bada, 2015; Wenger & Nückles, 2015). Framing learning as *participation* in a specific socially situated practice (Lave & Wenger, 1991) is particularly pertinent within nurse education as learners are not merely acquiring clinical knowledge and skills, they are learning to become practitioners; to assume the embodied identity of a nurse with the affect, disposition and deportment which defines nursing as a social practice. Hence my argument, that as a nurse educator it is necessary that my practice is underpinned by a constructivist pedagogy, in order that I embrace practices which are best placed to support students learning, to enable them to increasingly participate within the world of nursing.

The assumptions about knowledge which undergird the constructivist paradigm not only resonate with my own philosophical position vis-à-vis reality, truth and knowledge but they are congruent with my praxis as an educator and aligned with my positionality as a researcher. Therefore by drawing upon cGT I am able to create synergy rather than discord between the various aspects of my positionality, which would not be possible, if I were to employ a methodology rooted in the post-positive or interpretive tradition more widely.

### **3.2. Summary**

This chapter has addressed the research methodology and the considerations that were undertaken to arrive at the decision to employ cGT. The discussion has attempted to demonstrate the contested nature of research practice, therefore rather than framing research as a neutral endeavour the discussion has purposefully highlighted the political, disciplinary and philosophical challenges associated with enquiry and the deliberations which arise as a result. Guided by the '*salient issues*' (Guba & Lincoln, 1994) the discussion has established the need to congruently align the research methodology with the field of enquiry, informed by both the research and researcher aims. This in turn necessitates reflection upon one's positionality vis-a-vis location within the field, relationship with participants, underlying power dynamics, notions of representation and my own professional praxis as a nurse educator. In sum all these deliberations pointed towards the use of cGT which is a creative, flexible, emergent, emic and yet structured approach to the collection and analysis of various data for the purpose of developing a theory which explores the relationships between abstract concepts. The aforementioned characteristics of cGT were particularly useful for this enquiry which is situated across distinct disciplines and further nuanced by the Defence dimension therefore must accommodate the idiosyncrasies of several stakeholders. What is more given what little was known about MNS experience of nurse education and the impact of MNL upon it, it was necessary to be able to go where the data went, so that I might better understand the relationship between MNS and MNL from the students/participants perspective, whilst acknowledging my own interpretive influence upon the theory constructed.

## Chapter 4 Research Design

This chapter will provide a detailed account of the research design; which makes explicit how the principles of cGT were applied to the enquiry (Creswell, 2014), providing details about who participated; what tools were used to gather data; how that data was analysed and how the quality and ethical integrity of the research has been assured.

### 4.1 Design Overview

The original research design approved by the Doctoral Research College and Faculty Academic Ethics Committee, BCU was a 2-stage study in which student performance data was intended to inform theoretical sampling of participants for inclusion in qualitative data collection via interview, thus the design was initially 'sequential' (Halcomb & Hickman, 2015). However this design was not employed, the reason being, participants were drawn from Serving members of the Armed Forces and as such Ministry of Defence Research Ethics (MODREC) approval was also required however upon initial application this was declined, as MODREC disagreed with my right to access identifiable performance data. At this stage consideration was given to removing the quantitative element from the research entirely, however given its relevance for Defence, I decided to keep options for its subsequent use open. Consequently the research design was modified therefore qualitative data was used to inform the analysis of quantitative data and so the design became 'complementary' in nature (Halcomb & Hickman, 2015). Diagram 3 provides an overview of the research design approved and subsequently employed.

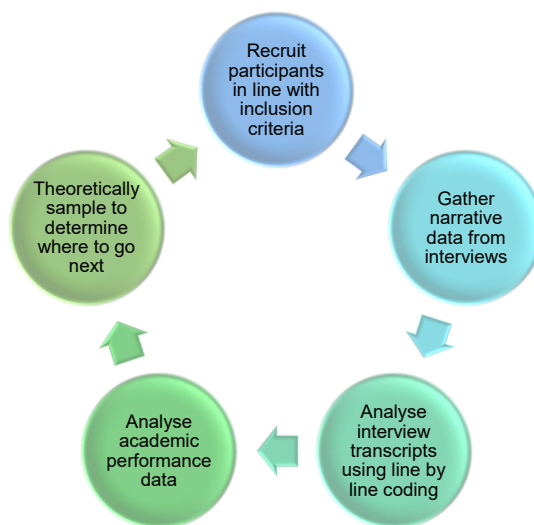


Diagram 3 Research Overview

## 4.2 Population

As already stated data collection within GT is guided by theoretical sampling, which is a type of purposive sampling, which applies equally to the process of participant recruitment as it does to acquisition of other forms of data. Purposive sampling is the deliberate selection of participants based upon their knowledge or experience of the phenomena of interest, as opposed to their ability to represent a wider population (Tie et al., 2019). Notwithstanding this inherently flexible approach to sampling the initial population of interest were a retrospective sample of former MNS drawn from the Defence School, between April 2008 (enrolment) and September 2013 (course completion), thus date of attendance at university was the principal determinant of inclusion. This population were purposefully selected as they had experience of the phenomena of interest, as they were students during the period when MNL were withdrawn from nurse education (Cohen et al., 2018) see Table 4 for details of both pre and post theoretical sampling inclusion criteria. Consideration was given to the inclusion of civilian nursing students, as they too will have experienced tuition from and the subsequent withdrawal of MNL, however they were discounted on the basis that findings drawn from a civilian population would not address the wider aims of the enquiry.

Research sample inclusion and exclusion criteria	
Pre-theoretical sampling	Post-theoretical sampling
Qualitative criteria	
<ul style="list-style-type: none"> <li>All 3 Services (Royal Navy, Army, RAF) including those who have left Service.</li> <li>All nursing students commencing Diploma in Higher Education Nursing Adult or Mental health branch academic intake Cohort April 2008 to September 2010.</li> <li>Must have secured academic award and achieved NMC registration.</li> </ul>	<ul style="list-style-type: none"> <li>Extended the date parameters to between April 2006 to September 2010.</li> </ul>
Quantitative	
<ul style="list-style-type: none"> <li>All 3 Services (Royal Navy, Army, RAF) including those who have left Service.</li> <li>All Nursing students who commenced Diploma in Higher Education pathway anytime between and including April 2008 until September 2010.</li> <li>Adult and Mental health pathway.</li> </ul>	Nil

Table 4 Inclusion and Exclusion criteria

### 4.2.1 Target Population

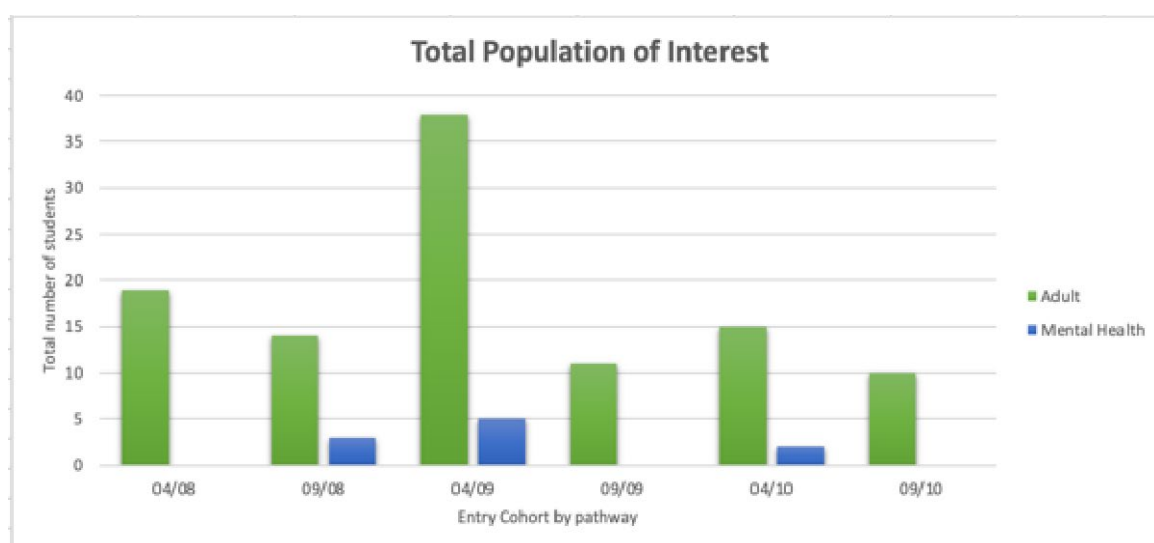
During the time frame of interest both a diploma in HE and a BSc (Hons) degree leading to Adult and Mental Health Nurse registration were available to MNS. However I determined that it was more appropriate to restrict the demographic to a single academic pathway, on the basis that the educational experience of degree and diploma students may vary and their

academic performance was not considered directly comparable. Moreover the diploma intake was considerably larger than the degree intake at 63.7% (n=114) and 36.3% (n=65) respectively, hence the decision to exclude MNS enrolled on the degree pathway.

The target population was Tri-Service in nature, however the unintended consequence of restricting inclusion to those enrolled on the diploma between 2008 and 2013 was that this inadvertently excluded participation from Royal Navy and RAF students, as unbeknown to me both Services had discontinued enrolment to the diploma programme in 2008 in favour of degree education. Notwithstanding the fact that this study was intended to be Tri-Service, Army students are disproportionately represented within nurse education as the Army has a greater training requirement, as it is larger in size.

#### 4.2.2 Demographic summary of the population of interest

The initial population of interest contains 117 MNS and is comprised exclusively of Army personnel enrolled upon the diploma in HE. The sample is composed of 6 Adult Nursing and 3 Mental Health Nursing intakes, enrolled during the period April 2008 to September 2010 (cohorts are named by month and year of enrolment for example 04/08 April 2008). Adult Nursing students significantly outnumber Mental Health students by a ratio of over 10:1. Regarding gender and ethnic composition, females account for 76% (n=89) and 'White' accounts for 82% (n=96) of the sample. Mature students, defined as those 21 years old and over comprise 66% (n=77) of the total sample. 8% (n=10) declared a disability, 100% of which are Specific Learning Difficulties (SpLD). A more comprehensive analysis of demographic data is located in Appendix 1.



Graph 1 Population by entry cohort and pathway

### 4.3 Recruitment

Participant recruitment proved one of the most difficult aspects of this research due to the restrictive nature of Defence internal communications and the fact that it commenced after I had officially left Service therefore no longer had access to many internal channels consequently, a scatter-gun approach was reluctantly adopted. A combination of advertising via social media and a modified reputational snowballing technique (Cohen et al., 2018) were employed. My approach to reputational snowballing involved making email contact (Appendix 2) with individuals in key Defence Nursing Services appointments, inviting them to champion my research by sharing information about the study within their sphere of influence via Defence internal communication. As such research champions acted as intermediaries. Snowballing is typically adopted when participants are not easily accessible (Cohen et al., 2018) such as a military population who may be deployed and who communicate professionally via restricted access channels. A list of research champions was generated based upon my Service knowledge and emails were sent in a staggered fashion, to maintain recruitment momentum without relying consistently upon the same individual (Christopoulos, 2009). However this approach only facilitated access to the Serving population. Moreover it relied upon the good will of would-be champions, which was tested as recruiting commenced during the early stages of the Covid 19 pandemic (WHO, 2020) which I suspect may have contributed to the difficulty recruiting from within a healthcare population. However this reflects the challenges of conducting research in the real world.

Social media was employed to reach potential participants who had left Service, thus I relied upon the tight knit nature of the Defence nursing community. Although I felt this was a precarious strategy, Cohen et al. (2018) suggest that social approaches to sampling are pre-eminent in qualitative research precisely for their ability to reach those who are often hard to reach. Moreover that the informality of this approach has the capacity to level power imbalances, thus supports recruiting. Facebook, Twitter and LinkedIn were utilised and my followers were asked to share, like and re-tweet the invitation to take part in this research. I also approached several Defence internal communication agencies, requesting permission to advertise for research participants, however all declined support on the basis that it contravened their policy.

A flyer (Appendix 3) accompanied both recruitment strategies, providing basic information about the research and how to make contact for more information. Embedded within this flyer was a link to a university hosted open-source webpage (Appendix 4) which provided

potential participants with more detailed research information including links to the Participant Information Sheet (PIS)(Appendix 5) and participant consent (Appendix 6).

Recruitment ultimately relied upon self-selection, which is criticised for being inherently biased (Cohen et al., 2018), however I would argue that everyone consenting to participate in research regardless of the recruitment strategy used, does so driven by their own personal motivations. Individuals interested in participating or wishing further information were invited to make email contact with me directly and once a line of communication had been established arrangements were made for participant consent and interview thereafter. Up to a maximum of four emails were sent to those who initially expressed an interest in participating, but who subsequently failed to return their consent form or confirm interview arrangements, after which no further contact was made.

Recruitment was initially buoyant however after the first month it had slowed significantly therefore additional research champions were approached to reinvigorate advertising, which proved fruitful. In tandem with this I continued to actively advertise via social media, regularly sharing, liking and tweeting my invitation for participants and providing updates on recruitment progress to maintain social visibility. Participant recruitment took place over a period of 6 months from May to October 2020.

As the research progressed the sampling strategy shifted to theoretical sampling, therefore further participants were sought based on their ability to inform the categories that were being created during data analysis (Charmaz, 2014a). Again social media and on this occasion conventional snowballing; where previous participants are asked to make contact or recommend new potential participants, (Cohen et al., 2018) were used with varying results.

#### **4.3.1 Securing Academic performance data.**

Unidentifiable academic performance data was extracted from the student record and curriculum management system; SITS (Systems in Tuition) for the population of interest. SITS captures academic and demographic data for every student from point of enrolment until graduation therefore is a comprehensive source of information, however it does not capture any military specific data such as Service, entry status, or rank. The raw data was extracted, cleansed and formatted for use by a Faculty Information Services Analyst.



### 4.3.2 Qualitative sample

A total of 20 former MNS expressed an interest in participating in this research of which 14 were subsequently recruited for interview. The characteristics of the final sample are described in Tables 6-8. Although GT does not seek a sample which is representative of the population for the purposes of promoting generalisability, it does acknowledge that the data generated is a reflection of who it was generated from (Charmaz, 2014a), therefore it is worth commenting that there was no representation from the RAF; there is disproportionate representation from TT (64%) and 50% of the sample were no longer Serving, characteristics which are expected to shape the narrative.

Interview	Pseudonym	Pathway	Entry Service	Entry Status	Current Status	Current Rank	Interview duration (hrs & mins)	Interview medium
1	Ari	Adult	Army	Trade Transfer	Serving	SNCO	0.41	Videocall
2	Hari	Adult	Army	Direct Entry	Civilian	N/A	1.17	Videocall
3	Lumi	Adult	Army	Direct Entry	Civilian	N/A	1.01	Videocall
4	Bo	Adult	Army	Trade Transfer	Serving	SNCO	0.40	Videocall
5	Kit	Adult	Army	Trade Transfer	Civilian	N/A	1.24	Videocall
6	Pip	Adult	Army	Direct Entry	Civilian	N/A	1.13	Videocall
7	Al	Adult	Army	Direct Entry	Civilian	N/A	1.11	Videocall
8	Fin	Adult	Royal Navy	Trade Transfer	Serving	SNCO	1.02	Videocall
9	Mo	Adult	Royal Navy	Trade Transfer	Serving	SNCO	0.52	Audiocall
10	Ina	Adult	Army	Direct Entry	Serving	SNCO	0.56	Videocall
11	Ash	Adult	Army	Trade Transfer	Civilian	N/A	1.02	Videocall
12	Jaz	Mental Health	Army	Trade Transfer	Civilian	N/A	1.05	Videocall
13	Sal	Adult	Army	Trade Transfer	Serving	Capt	0.53	Videocall
14	Sam	Adult	Army	Trade Transfer	Serving	SNCO	0.52	Videocall

Table 6 Characteristics of participants interviewed

Serial	Entry cohort	Entry Status	Current Status
1	Apr-06	Trade transfer	Serving
2	Apr-07	Trade transfer	Civilian
3	Apr-07	Trade transfer	Civilian
4	Apr-07	Trade transfer	Serving
5	Sep-07	Trade transfer	Serving
6	Apr-08	Direct Entry	Civilian
7	Apr-09	Trade transfer	Serving
8	Apr-09	Trade transfer	Serving
9	Apr-09	Trade transfer	Civilian
10	Apr-09	Direct Entry	Civilian
11	Apr-09	Direct Entry	Serving
12	Apr-09	Trade transfer	Serving
13	Sep-09	Direct Entry	Civilian
14	Apr-10	Direct Entry	Civilian

Table 7 Participants by entry cohort and service status

Characteristic	Total number	Royal Navy	Army	Trade Transfer	Direct Entry	Left Service
Number of participants	14	2	12	9	5	7
Royal Navy	2 (14%)	2		2	0	0
Army	12 (86%)		12	7	5	7
Serving	7 (50%)	2	5	6	1	
Left Service	7 (50%)	0	7	3	4	7
Trade Transfers	9 (64%)	2	7	9		3
Direct Entry	5 (36%)	0	5		5	4
<b>Cohort of Entry</b>						
Apr-06	1 (7%)					
Apr-07	3 (21%)					
Sep-07	1 (7%)					
Apr-08	1 (7%)					
Apr-09	6 (42%)					
Sep-09	1 (7%)					
Apr-10	1 (7%)					
Officers	1					
Soldier /Rating	13					
Male	6 (42%)					
Female	8 (57%)					
Adult pathway	13 (93%)					
Mental Health pathway	1 (7%)					

Table 8 Summary of participants Characteristics

#### 4.4 Data collection methods

This research employed two principal methods of data collection; intensive interviews and academic performance statistics. In keeping with cGT data collection and data analysis were performed concurrently, although the earlier availability of academic performance data enabled descriptive statistical analysis to commence (Appendix 1) whilst participant recruitment was underway.

##### 4.4.1 Interviews

Charmaz (2014a) endorses the in-person; semi-structured intensive interview supported by an interview schedule, capturing data by audio/visual recording, to preserve details about the content of the interview and to capture non-verbal communication, which she contends aids data analysis. In employing theoretical sensitivity and sampling the process of interviewing within GT is considered emergent, thus questions evolve and become increasingly focused in response to the categories which have been constructed from prior data (Charmaz, 2014a). Charmaz (2014a) summarises the benefits of the intensive interview in Table 9.

Intensive interviews	
Researcher	Participant
<ul style="list-style-type: none"> <li>• Ask for an in-depth description of the studies experience</li> <li>• Stop to explore a statement or topic</li> <li>• Request more details or explanation</li> <li>• Ask about the participants thoughts feelings and actions</li> <li>• Keep the participant on the subject</li> <li>• Come back to an earlier point</li> <li>• Restate the participants point to check for accuracy</li> <li>• Slow or quicken the pace</li> <li>• Shift the immediate topic</li> <li>• Validate the participants humanity, perspective or action</li> <li>• Use observational and social skills to further the discussion</li> <li>• Respect the participant and express appreciation for their participation</li> </ul>	<ul style="list-style-type: none"> <li>• Break silences and express their views</li> <li>• Tell their stories</li> <li>• Reflect upon earlier events</li> <li>• Be experts</li> <li>• Choose what to tell and how to tell it</li> <li>• Share significant experiences and teach the interviewer how to interpret them</li> <li>• Express thoughts and feelings disallowed in other relationships and settings</li> <li>• Gain a new perspective on past and present events</li> <li>• Receive affirmation and understanding.</li> </ul>

Table 9 Intensive Interviews (Charmaz, 2014a:70)

In keeping with Charmaz's (2014a) approach to data collection intensive, one-to-one interviews were conducted with the assistance of a semi-structured interview schedule (Appendix 10), which had been piloted and revised several times before use, to ensure that questions were open and balanced, thus avoided leading or forcing a desired response (Charmaz, 2014a). The decision to adopt a semi-structured rather than unstructured interview was a matter of judgment, as I anticipated that it would take me a number of interviews to find my stride, therefore I thought it would be useful to have prompts to maintain momentum and provide some focus, therefore it was used flexibly (Cohen et al., 2018). Furthermore based upon my experience of interviewing SP I suspected that some participants would also appreciate being prompted and this suspicion was confirmed, as some struggled with responses to broad questions such as *'how would you describe your experience of pre-registration nurse education'*.

Conscious that I was asking participants to recall events, which whilst formative, occurred a significant period of time ago, it was my intention to conduct Face-to-Face (FtF) interviews, on-site at university, thus enabling me to draw upon its familiar sounds, sights and smells to support the elicitation of memories (Cohen et al., 2018). However the outbreak of Covid 19 and the subsequent restrictions enforced meant that FtF interviews were not permitted, therefore they were conducted virtually via Skype and audio-visual data recorded by the platform.

Although skype had not been my planned approach, upon reflection it provided a great deal more flexibility than FtF interviews would have, as it was possible to reschedule at short notice. It was also a much more efficient use of time, given the geographical spread of my participants. These are just two of the widely reported strengths of the approach (Mirick & Wladkowski, 2019). Although the virtual medium did not permit elicitation, and it is recognised that it can be more difficult to establish rapport compared to FtF interviews, skype does facilitate synchronous interaction with the added benefit of being able to see and respond to non-verbal communication (Mirick & Wladkowski, 2019) thus offers advantages over telephone interviews.

Skype interviews were conducted at a date, time and location of the participants choosing in an attempt to be as accommodating and inclusive as possible, however I typically conducted no more than one interview per day, except on one occasion where I undertook two and all interviews were conducted exclusively by me, which is in keeping with cGT (Charmaz, 2014a). I commenced each interview by re-confirming consent and establishing interview parameters such as; '*we can stop at any time*'; '*you need only share what you feel comfortable with*' and '*there are no right or wrong answers*'. Latterly I included a statement advising participants not to make any assumptions about my knowledge, as it had become evident that several participants assumed I possessed insights, which as discussed in chapter 3 is a common problem associated with the researcher as 'insider' position. As Skype captures both an audio and visual record I did not take any specific field notes, therefore my attention was solely upon active listening. Although I occasionally jotted down words or phrases to remind me to return to a particular concept for clarification or more information if it did not naturally emerge.

Charmaz (2014a) cautions against a number of issues when undertaking interviews, three of which were particularly pertinent for me and this enquiry; identity, etiquette and prior relationship. I was aware how I might be perceived by participants and with this in mind I was conscious about what I wore and the location in which I conducted my interview, as I did not want to project the image of a stereotypical Officer, as I suspected that this would deter participants from giving full or frank accounts as discussed in section 3.1.4. Mirick and Wladkowski, (2019) reported that their participants felt that rapport was created when the background to Skype interviews provided personal insights into the researcher's life, such as seeing family photographs and mementos. Therefore I conducted interviews from my home office and chose not to obscure or use an artificial background, in the hope that this would humanise me to participants and build trust, thus make them feel more comfortable to share.

Aburn et al. (2021) suggest that the boundary between the researcher as insider and outsider is a complex one and that was certainly my experience. Being known to many participants in my former professional capacity I was aware that I had to strike the right balance between reassuring them that they could talk freely, as I was no longer in Service therefore had no influence upon their career, whilst not overemphasizing my civilian status, as this too may disincline participants from sharing, for fear of being disloyal to their Service.

#### **4.4.2 Theoretical sampling**

In response to the findings of the first five interviews I employed theoretical sampling and modified both the interview schedule and participant inclusion criteria, as it had become evident that participants had limited experiences to share about the involvement of MNL within their nurse education. Revising the inclusion criteria enabled me to recruit MNS from earlier cohorts who had greater opportunity for exposure to MNL as they were in situ for the entirety of their nurse education. As such it was anticipated that they may have more vivid recollections of MNL to offer, although this was at the expense of experiencing the withdrawal of MNL, therefore to accommodate for this I modified questions within the interview schedule. Armed with codes I returned to the student academic performance data to establish if it could further enrich the categories that were under construction.

### **4.5 Data analysis**

#### **4.5.1 Quantitative data**

Once coding was sufficiently advanced to provide theoretical leads indicating where numerical data may add value inferential analysis was performed. The aim of inferential analysis was to identify trends in MNS academic achievement over time, to determine if and how it correlated with exposure to MNL. This approach is consistent with a body of research which has sought to quantify the relationship between teaching and students' academic performance (Alshammari et al., 2018; Kalender, 2017; Long et al., 2014; Muzenda, 2013).

In effect performance statistics became an additional '*slice of data*' (Glaser & Strauss, 1967: 65) which contributed to the overall picture being constructed about MNS experience of nurse education. Academic performance data was analysed using Microsoft Excel version 16.43. SPSS® was considered, as this is a widely used and reputable statistical analysis software package, however I determined that Excel had sufficient analytical power to meet data analysis needs. The data was initially subjected to descriptive statistical analysis thus generated the demographic summary data outlined in section 4.2.2 and Appendix 1. Performance data was subjected to the following statistical tests:

1. **Pearson's correlation:** this is the most commonly applied test used to describe and measure the strength of a relationship between 2 variables which are measured on either interval or ratio scale, where a score of +/-1 indicates a perfectly linear relationship (Cohen et al., 2018).
2. **ANOVA** (single factor): Analysis of Variance seeks to establish if there is a statistically significant difference in the arithmetic mean between three or more groups where the data is parametric. The single factor variant was employed as only one independent variable was being measured (Cohen et al., 2018).

#### 4.5.2 Qualitative data

##### Preparing narrative data for analysis

Transcription is the process of transforming audio-visual material into written text and the level of detail captured within transcription is driven by its purpose (Braun & Clarke, 2006). Braun and Clarke (2006) argue that verbatim transcription; capturing every utterance, is a key first step in data analysis as the process of transcription enables the researcher to become intimately familiar with the data. Therefore as cGT demands that the researcher has detailed knowledge of their data, I considered it appropriate to undertake verbatim transcription, capturing both the orthographic account and non-verbal communication such as pauses, silences and hand gestures, as they too communicate information which may be important to the meaning of experiences.

Transcription commenced immediately following interview. I began initially by re-watching each interview, then produced a summary (Extract 1). This summary included observations about how I felt the interview had gone, as well as noting key observations such as '*had no expectation of being taught by MNL*' or '*unaware of the withdrawal of MNL*'. Extract 2 offers an example of a later interview with associated memo to demonstrate how my thinking was beginning to change as a result of engagement with the data. Initially I attempted to use Microsoft Word dictation software however accents; use of abbreviations and technical language meant it failed to transcribe accurately therefore I returned to in person transcription. Once the recording had been transcribed, I re-watched the interview whilst simultaneously reading the transcript to ensure the account was accurate. Therefore I felt well acquainted with interview data even before I began analysis in earnest although Braun and Clarke (2006) argue that transcription is an interpretive process rather than merely a technical one.

This was a challenging interview because they frequently revises their answers or uses double negatives, or will say something that is initially negative, but then quickly corrects the response to say that this was not the case. Almost as if they are self-censoring. So I don't know how to determine what they really think or feel. What is their truth? Also more interesting what they don't say than what they do. Is initially very PC but towards the end of the interview is less diplomatic and it is evident that they left service because they were frustrated by the system. There are some inconsistencies which makes me think that they are being cautious about what they say, similar to 'DS' watching wanting to be seen as a good soldier when maybe they actually feel differently. So how do I put participants at ease and reassure them that there is no right and wrong answers or that they don't need to put on a show or safeguard their image. Equally some of these inconsistencies might be a reflection of the inherent incongruence of the situation or the military itself.

#### Extract 1 Impression of Participants interview (7 Jul 20)

Summary: Interview confirms much of what her colleagues have said- she was young and a little inexperienced and the jump to uni was unexpected and challenging academically. She is able to give some detail and certainly talks more about being a nurse than most but actually there are very few/ no stories or evidence... she gives very little away. She recalls MNL and thinks they changed the dynamics-sit up and listen. She is aware of the withdrawal of MNL but can't pinpoint the impact but feels that there must have been some. Peers are the most important relationships for support. Her biggest challenge was academic writing. Felt ready to be a nurse and is not sure if she actually distinguished between a military and civilian nurse when asked if she was ready to be a mil nurse.

Memo-Interesting that despite being young she doesn't acknowledge the university social scene like the other young DE she is more like the TT in that she struggles with the academic element of uni life. ?? do those who say that they struggle have any features in common-Is that why they dissociate with the uni social life as they need to study-so maybe it's less about the fact that they are TT and more about them being academically challenged. Or it's the lack of qualifications that they all have in common OR do they struggle because they are TT OR is it just coincidental that as TT there are longer out of education and entered education with fewer qualifications and A levels.

#### Extract 2 Impression of Participants interview and accompanying memo (30 Oct 20)

The transcription was produced in a tabular form to aid coding; interview number was annotated and the participant was referred to by their pseudonym, I used my own initials to indicate when I was speaking. Dotted lines were used to represent pauses, 'XXXX' indicated inability to determine words and blackout was used to redact details to maintain anonymity. Table 10 illustrates the transcription format. All but one participant declined a copy of their transcript, which I offered to assure participants of its veracity. A sample of coded transcripts were reviewed by and subsequently discussed with my supervisor.

Discussion	Coding
<b>LB-So looking back how would you describe your experience of pre-registration nurse education.</b>	
<p><b>Jaz-</b> I've been thinking about this for about a week, trying to pre-empt some of the questions. My experience was positive, I, I thoroughly enjoyed my time at Birmingham. I'd been studying OU up until that point, so I was really keen to get into actual university and it was really, it was a lot gentler than I expected...I thought it would be full on military but it was kind of the other way, which really suited me because I wasn't very military at all coming from the [REDACTED] Corps, so being left alone; being treated like an adult was kind of em followed on from my previous experience with the [REDACTED] corps...so I found it quite a nice continuation of that and I know a lot of guys on my programme of the hard core ex-signals and a few kind of people who've been embedded with the infantry found that change of the routine, 'shouty' side of the military, coming into something quite sedate, they found that quite difficult but I loved it, I thought that was great.</p> <p>Overall I loved it, I loved studying because I'm a geek, I loved, I thought I knew what mental health nursing was and I'd done all the research prior to my interviews at Sandhurst and everything, but when I got in there it was totally different from what I thought it was going to be but it was a lot better I think, I think just the variety placement that I had, I was really lucky I had 3 military placements over the course of my 3 years at military DCMH so I got a really clear look at what I'd actually be doing on the ground when I qualified, quite early on so I could kind of gear my learning and experiences towards that.</p>	<p>Articulating engagement in research process in advance of interview. Experience as a whole positive.</p> <p>Has online university experience.</p> <p>Desire to attend university rather than simply study. Expectations differed from experience. Expected a very military experience but encountered the opposite. Happy about that.</p> <p>Strength of Military identity.</p> <p>Relationship with military CoC 'treated like an adult'. Experience reflected prior unit experience.</p> <p>Minimal disruption to life.</p> <p>Reflecting on other people's experience. Sense that they are different as from other corps.</p> <p>Others transition challenging because of change of pace. Change of military culture difficult for some people. Expressing positive feelings about the culture.</p> <p>Attitude towards learning, if positive you're a geek! Actively preparing to start the course.</p> <p>Gap between expectations and experience. Exceeding expectations.</p> <p>Placement Opportunities=Luck.</p> <p>Secured military placements.</p> <p>Placement as insight into future role.</p> <p>Attitude towards learning: taking responsibility for own learning from the outset</p>



<p>So yeah that was really good. And I went to Cyprus for one of my placements which was good. Yeah I think just my, I could talk for hours about it but generally overall,...time of my life that was great because I never got to go to university, that was always the plan before I joined the army but you know I was kicked out when I was 16 and just needed a job.....and again another reason why people join the army.....</p> <p>Having that university experience, and I know it was a diploma course, it wasn't kind of an undergraduate, but I was doing an undergraduate at the same time as I was going through ...oh probably shouldn't say that....I wasn't supposed to be doing other study but I was em I was told not to but I was like 'yeah I can probably handle both of these' so being at uni was great, yeah I really enjoyed it.</p> <p>And being an older student, I mean yeah I was probably older, particularly in comparison to some of the other guys, some of the direct entrants that was in our cohort, were quite young, and looked up to me for advice and things which was really quite bizarre...I was like the granddad of the cohort which was really weird...people coming to me for support, advice and guidance and...so that was good being an older student and getting paid, which was great as well</p>	<p>Opportunity for overseas placement. Indicating that they have lots to say about the experience.</p> <p>Describing pre-reg Edu as time of their life.</p> <p>University =Fulfilling a personal aspiration. Unexpected life events changed life plan.</p> <p>Prioritising employment.</p> <p>Others are also motivated to join the army by necessity. Drawing distinction between academic levels of learning. Commitment to learning as studying 2 courses at once. Checking self.</p> <p>Wasn't permitted to study 2 courses at once. Breaking the rules.</p> <p>Confident in learning ability: self-efficacy.</p> <p>Reinforcing the positive experience.</p> <p>Othering- being older</p> <p>Comparing self to peers identifying DE</p> <p>Aware of an age gap or maybe experience gap Relationships-fulfilling a paternal role within the cohort Relationship-unexpected status as role model</p> <p>Being older confers advantage? To self or others? Financial remuneration.</p>
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Table 10 Extract of Verbatim transcription and line-by-line coding  
(Repetition of words in the narrative are intentional)

## 4.6 Coding

Coding is the iterative analytical process of sorting, selecting, categorising and progressively refining data to form conceptual categories (Glaser & Strauss 1967). Coding can take place at several levels for example word-by-word, line-by-line or incident-by-incident and the decision about which level to employ is guided by the aim of the research (Braun & Clarke, 2006). As a corollary of this Braun and Clarke (2006) contend that the researcher must make it explicit if

they plan to analyse and code their entire data set, in which case they must accept that some depth may be lost in favour of breadth, or if they plan to code only that which they deem relevant to their field of enquiry.

Coding was carried out using the 2-stage approach outlined by Charmaz (2014a) and supported by drawing upon the principles of thematic analysis developed by Braun and Clarke (2006). Charmaz (2014a) has a coding process not dissimilar to original GT, however she advocates for a flexible and creative approach to its application unlike Glaser (1992) who was more prescriptive about adherence to process. Although it is acknowledged that cGT coding and thematic analysis are not one in the same, Braun and Clarke (2006) provide a detailed exposition of the coding process which offered practical guidance that I found useful. Consideration was given to the use of Qualitative data analysis software; NVivo® to manage and assist with analysis of narrative data, however I anticipated that this would prove more of a distraction than an asset, therefore I used a combination of Microsoft word documents; excel spreadsheets and hand-written artefacts to undertake coding. And whilst this may be considered a less efficient means of undertaking data analysis, it was manageable given the volume of data I had to analyse and it allowed me to immerse myself deeply in the data. Moreover I found the ability to physically engage with artefacts supported the creative enquiry process (Gauntlett & Holzwarth, 2006).

#### **4.6.1 Initial coding line by line**

The purpose of initial coding is to sort and sieve the data looking for similarities and differences, generating labels which essentially describe discrete fragments of data based upon their unique properties. Charmaz (2014a) advocates the use of both in-vivo codes; using participants own words within the codes generated, so as to remain close to the data and gerunds (the verb form of a noun) to assist in identifying processes. Thus initial coding looks to break the data apart and begin to theorise what it means and what is happening. At this initial stage Charmaz (2014a) advocates drawing upon sensitising concepts, using them as '*hunches*' to support coding, whilst recognising that codes are provisional so as to avoid forcing the data to fit (pg. 117).

This research commenced with line-by-line coding, because at the outset I had limited insight into what might be relevant for MNS experience of nurse education, therefore line-by-line coding of the entire transcript ensured that no detail was overlooked. Furthermore although I had been exposed to several sensitising concepts as a result of my engagement with the literature and by virtue of my insider position, I did not utilise theoretical codes as I wanted to avoid forcing the data to fit theoretical assumptions, (Charmaz, 2014a). Equally I could have

chosen to code only that data which I deemed relevant to the field of enquiry and although this would have kept me close to the research question, in my opinion it would have been the less credible, authentic and faithful narrative to report (Braun & Clarke, 2006).

Colour coding, highlighting and numerical systems are frequently used to support initial coding (Braun & Clarke, 2006), however I found this approach unhelpful, preferring instead to read and annotate codes directly onto the e-transcript, sometimes this was a single word and other times it was a phrase or sentence. Although Charmaz (2014a) endorses the use of in-vivo codes; I kept these to a minimum, preferring instead to use gerunds, to avoid being overly descriptive and to enable me to capture action. An exemplar of initial coding is presented in Table 10 above. Codes were subsequently copied into an excel document thus creating a bank of codes, an extract of which is provided in Table 11.

Initial coding and memoing		
Serial	Code	Memo
28	Privilege	The sense that a military identity per se confers some form of privilege, especially financial remuneration and opportunities but also that they are viewed differently especially by civ staff, more is expected of them and it was even suggested that they were favoured. MNS evidently hold themselves in high regard and believe that others do too. I wonder what impact this has for self-efficacy? and why do they feel privileged who is reinforcing the idea that they are lucky?
29	Othering	feeling different from their civilian peers, not experiencing the same hardships, but equally they have obligations and responsibilities which their civ peers do not.
30	Pedagogy	How the participants construct the concept of learning is interesting, (behaviouralist in nature) acquisition model orientated towards gaining skills, getting what's needed for success, performance orientated. achieve the goal in the most economical way ....get the job done mentality. As yet no one has articulated education in terms of growth, becoming a more rounded person, being able to think or "becoming" a nurse. also not a very strong narrative of actual learning, seem more fixed on assessment and struggling with essay writing.
31	Identify/Self	absence of military identity or the shock and loss of self associated with ph2 trg at BCU both DEs and TT seem to feel it. I am surprised by the lack of military nursing or sS identity especially as most of these individuals have been military nurses for a significant period of time. why don't they identify with being military nurses?
32	Expectation management	being disappointed when expectations not met, and being unaware of what the expectations would be. I am surprised by the number of MNS who did not know what to expect but I need to remember that TT don't have a formal acquaint like the DE do .
33	Dominant discourse/culture	described as Army Army Army - perhaps difficult to articulate but I know exactly what the respondent means. There is no sense that this is a tri-service establishment. Its either being described as army or civi.

Table 11 Extract of initial coding and memoing

As both data and codes began to accumulate I also undertook hand coding using post-it notes (Image 1) as I found being able to re-arrange their order facilitated both vertical analysis within a single data set and subsequently horizontal analysis across the data set as it began to expand and I moved from initial to focused coding. Charmaz and Thornberg (2021) argue that as coding progresses and as focused codes begin to be established line-by-line coding is no longer necessary and subsequent data analysis should be guided by focus codes.

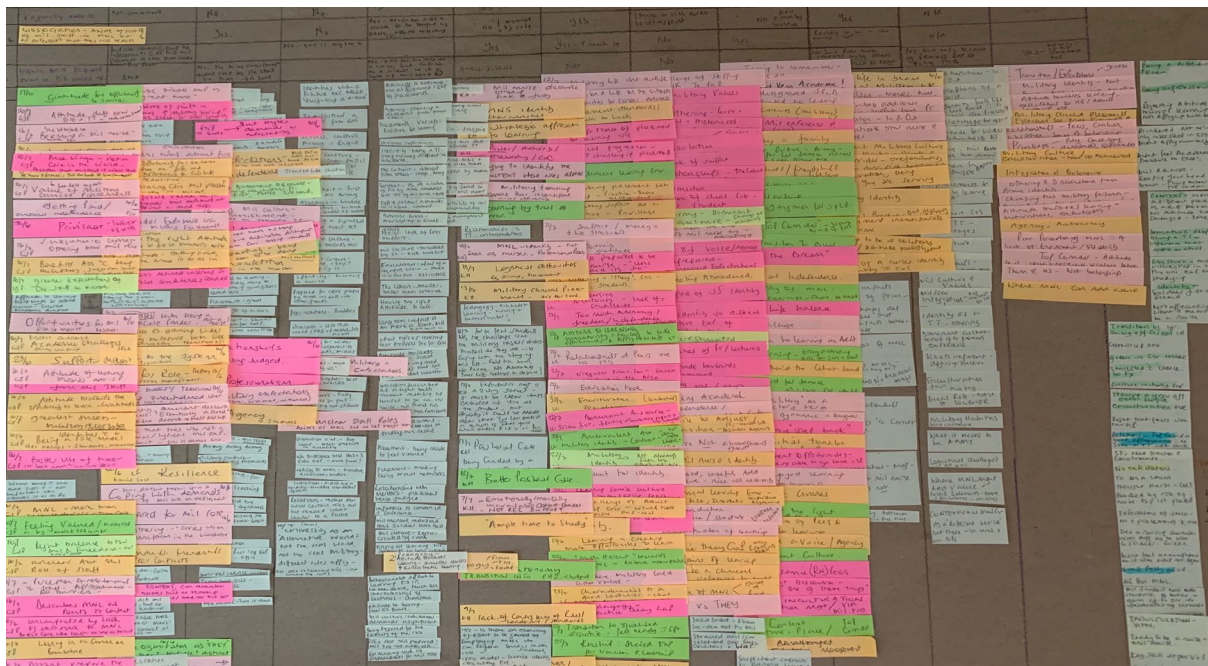


Image 1 Initial coding by hand

#### 4.6.2 Focused coding

In constructing theory from data, the researcher must move beyond description and elevate data theoretically by increasing the level of abstraction, which is achieved during the process of focused coding (Charmaz, 2014a). Focused codes are by definition the most important codes as they contain the greatest amount of data and are more analytically dense compared to other codes. The process of focused coding involves the moving back and forth between data and codes, to refine codes, successively capturing larger units of data as the process of refinement progresses and as sub-categories and categories begin to form. Focused coding is an iterative process thus codes are revised until categories have been generated, which in themselves capture the essence of the codes which they comprise, but which have moved beyond description, reflecting the relationship between sub-categories.

The importance or significance of codes for elevation to focused status was determined not only upon the frequency of a code but also upon how important I considered the code for developing theoretical ideas (Charmaz & Thornberg, 2021). Significance would also typically be determined in relation to a codes ability to address the research question however Charmaz and Thornberg (2021) acknowledge that the GT researcher does not know in advance where their enquiry will take them therefore they follow the analytical leads provided by the data. Consequently I made the decision to follow the data and focus upon what was significant for MNS rather than rigidly pursuing my own line of enquiry, as that felt forced and inauthentic.

Extract 3 provides an example of focused coding, demonstrating my return to an already coded transcript to identify the most important codes for elevation to focused status (colour coded green).

Discussion	Coding
<b>LB-So looking back how would you describe your experience of pre-registration nurse education.</b>	
<p><b>Jaz-</b> I've been thinking about this for about a week, trying to pre-empt some of the questions. My experience was positive, I, I thoroughly enjoyed my time at Birmingham. I'd been studying OU up until that point, so I was really keen to get into actual university and it was really, it was a lot gentler than I expected...I thought it would be full on military but it was kind of the other way, which really suited me because I wasn't very military at all coming from the [REDACTED] Corps, so being left alone; being treated like an adult was kind of em followed on from my previous experience with the [REDACTED] corps...so I found it quite a nice continuation of that and I know a lot of guys on my programme of the hard core ex-signals and a few kind of ppl who've been embedded with the infantry found that change of the routine, 'shouty' side of the military, coming into something quite sedate, they found that quite difficult but I loved it, I thought that was great.</p>	<p>Articulating engagement in research process. In advance of interview. Experience as a whole positive.</p> <p>Has online university experience. <b>Attitude towards learning</b> Desire to attend university rather than simply study. <b>Transition, Expectations</b> differed from experience. Expected a very military experience but encountered the opposite. Happy about that.</p> <p>Strength of <b>Military identity</b>.</p> <p><b>Relationship</b> with military CoC 'treated like an adult'. Experience reflected prior unit experience.</p> <p><b>Transition</b> Minimal disruption to life.</p> <p>Reflecting on other people's experience. Sense that they are different as from other corps.</p> <p>Others <b>transition</b> challenging because of change of pace. Change of military culture difficult for some people. Expressing positive feelings about the culture.</p>

Extract 3 Example of focused coding within a transcript

To ensure that codes were focused and thus represented the entire data set, data extracts demonstrating the focused code in question were cut and paste into a separate word document. This was an extremely laborious process, but it allowed me to ensure that the most significant codes had been selected and that they were well represented by the data. Table 12 provides an example of how the focused code 'military culture' was established from excerpts provided by 3 different participants. As the most important codes were being established I also keep a notebook containing extracts from transcripts which evidenced the code and identified who it was attributable to.



Excerpt of Narrative	Initial code	Focused code
Lumi: it was all a competition, that's how I felt the whole experience was, in fact the whole time in the military I though the whole thing was a competition and I felt that a lot of people would stab you in the back to get to where they wanted to be.	Military climate is competitive.  Peers ruthless ambition.	Military culture
Fin: it was very much this is Army, this is how you do it and a lot later on in the course they started introducing...military training evenings, but it was just purely Army, we were doing MATTS training and stuff, which you know has some benefit but a lot of it was... you know, no benefit to us what so ever.	Dominant ethos was Army.  No sense that it was Tri-Service.	
Ash: I would be 100% behind the idea that it was a more military environment....like I said, that was the shock for me, not having that.	Shocked by the absence of a strong military culture.	

Table 12 Example of Focused Coding

Focused coding was an iterative process thus codes were rejected, collapsed, expanded and revised several times until focused codes were clear and unique. The process of constant comparison between data and focused codes also made it evident where there were gaps in knowledge and in response the interview schedule was modified to permit the use of more direct questions, while still being mindful of the need to remain open and receptive to hearing each participant's account in its own right (Charmaz, 2014a).

This process of vertical and horizontal coding continued beyond initial data collection as I moved onto the next phase of theory development; constructing the categories. Although in reality tentative categories had begun to emerge during the process of focused coding therefore I would agree with Charmaz (2014a) that the coding process, once it is underway, becomes somewhat intuitive and organic.

#### 4.6.3 Constructing categories

Categories are an amalgam of focused codes, drawn together based upon their shared meaning, or what Patton (2002) calls internal homogeneity. However categories represent a greater level of abstraction than codes, as they seek to explicate the relationships between the codes which comprise them and move beyond description towards meaning. As I began to look for patterns within the focused codes, I utilised mind maps and diagrams (Image 2) to establish where groups of focused codes coalesced. Again this process was iterative and heuristic therefore where a focused codes did not fit within a category I considered if it fit better elsewhere or indeed if it was no longer relevant. Table 13 provides an example of early focused coding and tentative category construction. Although the coding process is

being represented here as a series of sequential steps in reality it is not linear and the stages of coding are not nearly as neatly contained as their description suggests. Thus focused codes were compared with categories and categories were compared with codes in a cyclical fashion to ensure that all the data had been thoroughly examined. During this entire process categories were compared with memos to increase the level of abstraction as I worked towards theory building.

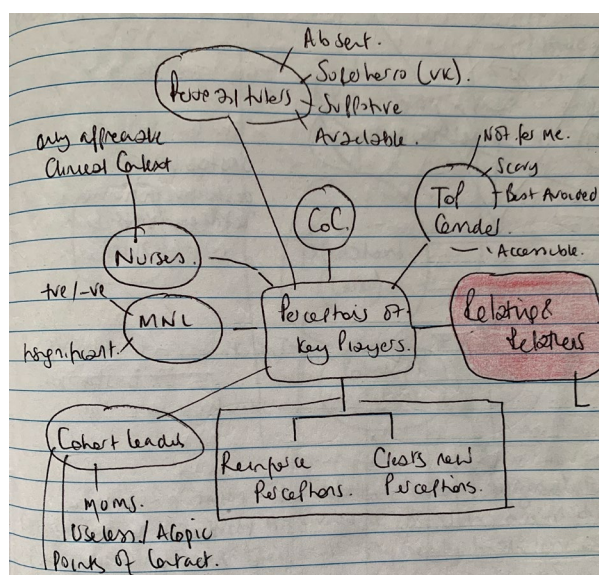


Image 2 Mind Map from research Journal (5 Nov 20)

Focused Coding work in progress						
Developing categories	Identifying with feelings	Relating and Relations	Time and Space	who am I	Perceptions, Preconceptions and Expectations	Legitimate participation
Focused Coding	Privilege	Relationships with others	Dominant culture	Identity	Expectation management	Transition in
	Gratitude for	Relationships with peers	Enculturation	Agency	Perception of learning: Pedagogy	Transition out
	Opportunity	The cohort	Top Corridor	Sense of autonomy	Perception of a nurse	Readiness to be a nurse
	Being advantaged	Integration with civilians	Reality	Entry Status	Perception of a MNL	
	Lost emotionally	Perceptions of MNL	Placements	Dual role		
	Belonging	Relating to other military staff	Context	Independence		
	Right attitude for service	Perception of military staff				
		Support				

Table 13 Focused Coding workbook extract

## 4.7 Memoing

Memos are '*informal analytical notes*' and memoing is an analytical process carried out alongside, although separate to coding (Charmaz, 2014a: 164). Memoing can take many forms; short notes, summaries, journaling, and mind mapping, regardless of which, its purpose is to allow the researcher to begin to make tentative observations about possible relationships between codes and subsequently to make connections between categories as they move towards theory generation (Urquhart et al., 2010). Memos also add to the auditability of the research process allowing the researcher to demonstrate their decision making (Tie et al., 2019). Memo sorting is yet another theoretical process which involves comparing, refining and integrating memos in such a way as to enable the relationships between categories to become evident, thus moving the data a step closer to theory (Charmaz, 2014a).

Memos were captured in several ways; summarised impressions of interviews (Extract 1, 2) written accounts of interviews comparing and contrasting the findings with those which had gone before (Extract 4,5,6), post-it notes to capture spontaneous ideas and a journal which captured ideas about codes and categories and self-narrated the research journey, making observations about all aspect of field work (Giles et al., 2016). As data analysis and theory building progressed mind maps were also utilised to look for relationships between categories (Image 2). Memos are written by the researcher for the researcher as a way of starting to make sense of their data therefore it is appropriate that they should reflect my own writing style, use of abbreviations and shorthand. Furthermore although Charmaz (2014a) endorses the use of an electronic memo bank, she also indicates that memoing should reflect '*what works*' for the individual and I preferred to hand write a journal, that way as ideas came to me, I could always write them down, or as relationships were considered anew I could easily modify a mind map or diagram. Although latterly a 'work in progress' word document was created and used extensively during thesis write up (Extract 7).



This participant struggles with recall and articulation of ideas, not sure if this is attributable to their SpLD or if it is something else...is it memory fade? is it feeling uncomfortable about my former rank? as they keep calling me ma'am and seeking to verify what I know. I've seen this before in an earlier interview when the participant was unable to give full answers and that participant also had an SpLD. Is this a recurring pattern?

One of the few participants to say that 'becoming a nurse' was their greatest success, others have used terms such as 'qualifying', 'passing the course'; 'graduating'- they might mean the same thing, but they might not.

Similar to [REDACTED] and [REDACTED] (s)he doesn't articulate a difficult inward transition, quite the opposite is appears that it was almost an easy ride but is this because they have an alternative point of view to draw upon, because it is all relative. Is it also because they are all army and they are familiar with army culture unlike [REDACTED] who had a difficult transition because they came from the tight knit family of a ship.

Extract 4 Memo summary of participant interview (15 Jul 20)

So far from the 5 interviews I've conducted the recollection of MNL is variable-some have no recollection of being taught by MNL, some have a vague recollection and for others it appears irrelevant who teaches them, so it might actually be worth exploring what the term means to them, so when I say MNL what is that? As for the discussion so far-I'm really struggling to see that there is any real connection with the 'staff' as nurses, I get the impression that they see CoC, uniform and rank. I'm concerned about the lack of recall wrt MNL I don't know if it's a memory issue or a time frame issue or if it is a lack of exposure ? if I widen the inclusion criteria to capture participants from earlier cohorts would that be useful, as this will at least potentially give me more data about their experience with MNL, although I accept that it will mean that they can't speak to the impact of their withdrawal, but so far it's not even registering as a thing.

Extract 5 Memo from research journal about interviewing progress (2 Jul 20)

Very little is fixed, everything changes over time, especially the culture, relationships, challenges, the programme, therefore it's interesting to hear similar stories time and time again or is it that some underlying issues prevail over time? also interesting to hear such different experiences from people in the same cohort, the [REDACTED] cohort is in itself atypical as it was so large and all the one service, is this an disadvantage? Is this a barrier to cohort bonding?

Extract 6 Memo from research journal about data analysis (19 Aug 20)

### Work in Progress Document

#### Culture what did it effect..... and what impacted upon it.....

- what is culture and why is it important?
- culture is PERVASIVE and it has a massive impact upon attitudes, behaviours, relationships, identity
- Also probably worth differentiating culture from context so identify the definitions that I am working with but it's fair to say that context as time and place as closely related to culture as they are inter-related.
- what was the general **perception of the Culture at DHE** in the widest possible sense (too military, too army, too civi, not Navy enough, too relaxed, too social etc)
- what is military culture, what was the culture encountered : the different accounts clearly demonstrate that culture is subject to interpretation it is individualised and it is influenced by a variety of factors (then discuss all the factors I've found).
- Perhaps rather than discuss the culture as being separate I actually say that it was perceived as separate but in fact the culture is the culture the issue is, it wasn't what they expected so they are trying to make sense of it by compartmentalising it rather than accepting it as a whole so maybe it would be beneficial if they could be told about the unique culture prior to arrival.
- Participants also address the **learning culture** Umbach and Wawrynski, 2005 identify the importance of considering the learning culture to understand their impact upon student success and learning.
- You can also choose to a certain extent which parts of the culture you wish to embrace, you don't have to internalise it all but what is the effect of not internalising enough.
- Culture is also not fixed, it evolves over time and there are clearly sub-cultures within dominant cultures ie the drinking subculture or culture of excess.
- The culture portrayed is distinctly different between the cohorts with the later cohorts 2009 onwards identifying with a dominant social scene esp|the DE although the TT not so much although ■ does say that Apr 09 had a bad reputation which was confirmed by ■.
- There is also a question of discussing the **response to or effect of the culture**.
- If we base our discussion of culture on the model offered by matusmoto it is self-evident that military culture like that of every other group is not homogenous, there are sub-cultures and variants of the culture within it therefore rather than talk about the military culture per se it is more appropriate to discuss the various characteristics which are dominant with the broader military in group.
- So maybe the conclusion is that MNL or mil staff need to establish what type of culture needs to be inculcated at the school so as to promote learning and minimise the negative impact which certain facets of military culture can have on learning and prof soc ie think about prasad et al and Caka and Zägenhagen who found that mil culture cultivated a reluctant to ask questions etc so was negative for learning.

Extract 7 Work in progress document

## 4.8 Theory Building

According to Thornberg and Charmaz (2012) a grounded '*theory states relationships between abstract concepts and may aim for either explanation or understanding*' (pg. 228). Therefore theory is the product of the GT process and it is constructed from the coded data by means of memoing, theoretical sorting, diagramming and theoretical integration with the wider literature. Diagramming is frequently employed alongside theoretical sorting. Like memoing, it takes a variety of forms including mind maps, figures and flow charts, with the aim of facilitating visualisation of the relationships between data, codes and categories and in doing so assists in the ordering and integration of ideas as theory is being synthesised (Charmaz, 2014a).

The final stage of GT is reporting the substantive theory (Charmaz, 2014a) and to support the production of the GT the researcher should engage with existing literature to establish not only where their research makes an original contribution to existing knowledge but how that knowledge can illuminate the findings reported within the research thus achieve theoretical integration. This involves comparing categories, which may or may not have been organised into themes, with the extant literature looking for similarities and differences, and using that literature to inform further analysis before finalising the substantive theory.

The aim of this research was to create '*an imaginative theoretical interpretation*' of MNS experience of nurse education in the absence of MNL, in the hope that by exploring the what and how this might lead to the why (Charmaz, 2014a: 231). Once categories had been established; memos had been sorted and a tentative theoretical model had been created with the aid of diagramming (Diagram 4) I returned to the research literature using the categories established as the basis for literature searching. This produced a significant amount of literature to digest, as I drew upon seminal works, classic theories and primary research. The literature was used as a further source of data, comparing their findings and theories with my own, not for the purpose of validation but for illumination (Charmaz & Thornberg, 2021). Engagement with the literature supported the ongoing process of theory refinement as it encouraged further analysis, thinking about the relationship between categories and what this meant in relation to the field of enquiry. Diagramming was instrumental in this stage as it allowed me to play with various propositions until I arrived at what I felt was an authentic and credible interpretation of MNS experience of nurse education, but which had sufficient theoretical scope to enable it to reach beyond the set of conditions which created it (Urquhart et al., 2010).



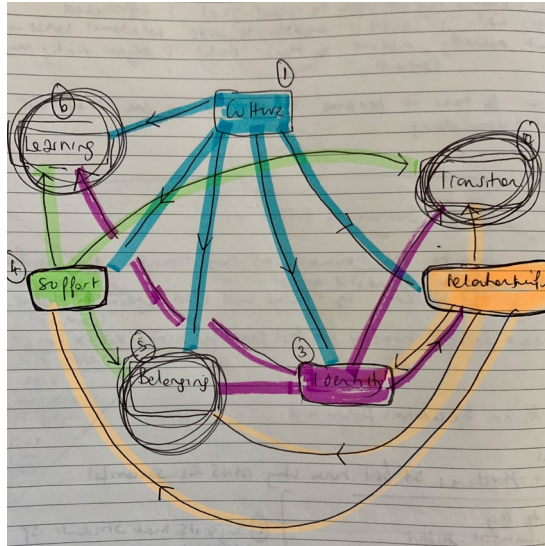


Diagram 4 Extract from research journal: Categories (4 Apr 21)

The findings of this research have been reported in chapter 5 and subsequently discussed in chapter 6. Charmaz (2014a) reminds the researcher employing cGT that it is a creative process and as such there is no right way to produce the final GT. Therefore the qualitative findings have been reported in the form of a narrative, which I believe enables me to demonstrate that they are an interpretation and have been constructed. However it was also important to me that MNS voice was heard within that narrative hence the use of direct quotations, employing Charmaz's (2014a) advice that it is better to show than tell. Direct quotes were cleansed to remove unnecessary repetition and when lengthy they were indented from the body of the text, whilst words or short phrases were placed in italics and inverted commas to indicate that they belong to participants.

In order to support the writing of a narrative categories were clustered into overarching themes as this better enabled me to tell the story. Although themes are not necessary associated with cGT Urquhart et al. (2010) contend that when line-by-line coding has been used it typically yields multiple categories rather than a single core category (Glaser & Strauss, 1967) and grouping these categories together into themes can aid both parsimony and abstraction. The quantitative findings represent a very thin '*slice of data*' but provide a vital alternative lens for exploring MNS experience of nurse education. The quantity of academic performance data relating to the population of interest was voluminous therefore necessitated significant statistical analysis, beyond which there is scope to report within this thesis therefore only the most salient findings are reported in Chapter 5 part 2.

The grounded theory proper is presented within the discussion, where it is contrasted with the literature from the field of HE although as far as possible I attempt to use research drawn from the nursing discipline. I found it difficult to resist the urge to discuss every element of the research findings, motivated by the desire to remain faithful to participant's accounts. However, Charmaz (2014a) contends that only those categories which remain relevant to the theory being presented should be discussed, as such categories which lack '*power*' or '*purpose*' should be reconsidered. Therefore in presenting the discussion of the substantive theory I return to the use of categories rather than themes, selecting those which best represent the theory being presented. Consequently categories are revised further; resulting in some being collapsed and subsumed, whilst others were elevated in significance (however none were totally excluded) and this accounts for what might be perceived as a change in perspective between the findings and the discussion of them.

#### **4.9 Data saturation**

The signal to cease data collection in GT is theoretical saturation, rather than achieving a pre-determine recruitment target, thus the volume and type of data is research question dependent. Data saturation is a controversial construct thus it has multiple definitions (Saunders et al., 2018) but for the purpose of this enquiry saturation was considered the point where no new categories emerged, and where the categories which have emerged are well represented by existing data (Urquhart et al, 2010). Thus it is the richness and complexity of data patterns rather than mere repetition of a pattern within the narrative which cues cessation of data collection (Charmaz, 2014a). While advocating for saturation of theoretical categories Charmaz (2014a) acknowledges the need for pragmatism, appreciating that data saturation can be a matter of judgement, impacted by logistical constraints.

As narrative data generated from interviews comprised the dominant form of data within this research, in real terms recruitment of participants was the rate limiting factor with data collection ceasing after 14 interviews on the basis that recruitment had stalled. That being said categories were established and rich in data by the time 12 interviews had been undertaken therefore the decision to interview participants 13 and 14 was based on the premise that they may offer an alternative perspective, which they did, although this did not generate new categories, it merely enriched existing ones. As such I confidently claim '*theoretic sufficiency*' (Dey, 1999: 117) rather than theoretical saturation; which like Glaser and Strauss (1967) I consider an aspiration, rather than a realistic objective.

## 4.10 Assuring the quality of the research process and outcomes

While Lather (2006) warns against the dangers of methodolatry, the requirement remains, to offer the reader assurance about the quality and integrity of the research both in terms of outcome and process. However, the quality hallmarks of interpretivist research are as numerous and contestable as methodologies (Charmaz & Thornberg, 2021). Thus the researcher must judiciously select the criteria upon which quality will be judged, ensuring that they are consistent with the principles underpinning the methodology used, thus achieving what Tracy (2010) refers to as '*meaningful coherence*'. In practice meaningful coherence recognises that it is inappropriate to appraise the quality of constructivist research using the positivist criteria of reliability, validity, objectivity and generalisability or derivatives thereof, as these are fundamentally at odds with interpretivist traditions. Consequently interpretivist research and by extension cGT must be judged by its '*own canons*' and not those belonging to the original or evolved variants (Charmaz & Thornberg, 2021). Therefore the quality of this research is assured using a combination of Tracy's (2010) eight point '*criteria for excellence in qualitative research*' (Table 14) and Charmaz and Thornberg's (2021) criteria for evaluating the quality of cGT.

Criteria for quality (end goal)	Various means, practices, and methods through which to achieve
Worthy topic	<ul style="list-style-type: none"> <li>The topic of the research is</li> <li>• Relevant</li> <li>• Timely</li> <li>• Significant</li> <li>• Interesting</li> </ul>
Rich rigor	<ul style="list-style-type: none"> <li>The study uses sufficient, abundant, appropriate, and complex</li> <li>• Theoretical constructs</li> <li>• Data and time in the field</li> <li>• Sample(s)</li> <li>• Context(s)</li> <li>• Data collection and analysis processes</li> </ul>
Sincerity	<ul style="list-style-type: none"> <li>The study is characterized by</li> <li>• Self-reflexivity about subjective values, biases, and inclinations of the researcher(s)</li> <li>• Transparency about the methods and challenges</li> </ul>
Credibility	<ul style="list-style-type: none"> <li>The research is marked by</li> <li>• Thick description, concrete detail, explication of tacit (nontextual) knowledge, and showing rather than telling</li> <li>• Triangulation or crystallization</li> <li>• Multivocality</li> <li>• Member reflections</li> </ul>
Resonance	<ul style="list-style-type: none"> <li>The research influences, affects, or moves particular readers or a variety of audiences through</li> <li>• Aesthetic, evocative representation</li> <li>• Naturalistic generalizations</li> <li>• Transferable findings</li> </ul>
Significant contribution	<ul style="list-style-type: none"> <li>The research provides a significant contribution</li> <li>• Conceptually/theoretically</li> <li>• Practically</li> <li>• Morally</li> <li>• Methodologically</li> <li>• Heuristically</li> </ul>
Ethical	<ul style="list-style-type: none"> <li>The research considers</li> <li>• Procedural ethics (such as human subjects)</li> <li>• Situational and culturally specific ethics</li> <li>• Relational ethics</li> <li>• Exiting ethics (leaving the scene and sharing the research)</li> </ul>
Meaningful coherence	<ul style="list-style-type: none"> <li>The study</li> <li>• Achieves what it purports to be about</li> <li>• Uses methods and procedures that fit its stated goals</li> <li>• Meaningfully interconnects literature, research questions/foci, findings, and interpretations with each other</li> </ul>

Table 14 Criteria for Excellent Qualitative research

#### **4.10.1 Worthy topic and Significant contribution**

Tracy (2010) argues that good quality research by definition explores '*worthy topics*' which are defined as relevant, timely, interesting and evocative, although it is unclear who makes this determination. As the principal researcher and former MNL I inherently believe that an exploration of MNS experience of nurse education and the contribution which MNL make to it is a relevant and interesting field of enquiry and would argue that the gap in the wider research literature substantiates this. Moreover I believe that an enquiry which considers the contributions made by MNL to the preparation of MNS is overdue as Defence continue to invest in the preparation of MNL without a clear application for them, therefore the evidence and recommendations resulting from this enquiry may assist in future decision making, which is particularly pertinent in light of various workforce planning reviews which have taken place within Defence (discussed in Chapter 2). Therefore this research is both *worthy* and makes a '*significant contribution*'; which Tracy (2010) defines as the usefulness of the research findings; as they not only have practical utility as a result of their recommendations but also make a theoretical contribution to knowledge, as a consequence of employing cGT which has enabled theory creation.

#### **4.10.2 Rich Rigor and Meaningful Coherence**

Employing the term '*rigor*' would suggest that Tracy (2010) herself is failing to comply with the requirement for '*meaningful coherence*', which encompasses the need to represent the methods, methodology and paradigm in a coherent fashion, by drawing upon appropriate language. Therefore rigor with its positivist connotations is arguably incongruent within interpretivist traditions where the concept of trustworthiness is preferentially employed (Rolfe, 2006). Nonetheless 'rich rigor' is used to denote both the quality of data and means by which it was collected. Tracy (2010) argues that quality data is rich data. And rich data, is data which is varied in terms of content, source, context and sample, gathered by an instrument capable of capturing the complexity of the phenomena being studied, whilst being transparent about the process undertaken.

Charmaz and Thornberg (2021) argue that cGT by its very nature meets the requirements of rich rigor as the process of constant comparison, supported by theoretical sampling ensures that sufficient, appropriate and varied data is gathered and analysed to enable the researcher to build theory. However this is contingent upon thorough and appropriate application of the methodology. This research has drawn upon narrative data gathered from intensive interviews during which, theoretical sampling and sensitivity were employed therefore inclusion criteria were modified in response to the findings of data analysis, and used to guide subsequent data collection, to ensure that categories were full. Similarly the

interview schedule was also amended to enable me to change the focus of questions in response to the categories being created, to ensure they were rich with divergent perspectives. What is more raw data and its analysis has been evidenced through the use of extracts and exemplars thus achieving transparency in reporting the decision-making and data analysis process. Numerical data was also analysed and subjected to a variety of statistical tests to provide an alternative perspective upon the field of enquiry and in doing so not only does this demonstrate rich rigor, it also achieves what Tracy (2010) refers to as '*crystallisation*', which is a feature of '*credibility*'.

Moreover, the researcher as the instrument of both data collection and analysis must be capable of executing the task, which includes possessing knowledge not only of methods but of the field of study (Tracy, 2010). Therefore Charmaz and Thornberg (2021) suggest that they learn all they can about their chosen methodology and work with a knowledgeable mentor. Prior to commencing this doctoral research I have undertaken various academic programmes of study which have included research components, including a Post Graduate Certificate in Research Methods. I have attended a number of conferences and workshops which focus upon 'Qualitative methods' and I have written and delivered an undergraduate Evidence Based Practice module as part of a Nursing degree programme, therefore I believe I possess the requisite knowledge of research methods. However in light of my inexperience in applying cGT I have been supported during my doctoral research by an expert in GT, drawing upon their expertise during supervision. As both a nurse and lecturer I believe I possess effective communication skills however to prepare for intensive interviewing I completed a counselling skills programme with a focus upon the person-centred approach developed by Carl Rogers, to further enhance both my listening skills and interview technique. Moreover as a recently retired Nursing Officer I possess 'insider' knowledge about the language, custom and culture of my research population and the field of enquiry more widely and this has sensitised me to taken-for-granted assumptions thus aided the process of data analysis, which supports the credibility of the findings (Aburn et al., 2021).

#### **4.10.3 Sincerity**

Tracy (2010) contends that '*sincerity*' is a measure of '*authenticity*' and '*genuineness*' rather than reality or truth. Thus engaging in sincere research means being open, honest and transparent, which is demonstrated through the application of reflexivity. Reflexivity is defined as the act of '*critically examining one's effect as a researcher on the research process*' (Hall & Callery, 2001: 263). Thus reflexivity is employed in acknowledgement that it is the researcher who constructs knowledge, albeit grounded in the data derived from their



participants experiences, thus they must make known how their own positionality influenced the research process and outcomes (Charmaz & Thornberg, 2021). Reflexivity was operationalised within this research in several ways. I have explicitly stated my position vis-à-vis onto-epistemology; life history and professional career trajectory in a bid to make known what has informed this enquiry. I maintained a journal in which I both chronicled and reflected upon field work and in doing, I considered how my own beliefs influenced my decision-making. Memoing was another tool which enabled me to employ reflexivity, as I explored the meaning of codes; the relationships between them and how I arrived at my conclusions. Moreover I have included extracts from both my journal and memos in efforts to '*show*' the process of reflexivity rather than just '*tell*' the reader about it (Tracy, 2010: 842) thus providing an audit trail which contributes towards the credibility of this enquiry.

Tracy (2010) argues that use of the first person also enables the researchers to be present within their enquiry and this is another method I have employed within this thesis. Moreover she contends that in being sincere, the researcher tends to the needs of others, rather than being motivated solely by their own goals and I believe I have demonstrated this quality by pursuing and reporting the narrative that was more important to my participants, possibly to the detriment of answering my primary research question. Reflecting upon this decision I could have persisted with my own agenda and reframed questions and recruited participants who would have furthered my original aims however I believe that I chose instead to explore what was important to my participants as this reflects my nature and the nature of my role as both a nurse and Nursing Officer. Therefore a sense of duty, which advocates putting the needs of soldiers before my own, significantly influenced the direction which this research took and with hindsight I am unsure if this was the correct course of action to take, but I firmly believe it produced the more authentic and credible outcome.

#### **4.10.4 Credible**

Tracy (2010) defines credibility as confidence, plausibility and verisimilitude of research findings, contending that research is credible when others are content to act upon its findings. According to Charmaz (2014a) credibility is achieved when the data supports the theoretical claims made by the research findings, therefore the link between data, analysis and argument should be evident. This was achieved by utilising constant comparison, systematically revisiting the data and analysing it both vertically and horizontally to ensure that the claims made did not overreach the data. Credibility has been further supported by the inclusion of verbatim quotations; extracts of transcriptions; coding and diagramming thus providing evidence of the building blocks of theory generation.

Although Bradbury-Jones et al. (2010) point to the false logic of ascribing to an ontology which espouses the co-construction of meaning but which seeks to externally verify the validity of interpretation using techniques such as member checking or expert feedback, Tracy (2010) advocates what she calls '*member reflections*'. This involves returning to participants or engaging with scholars, not to confirm interpretation of data but to provide a space for further dialogue, with the aim of informing data analysis. Member reflections per se were not employed within this research as it was felt that this would be burdensome for participants, who had already given their time to participate and my prior experience of research engagement with Defence participants had informed this position. I did however discuss the findings with my supervisor who is also a former Nursing Officer in the British Army, therefore has considerable expertise and experience to draw upon. Moreover Charmaz and Thornberg (2021) contend that the application of theoretical sampling and sensitivity facilitates a subtle and nuanced approach to assuring the credibility of the codes, categories and subsequent theory as each new piece of data gathered is compared with what went before and used to guide what will come next and this in itself is a form of assurance.

Credibility is also furthered by the practice of what Tracy (2010) calls '*crystallization*'. Crystallization is the practice of drawing upon data from multiple perspectives, not to reach consensus, as is the case when triangulation is employed, but to capture complexity. Again the inherent design of cGT facilities crystallization as it necessitates the collection of divergent data to enrich categories. Therefore whilst I would argue that I drew upon a variety of data collection methods and analysed a sufficient volume of data my theoretical sampling was restricted by the inherent inflexibility of MODREC, which explicitly stated that any change to the research design wherein I recruited participants or sought data not originally stated would require resubmission of ethical approval. And this in my experience was prohibitive.

#### **4.10.5 Resonance**

Research has achieved '*resonance*' when it '*meaningfully reverberates and affects an audience*' thus research findings must have an impact (Tracy, 2010:844). Charmaz and Thornberg (2021) contend that to demonstrate resonance the researcher must construct concepts which both reflect participant experiences but which extend beyond them thus provide insights relevant to others or another context. Tracy (2010) suggests that the use of verbatim testimony from participants and a narrative approach to reporting data findings helps others to relate to the data thus contributes to resonance, and I have employed both approaches within this thesis.

#### **4.10.6 Ethical**

Quality research is ethical research, not only in its means but in its purpose (Tracy, 2010). Protection of the participant is at the heart of ethical guidelines for the conduct of research and this was achieved by complying with BCU Research Ethical Framework and Joint Service Policy (JSP) 536 (2021b) *Governance of research involving human participants Part 1*. Both guidelines advocate adherence to the following principles: protection from harm, freedom from coercion and right to privacy.

Ethical permission to conduct this research was sought and provided by the Faculty Academic Ethics Committee (FAEC) for Health, Education and Life Sciences at BCU in accordance with the university's statement on research ethics (Academic Ethics Committee, 2016) (Appendix 7). Similarly permission of access to student's academic data was sought and granted by the faculty data controller (Appendix 8). As this research sought the participation of Service Personnel it was also necessary to gain ethical permission from MODREC as per JSP 536 (2021) (Appendix 9). Several amendments were required to the research design before MODREC approval was secured and this resulted in a significant delay to commencement of the research. In the interim the General Data Protection Act (2018) came into effect, necessitating submission of a revised ethics application to the university, as rights of access to student data had changed, thus access to identifiable data was no longer permitted.

#### **Protection from harm**

It is incumbent upon the researcher to ensure that participants do not come to harm either physical or psychological as a result of participating in their research. As this enquiry was asking participants to recollect past experiences there was always the potential that those experiences may elicit psychologically damaging memories however the risk of this was expected to be minimal, as participants were free to determine which memories they wished to share and as competent adults they can and must be trusted to make this judgement. This was verbally explained to participants in the preface to each interview. Where participants shared experiences which they described as difficult, upsetting or challenging I subsequently followed up their interview with an email enquiring about their wellbeing and offering to signpost them to professional support, all of whom declined the offer.

#### **Freedom from coercion**

Freedom from coercion affords research participants a number of protections thus encumbers the researcher with certain responsibilities, principal amongst them is the requirement to obtain consent. The conditions of consent require that it is informed, which

necessitates mental capacity and is given voluntarily (BERA, 2018). As all potential participants were or have been Registered Nurses they possessed a professional understanding of consent and the protections it afforded them. Furthermore as adults they were deemed competent to make the decision to participate based on the information provided, however they were given the opportunity to ask further questions to ensure their participation was fully informed. Participation was entirely voluntary, no incentive was offered as enticement, just as potential participants were assured that the decision not to participate would not incur any military repercussions and this was stated within the Participant Information. Consent was sought in writing in advance and confirmed again verbally at the time of interview.

Issues of position and rank posed a potential threat to the ethical integrity of this research as I held the rank of Major when I commenced this study (Finnegan, 2011, 2014). The power differential inherent within the military rank structure had the potential to exert a negative impact, as rank may prove coercive, thereby invalidating the conditions required for consent and ultimately invalidating the research. Conversely rank may inhibit participation for fear of negative repercussions. Equally, as the principal researcher and interviewer I was known to many potential participants in my military capacity as a MNL and previous Nurse Education Advisor (Army) and I was conscious that this too may exert a similar effect to rank.

Therefore the power dynamic was considered at every stage in the research process to mitigate its effect. I avoided making any reference to my military rank or appointment on any participant facing information, describing myself as a Post Graduate Research Student. By the time I had reached the stage of conducting interviews I was no longer a Serving Officer and I made sure to inform participants of this. As part of the interview preface I explained the nature of the researcher-participant relationship in cGT in the hope this too would further allay fears.

### **Right to Privacy**

Privacy rights are maintained by complying with the General Data Protection Regulation (GDPR) (2018) which affords participants the right to anonymity and confidentiality. Anonymity was assured directly through the use of pseudonyms, thus any reference to participants, including direct quotations within the thesis, were attributed to their pseudonym. In a further attempt to conceal participants identity and maintain their privacy the pseudonyms employed were gender neutral. Given the close nature of the military nursing community and the specificity of the interview questions it may be possible to speculate about the identity of participants from their responses, therefore participants were advised

that if required, their narrative data would be sanitised to protect their identity (BERA, 2018) however this has not been necessary, as extracts have been selected judiciously. Furthermore I made the decision not to include participants transcripts within the appendices as many participants revealed deeply personal accounts which should remain private as both a matter of confidentiality and to further protect their anonymity (Howard-Hunt, 2013). Summary data of participants characteristics and exemplars of coding and memoing have also been selected and presented in such a way as to minimize the number of identifies attributable to any one individual.

Confidentiality restricts the unauthorised sharing of participants data thus protecting their right to privacy (GDPR, 2018). Confidentiality and how it would be maintained was articulated within the PIS and comprised an element of participant consent. Closely related to confidentiality is the requirement to inform research participants how their personal data will be captured, stored and used and in what circumstances it will be shared. All participant's data was managed in accordance with the GDPR (2018) and faculty data handling guidelines (Boulton & McGee, 2013) and this was articulated within the PIS. As registered healthcare professionals and members of the Armed Forces participants were advised that any information they shared which either breached professional standards (military and nursing) or which constituted a criminal act may be reported to the necessary authorities, but they would be made aware of this in the first instance.

My intention was to capture narrative data via electronic audio recording however as FtF interviews were prohibited Skype video calling was used and the resultant on-line video was downloaded to a password protected file within the university's secure cloud-based server specifically for Post Graduate Research Students, until such time as it had been transcribed, then it was deleted. Recorded Skype videocalls are available online for 30 days after which they are removed from the platform in accordance with GDPR (2018). All other electronic data including participant consent forms and students' progression and completion statistics were held in the same electronic location. Access to handwritten memos, field notes and reflective diary was restricted and these were kept in a private office. In line with current university practice all data will be destroyed within 5 years of thesis submission.

#### **4.11 Summary**

This chapter has provided a detailed overview of the research design utilised to address the research question and in doing so has endeavoured to demonstrate and account for any discrepancies between the original research design and the final approach employed. This

chapter was deliberately written in the first person to provide the reader with a sense of the field work undertaken and the challenges encountered. To demonstrate how cGT was employed and to support this narrative various evidence was provided including examples of transcription; coding, memoing and diagramming and excerpts from my research journal were also included to show evolution in the process of theorising.

## Chapter 5 Findings

### Part 1

This chapter presents the detailed findings following analysis of data generated from semi-structured interviews and academic performance data and is presented in 2 parts. The qualitative findings reported in part 1 are organised into three distinct *themes*: '*Anticipating what's to come*'; '*Relating and Relations*' and '*Self in context*', reflecting the categories developed during data analysis. The findings have been used to generate a narrative which is intended to reflect the experiences of those who offered their accounts, whilst recognising that it was constructed through interpretive analysis. The findings of quantitative data analysis are presented in part 2.

#### 5.1 'Anticipating what's to come'

Reflecting on their experience of nurse education participants shared their aspirations, hopes and fears for the journey ahead and this is captured in the theme 'Anticipating what's to come' which at its core was about expectations. This theme is comprised of three categories, (Diagram 5) the most dominant of which are 'military expectations', which address matters such as, culture, behaviour and relationships. 'Academic expectations' explore perceptions of the university experience; how learning would take place and academic demands encounter. 'Expectation management' consider the importance of having realistic expectations about the experiences at the outset and the mechanisms available to do so, although little reference was made to nursing expectations.

Entry status appeared to have a significant bearing upon expectations, however as will become evident MNS are not a homogenous group, and the nuances of sS identity, previous CEG, Operational experience; age, and life history shape their expectations and experiences.

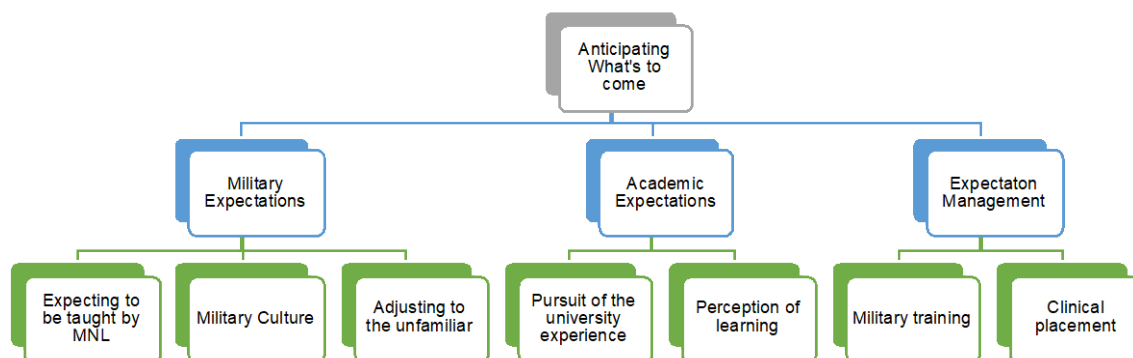


Diagram 5 Theme: 'Anticipating what's to come'

### 5.1.1 'Military Expectations'

#### Expecting to be taught by Military Nurse Lecturers

Expectations varied and there was no definitive pattern relating to who was or was not expecting to be taught by MNL, although more DE did expect to receive tuition from MNL, than not and more TT stated that they were not expecting to receive tuition from MNL than were. All participants taking part in the research, will have had exposure to MNL be that in their capacity as lecturer or Personal Tutor (PT) although recollections vary widely.

In response to being asked if they expected to receive tuition from MNL Mo stated '*I genuinely didn't know that there were military lecturers up there before I went*', a sentiment shared by Kit who said that '*it was more of a shock*' to receive tuition from military lecturers, '*than a shock that I didn't*'. This demonstrates that both TT and DE participants lacked awareness of the MNL role. Conversely, Bo, whilst aware of MNL did not expect to see them teach instead assuming that '*they would be there in terms of managerial roles*'.

#### Military Culture

Within this sample there appeared to be no universally agreed construct of what it meant to be military, perceptions were unique to the individual, influenced by a multitude of variables, principle amongst them Service, previous CEG, entry status, and age. The impact of entry status was most evident when exploring 'military expectations', furthermore entry status in combination with Service were the two most significant factors influencing respondents' experience.

It was evident that TT expectations were shaped by their prior military service and several participants talked at length about their previous Phase 2 training and how it compared with Phase 2 nurse training, in particular the differences in culture. It is clear that for all TT regardless of Service, the two experiences were very different, creating a gap between expectations and experience, with varying effects. For the two Royal Navy participants the prevailing military culture was described as 'Army', Fin stated '*it was a very Army orientated course, so that was so very different and that was really frustrating*'. These sentiments were echoed by Mo who described the Defence School as '*a green environment*', a term used to denote Army in nature. Therefore from the perspective of a Royal Navy TT the culture was dominated by Army ethos. Conversely Army personnel, in particular the TT considered the culture distinctly civilianised as demonstrated by Jaz who said, '*It was a lot gentler than I expected...I thought it would be full on military but it was kind of the other way....less shouty and more sedate*'.



Concurring with Jaz, Ash described it as a *'very watered-down version'* of Phase 2 training. These sentiments were echoed by the other Army TT and the inference was that they were expecting a more demanding experience, a more disciplined and restrictive environment than they encountered and they did not expect the experience to be as *'civilianised'* as they perceived it was. Furthermore they were not expecting to be *'treated like adults'*, but this was the approach they encountered. And whilst some embraced what was described as *'time off from being military'*, others suggest that they would have preferred the experience to be more familiar.

Reflecting upon their expectations in relation to the military culture the DE who joined Service directly from civilian life and whose prior military experience was limited to their initial basic training articulated a unique set of expectations from both one another and their TT peers. DE expectations tend to focus upon the *'university experience'*, perhaps understandably as insights into student life were more readily accessible to them. Pip said, *'you're arriving there and you're 18, 19 and you don't really have much life experience, you're expecting a university experience'*. Hari expressed a similar perspective and when asked if these expectations were fulfilled Hari replied, *'I think, within the military it was more so because obviously you're getting paid a wage and being in a civilian campus in the heart of a student city, it was non-stop'*. However when asked about military expectations Hari replied that even as a DE the environment was not as military as expected, whatever being military meant.

Ina, a contemporary of Hari went even further and stated that the Defence School was *'not really a realistic representation of a military unit'*. Ina goes on to describe a very specific element of military culture which is dominated by a work hard, play hard mentality, although Ina suggested that the balance was tipped in favour of playing hard with peer pressure to conform to the culture of excess, at the expense of study. Ina also suggested that this culture was reinforced by the military CoC who both encouraged and engaged in socialising with the MNS, however Ina acknowledged that this was inappropriate stating *'I don't think anybody was naive to think "mmm this is a bit wrong", going out like with your superiors, but it was just the culture there...it was definitely very lax'*. It is clear from Ina, Pip and Hari's accounts that age and life stage had an impact on the experience and all of those who joined the military having very recently left secondary or further education articulate being tempted by the social life on offer at university whilst being in the privileged position of having the means to take full advantage of it.

The accounts outlined above demonstrate that although the experience was perhaps not as expected a number of participants sought to embrace the very social aspect of military and university culture and whilst it did not appear to have an overly detrimental effect at the time, there was recognition that this culture was atypical for a military Unit and as such their experience failed to prepare them for military life once training was complete and they were sent to their first Unit. However this was not the universal experience of all DE which demonstrates the impact of an individuals' life history and expectations on the experience encountered.

Lumi's account identified with very specific elements of military culture where expectations were not met, these centred around a perceived lack of agency, competition rather than comradery; a lack of leadership; inequity and an oppressive climate. Much of the struggle for Lumi was the inability to understand or rationalise specific military undertakings, feeling that they were nugatory or of no educational benefit, thus wasting time that could be put to better use studying. However Lumi's greatest disappointment centred around relationships with both peers and the CoC as Lumi was clearly expecting to join a 'military family' but instead encountered a hostile environment saying:

*'it wasn't all friendly and you didn't get support from your peers like I thought you would ...it was all a competition, that's how I felt the whole experience was, in fact the whole time in the military, I thought the whole thing was a competition and I felt that a lot of people would stab you in the back to get to where they wanted to be'.*

Pip's account echoed these sentiments, suggesting that while the expectation was that TT should be relied upon to offer guidance and support this was not always the case and there were instances where the advice they provided *'wasn't necessarily the best'*. The perceived lack of support from TT when this was expected was a source of significant disillusionment and went on to have a destabilising impact for some while for others it was merely a source of disappointment.

Much was expected from the CoC in terms of professionalism, support, direction and guidance however for a number of DE this too was lacking. Referring specifically to the CoC and their leadership skill Lumi said *'the leaders of our cohorts weren't very professional I don't think...so that was a massive let down'*. These sentiments were shared by Pip who also commented that the leadership was lacking in both professionalism and consistency and the lack of clear expectations resulted in an inability to determine how to behave.

## Adjusting to the unfamiliar

The unique military milieu proved challenging to a greater or lesser extent for all participants as it was not what they had expected, particularly during the initial transition into nurse education and both the form which the challenges took and the duration which the transition period lasted was influenced again by entry status and Service. For the TT transition could be a lengthy period lasting up to a year and the challenges appeared to arise due to the loss of structure, routine, and direction. Fin, who was significantly challenged by the change in Service culture described it as a '*complete change in lifestyle*', outlining the changes and their impact Fin said:

*'I'd gone from having literally everything dictated to me, you know, what time you got up, what time you went to work, what time you eat, ...and I got freedom and I did not know what to do with it....and it actually made me panic...so I had to learn very quickly independence again... Because I'd been so used to being directed and told how to do things, I lacked confidence'.*

Therefore these newfound freedoms were neither welcomed nor embraced and produced a destabilising effect. This account was similar for several TT regardless of Service and even though they were a little older than their DE counterparts, many of them suggest that they felt that they had to '*grow up*'.

Conversely the challenges associated with initial transition for the DE were the perceived loss of freedom, independence and privacy. For Lumi, like Fin the military aspects of nurse education had a significantly destabilising influence, as is evident from the following account when asked about the challenges encountered:

*'struggling with military life, and being very new to it.... before I joined the Army I was the manager of a shop...I had travelled ....I was very confident, and then when I joined the military I became so shy and I just lost all my confidence'.*

Therefore both Lumi and Fin struggle considerably, one from too much independence and the other from too little, but the resulting effect was the same, loss of self-confidence. Similarly the new living conditions also proved challenging and whilst for Pip it was the lack of privacy that was problematic, for Fin, coming from an environment where personnel lived in very close quarters, feelings of isolation and '*loneliness*' were the problem.

Those participants who did not articulate a particularly troublesome inward transition suggested that they encountered an experience which was either aligned more closely to their expectations or which was familiar to them. For example Jaz stated that although there was an expectation that the experience would be '*more military*', in reality it resembled a familiar Unit culture and as such the transition was not turbulent. While Sal, Ari and Bo suggested that

it was a matter of striking the right balance between the military and civilian contexts, where civilian context means the university and they agree that for them, this balance was achieved.

The accounts offered from all participants demonstrated the stark contrast in the perception of military context between the different Services and participants of differing entry status. Moreover they demonstrate that many respondents experience initial challenges associated with the inward transition to nurse education, particularly when the experience is incongruent with their military expectations.

### **5.1.2 'Academic expectations'**

The category 'academic expectations' centred around perceptions of the university experience; how learning would occur and academic demands which MNS expected to encounter and once again entry status appeared to impact how the experience was perceived. Conversely Service appeared less impactful within the academic sphere, which suggests that there is commonality between the Services in respect of learning.

### **Pursuit of the university experience**

A number of participants articulated the specific desire to have the '*university experience*' which meant '*fun*' and '*freedom*' and participants confirm that this expectation was fulfilled, however Ina admits, as does Al, that it was to the detriment of their learning, as that was not perceived as the priority. A number of TT also articulated the desire to experience university however for them it was not the social life they sought, as Ash explained '*because I was a bit older and because I was a trade transfer I can't say that the social side of university side-tracked me*'. Jaz articulated very similar sentiments, emphasising that the attraction of university was the opportunity to learn. Therefore DE and TT appeared to have different motivations, expectations and interpretations of what going to university as a MNS meant.

### **Perception of Learning**

Jaz's account demonstrated an awareness of the nature of HE and an adult approach to learning, however this was unique amongst the participants interviewed, particularly the TT, as demonstrated by Fin who described HE as '*the biggest shock of my life, I never realised what university education was and I wasn't prepared for it in the slightest*'. However what distinguished Jaz from the other participants was prior HE experience, which in turn enabled expectations to be aligned with the realities of an adult learning environment. It was evident, that on the whole the TT were expecting to receive something akin to technical training, consequently, they were not expecting to have to manage their own time; to be responsible for their own learning or to engage in the volume of independent study that was required by

their course. As a result a number of participants stated that they felt challenged academically.

However, TT were not the only participants to struggle with the autonomous nature of HE AI, a DE also struggled exercising the self-discipline required to manage independent learning, saying instead that it would have been preferable if more of a *'Phase 2 training approach'* had been adopted, and that as a *'recruit'* a training ethos was expected. The inference being made was that being externally motivated by scrutiny and the threat of military discipline would have been a more effective lever for learning, and a number of TT agreed with these sentiments that they expected and would have preferred a more directed approach. Going a step further Sal suggested that the perceived lack of academic scrutiny by the CoC had a demotivating impact and discouraged anything but the minimum effort, in order to achieve the minimum academic standard, an attitude which Sal says with hindsight was regrettable.

The academic standard required by the diploma programme also divided expectations, and there were concerns raised about what was considered the low academic bar set to qualify as a nurse, as demonstrated by Sal who said, *'education wise it wasn't hard, I think it was quite easy to achieve that minimum standard...I though the standards would be higher academically'*. Conversely, there were those who were unprepared for how challenging they found the academic experience, Mo for example said, *'I struggled quite a lot with the academic side of it if I'm honest'*. Mo's experience was replicated amongst many of the TT sample, however this did not appear to be an experience shared by DE participants.

The views expressed about academic expectations appear to be polarised and whilst there are those who did not perceive a climate of scrutiny and who did not feel that they were expected to excel academically others felt an immense weight of expectation to achieve, not least because failure to secure academic success could either result in disciplinary action or potentially termination of service. This fear was demonstrated by Kit who say *'I think I put more pressure on myself than I ever needed to.... I think if I failed a module, I felt at the time that he (Commanding Officer) would have got rid of me straight away'*. Similarly Lumi remembered being told: *"all military students get distinctions", and they would drill that into you'* and this was not considered helpful. However Bo suggested that these expectations frequently produced positive results saying:

*'I do think that more is expected of you, I'm sure if you were to look generally at the results that were gained by military nurses compared to some of our civilian colleagues, not all of them, but I'm sure a greater proportion have got better grades because I do think there is that additional pressure'*.

These accounts demonstrate that academic expectations differed, influenced most notably by entry status, age and maturity, however the effect of Service were less visible.

### 5.1.3 'Expectation Management'

The requirement to actively manage expectations was a particularly strong narrative within participants accounts of their experience. As the previous discussion has demonstrated having unrealistic expectations can result in a turbulent inward transition to nurse education. Moreover there was a perception that the impact of unrealistic expectations extended beyond both the individual and the university experience and could be felt by colleagues, the Unit and the wider Nursing Service at a later date. Participants outlined two key mechanisms for managing expectations during nurse education, one, clinical placements and the other military training, however their experience of both was varied and impacted by their Service and entry status.

It was evident that participants felt it was important that expectations were managed at every step in the process of becoming a military nurse and that ideally this should begin prior to recruitment. Recalling student nurse selection, Ina's account demonstrates a failure to manage expectations from the very outset, reflecting on the experience Ina said:

*'it definitely gave the impression that it would be military run and that we were going to learn about military nursing and then unless you were up on the top corridor you didn't see anybody in the military'.*

Ina was not the only participant to feel that military nursing was misrepresented or that expectations were not effectively managed during recruitment as demonstrated by Hari when reflecting on the negative attitude of peers towards deployment Hari said:

*'why in the world would you ever join, especially the Army and then get upset that you're getting sent somewhere, it's what you get paid for ...I think that all starts from inputting that ....and from whittling out people that aren't there for the right reasons'.*

Hari was clearly indicating the need to establish and manage expectations at the recruit selection stage, to avoid recruiting candidates with unrealistic expectations about what it means to be a military nurse.

A lack of preparedness to both be and fulfil the role of a military nurse was articulated as the greatest impact of failing to manage MNS expectations early, and there was a perception that this impact extended far beyond the point of qualification. Describing qualified peers' lack of readiness for the demands of a military exercise Kit said:

*'one of the nurses turned up in a pink onesie..I don't know if she just had this very pink and fluffy view literally... but she wasn't the only one who turned up to an exercise completely unprepared'.*

Hari articulated very similar sentiments to Kit however highlighted the Operational impact of failing to manage expectations during university. Hari was very clear about the messaging required by MNS saying:

*'I think from the education aspect the main take away from me, is that you are here to go away and do stuff and you are not going to sit in a hospital and they need to quash that....I think it needs to start from day dot at uni...you are here to be trained to essentially go and war fight'.*

The inference made by Hari and others was that expectations about what it meant to be a military nurse had not always been effectively managed during nurse education therefore some nurses were qualifying with perceptions which were misaligned with the realities that awaited them. Consequently they were unable to cope with the demands of being a military nurse, and as such they became a burden to their peers who had to *'pick up the slack'*.

### **Military Training as a Means of Managing Expectations**

A number of participants indicated that a programme of routine military training running alongside the nursing curriculum was essential for managing and reinforcing expectations about what it meant to be a military nurse, because as Ash said: *'you're not just making a nurse though are you, you're making a soldier as well'*. However the actual programme of training experienced during nurse education received mixed reviews which appeared to be heavily influenced by Service and entry status. The Royal Navy contingent were critical of what they considered Army orientated training therefore they questioned the relevance for their own personal Service development as illustrated by Mo who says, *'we had to do Army mandatory training and we were Navy ....I can see why they ran mandatory training, but at the time I thought it wasn't relevant to me'*.

The majority of Army TT were satisfied with the balance struck between military training and the nursing curriculum, although there were a few who felt that it was lacking or that there was capacity for more robust and meaningful interventions. This perception reflected former CEG whereby those who originated from combat arms of the Army were unchallenged by the training they received during university. Furthermore there was also the suggestion that it was less important for the TT to be exposed to robust military training during university as they already possessed the knowledge, skills and values it sought to cultivate, this perception was well demonstrated by Jaz who described military training as *'absolutely vital'* believing that it *'would have been disastrous at the other side'* for DE had they not been

exposed to it but feeling that personally, as an experienced and mature soldier *'I could have done without it'*.

When DE were asked about their impressions of the military training they received there was universal agreement that it was not unduly stressful and that there were no negative repercussions for their academic studies. It was clear from participants accounts that the nature and quality of training received varied over time therefore, there were periods where training was intensified and this was considered personality driven. The undertones relating to the quality of training suggested that it was deficient in either imagination, consistency or relevance, which impacted upon engagement.

However DE demonstrated an appreciation of the challenges of delivering military training in a civilian environment where the academic curriculum took priority and this enabled them to mitigate for some of the perceived failings. Nonetheless the impact of failing to receive relevant military training included a perceived lack of knowledge about both the military and military nursing; uncertainty about how to conduct oneself appropriately in a military context and a lack of resilience to cope with the demands of the role once in a military Unit or deployed and this was either experienced personally by participants or evident from their peers. Therefore DE were advocates for military training to develop knowledge, skills and manage expectations about what awaits them as qualified military nurses. Overall it was the TT who demonstrated a greater appreciation for military training and whilst they already possessed the military ethos, skills and knowledge it sought to impart they appreciated the opportunity to come together, to *'bond'* and to reinforce their military identity.

### **Clinical Placement as a Means of Managing Expectations**

There was widespread agreement amongst all participants that exposure to and engagement with qualified nurses in the clinical environment was instrumental to managing expectations and gaining insight into the role of a nurse and to achieve this clinical placements were considered key. A distinction was made between military and civilian clinical placements and yet again it was the TT who appeared to have the greater appreciation of the benefits conferred specifically by military clinical placements.

Military placements were considered advantageous for a number of reasons, top amongst them, the opportunity they provided to experience military nursing, working in a Service environment, seeing military patients and potentially treating combat or Service-related illness. Military placements also provided MNS with the opportunity to network and meet future colleagues and this was seen as an advantage when it came time to transition out of



education and into clinical practice, not least because it provided a readymade support system but it also facilitated expectation management. Recalling the impact for peers who declined military placements in favour of the opportunities available in the civilian mental health sector Jaz recalls:

*‘they became a bit enamoured with the kinds of jobs they could be doing in the civilian world... I know a few of them left because their expectation of the military and what they were doing wasn’t congruent ...so it kind of shot them in the foot’.*

Therefore it is clear that particularly within the field of mental health, where military and civilian nursing differ quite considerably, insight into the role of the military nurse is essential to reinforce realistic expectations, otherwise SP can become disillusioned to such an extent that they leave Service. There was also a perception that military clinical placements facilitated Nursing Service or Corps identity as they provided an opportunity to meet SP, hear their stories and gain insights into the prospects available. This in turn gave MNS goals to aspire to and role models to be inspired by.

The DE participants tended to recall civilian clinical placements. It was undisputed that clinical placements were an essential component of learning to become a competent nurse consequently there was an expectation that placements would be ‘worthwhile’ and that quality mentorship would be delivered. Whilst this was the experience for the most part, there were occasions when this was not the case and a number of participants recall placement experiences which whilst enjoyable were not educational as demonstrated by Al: *‘they may have been having a good experience there, but it would have never put them in good stead for the realities of qualification’.* Although clinical placements were expected to be of high quality the reality of the situation was that placement allocation was perceived as a lottery and as such participants felt ‘lucky’ if they secured a quality clinical placement.

It was evident that participants felt there was a requirement to manage expectations about every facet of the nurse education experience, before, during and after initial recruitment, emphasising the role of the military nurse both in peacetime and on Operations, to minimise the gap between expectations and the experience which awaits them. Military training and military clinical placements were seen as two mechanisms which facilitated better management of MNS expectations.

## **5.2 Summary**

Expectations were expressed by participants from one of two perspectives, either what they expected as MNS from the experience or conversely, what they feel was expected of them

and participants accounts of both varied widely, significantly influenced by their entry status. For some participants expectations about university and the military were met and for a few they were even surpassed, resulting in a positive experience of nurse education. However for a significant proportion of participants the experience either failed to live up to their expectations or bore little resemblance to the experience they imagined and this resulted in anxiety, insecurity, disappointment and disillusionment, which for some contributed to a very difficult transition into nurse education and beyond.

### 5.3 'Relating and Relations'

The significance which relationships had for participants experience of nurse education gave rise to the second theme 'relating and relations'. This theme explored how participants identified with 'others' and how this in turn shaped their relationships, sense of belonging and ultimately the educational experience. More specifically it captured participants perception and recollections of MNL and the impact which their withdrawal had upon them and their educational experience.

Participants tended to relate to 'others' by their role or appointment and this gave rise to three categories, namely 'Peers', 'Command staff' and 'Support staff', each containing several sub-categories. 'Peers' is a large group comprising 'the cohort', military and civilian colleagues. 'Command staff' is comprised of 'Cohort Leaders', the 'CoC' and 'Top Corridor'. Finally 'Support Staff' consists of those fulfilling support roles such as 'Student Support Officers', as well as those who were directly responsible for providing academic support such as 'Personal Tutors' (PT) (Diagram 6).

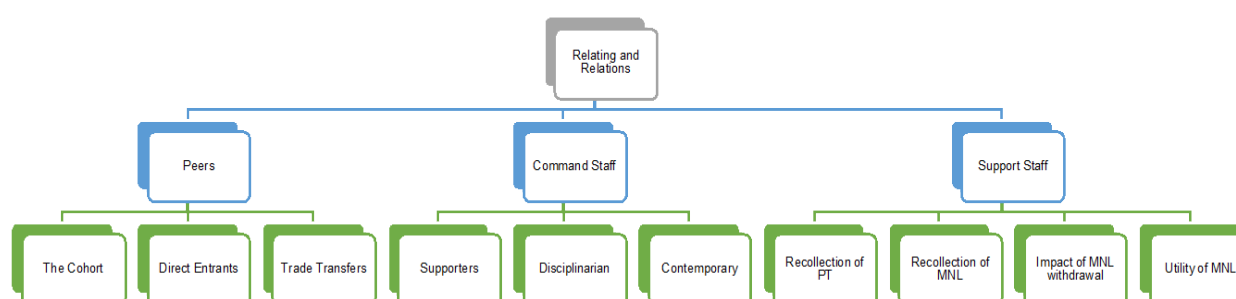


Diagram 6 Theme: 'Relating and Relations'

### 5.3.1 Peers

#### The cohort

'The Cohort' was an important facet of the nurse education experience, although at the most rudimentary level it simply identified military and civilian nursing students by year and month of course intake. When referring to the cohort it was evident that participants distinguish themselves as a military sub-cohort within the larger student body, therefore the term was used interchangeably to mean either the whole or the specific military contingent within in. Exploring how and why the military sub-cohort originated, if indeed it always did, participants offer varying accounts. Kit suggested that it was established at the very outset, purely on the basis that MNS were distinguishable from their civilian peers as they were wearing military uniform and as such they tended to gravitate together, producing a '*divide from the first day*'. While Fin described an altogether different experience where relationships were initially convivial and '*divisions*' formed overtime as it became apparent to civilian students that their military counterparts had resources they did not, such as additional academic support, alternative placement opportunities and perhaps most importantly a salary. Fin also attributed the cohort division to the wider socio-political climate at the time:

*'there was still quite a lot going on in Afghan... you'd hear chats behind your back "oh yeah they're the military, they're the baby killers" and stuff like that and you know Birmingham definitely was not the best place to have a university for military people'.*

As indicated by Fin, British Armed Forces involvement in both Iraq and Afghanistan caused military students to feel marginalised and experience hostility from certain elements within the cohort, therefore the military sub-cohort was not purely of the military students' own making. However a number of students indicated that integration with their civilian peers was important for their sense of inclusion within the university because without it they felt like '*they didn't belong to anybody*' and as such they sought to cultivate positive relationships with their civilian peers, and suggested that clinical placement was a particularly conducive environment for getting to know one another better and fostering friendships. Conversely there were those for whom relationships with their military peers were sufficient therefore they were content not to integrate with their civilian peers as demonstrated by Ash who said '*I don't think we mixed all that much... I think we tended to stick to our military cohorts*'.

Jaz, a military Mental Health nursing student also recalls tension between military and civilian peers but suggested that this was not the experience of the military Mental Health students, who '*found it easier to integrate*' by virtue of their natural disposition. However Jaz also suggested that peer relations were facilitated by dissociating from aspect of the military

persona in order to *'fit in'*, asserting that it was apparent that the stereotypical Army behaviour employed by a number of MNS visibly alienated their civilian peers.

Jaz was one of many participants to identify that military students' attitudes and behaviour contributed towards friction within the cohort between military and civilian peers. However whilst Jaz's account pointed to the *'bullish'* qualities of the military persona, a number of other participants, predominantly the TT suggested that tensions arose due to the difference in personal standards between students, where military students considered themselves to be more respectful in class; have a more disciplined attitude towards their studies and generally be more diligent compared to their civilian counterparts and this was a source of *'frustration'* and embarrassment as Ash demonstrates:

*'I think there is certain things in the military you learn to do quite early on I think be respectful, be punctual all of those things and there were elements where your kind of looking around thinking "gosh come on" .....having people sitting there and chatting when the lecturers were talking or sat there eating their lunch and not always being as respectful as I felt they should have been'.*

For many participants the cohort fulfilled the role of surrogate family, as it was both a support system and social network and as such they felt *'isolated'* during periods when the cohort were not together, such as during placement. A number of participants also indicated that the cohort continued to provide a support system once training was complete, aiding the process of transition into their first Unit. Those participants drawn from cohorts with smaller numbers of military students indicated that the cohort had endured to the present day, such was the strength of the bond between them, whilst those from larger military cohorts indicated that they made *'some life-long friends'* and this was considered one of the highlights of the whole educational experience. However this was not the experience of all participants and it was relations with their military peers which proved challenging and this was most evident when exploring DE recollection of their TT counterparts.

### **Direct Entrants and Trade Transfers**

Mistrust and competition, being patronised, demeaned and devalued are just some of the feelings experienced by DE participants at the hands of their TT peers, as Lumi illustrates saying *'I just feel that the whole experience was dampened by personalities....in the military.... whether they were peers or not'*. However this was in stark contrast to the recollections of TT who believed that they were a source of *'support'*, *'advice'* and *'guidance'* to their DE peers, referring to themselves in familial terms such as *'the granddad of the cohort'* or the *'grownups'*. TT also indicated that they saw themselves as *'role models'* with responsibilities to support the CoC in maintaining standards amongst the cohort.

Generally there was recognition amongst the TT that their previous military experience conferred an advantage and they were magnanimous about this, it was only Ari who openly acknowledged being frustrated by the questionable motivations, entitled attitude and lack of military commitment displayed by some of the DE, who in Ari's opinion were there for '*the free education*' and had no intention of becoming '*military nurses*'.

DE were not the only participants to experience difficulties due to the challenging nature of peer relations and a number of participants described adverse events which reverberated through the cohort with devastating effect, as illustrated by Fin who said, '*sadly my cohort fell apart*'. Hari also recalls '*infighting*' which '*spilled out*' from cohorts creating a negative atmosphere within the Unit as a whole. It is evident from participants' accounts that entire military cohorts could feel isolated from the Unit or that individuals within a cohort could feel ostracised by their peers and this led to feelings of loneliness, frustration, disillusionment and even paranoia, which ultimately had an impact upon some individuals long term mental health and well-being.

Such was the importance of relationships that several participants indicated that peer relations, be that with military or civilian peers proved the most challenging aspect of their entire nurse education experience.

### **5.3.2 Command Staff**

The category 'Command staff' is comprised principally of 'Cohort Leaders', the 'CoC' and 'Top Corridor'. The 'Command Staff' represent the hierarchical system of military leadership and line management, they are figures of authority, responsible for issuing orders and upholding military rule of law. As leaders, Command staff are also expected to be the embodiment of Service values and standards and as such their own bearing and conduct should be beyond reproach. 'Cohort Leader', 'CoC' and 'Top Corridor' are terms which were used interchangeably within participants narratives.

How participants related to Command Staff was variable and this in turn established a variety of different relationships. Some participants appeared to view them as an extension of the overall support system therefore were at ease engaging with them. While others articulate actively avoiding any element of the Command Staff as they were perceived as the disciplinarians who according to Jaz '*were not particularly interested in what students were doing, unless they were doing it wrong, or causing trouble*'.

A third perspective was Command Staff as contemporaries which facilitated friendship. It was also apparent that a number of participants were unclear about the roles some individuals fulfilled and as a result they did not know how to relate to them or interact appropriately with them.

### **Command staff as a Support Mechanism**

Some participants held their Cohort Leaders and members of the CoC in very high regard as they were considered '*supportive*', '*accessible*', '*available*' and '*approachable*'. There was also a perception that Command Staff cared about the MNS and were personally invested. By identifying with Command Staff in a support capacity MNS felt more comfortable engaging with them and this clearly broke down some of the barriers typically associated with those in command positions. Furthermore it was evident that participants who experienced a supportive Command Staff felt privileged to have this additional support, which their civilian peers did not have and they believed that this gave them an '*academic advantage*'.

Conversely there were participants who believed that while Command Staff, particularly Cohort Leaders should fulfil a supportive role, this was not their experience with them, instead they described them as '*unprofessional*', '*weak*', '*poor*', '*unsupportive*', '*inconsistent*', judgemental and nepotistic all of which undermined confidence in and respect for the command element and made MNS disinclined to engage.

### **Command Staff as Disciplinarians**

'The disciplinarian' was the most dominant means of identifying with Command Staff and it was a perception held by DE and TT alike, regardless of Service. There was a consensus that the top corridor was a '*scary place*' and by extension the people who occupied it were also scary therefore the best course of action was to avoid at all cost. Jaz recalls the top corridor being compared to '*Mordor*' saying '*it was a standing joke that the air was poisonous there and you didn't venture up unless you really, really, really had to*'. Jaz goes on to suggest that students did not feel welcome on the top corridor and that it was not perceived as '*a place to go and get help*' saying '*if you're going up there it's because something's gone wrong or because you're in trouble*' and this was a commonly held perception amongst participants.

### **Command Staff as Contemporaries**

'Command Staff' as contemporaries was the least dominant perspective and it was principally held by DE. Consequently this fostered social relationships, as was evident from

the account provided by Hari who said, *'I saw them more like colleagues, I think it definitely generated more of a friendship bond in my view'*. Ina concurs and describes a similarly social relationship, what is more it appeared that friendships were reciprocated by the Command Staff, thereby giving them legitimacy. However upon reflection both Hari and Ina recognise that this was neither a typical nor appropriate way to engage with or relate to members of the command element as it compromised the integrity of the command structure. This was illustrated by a number of participants who recalled the repercussions of inappropriate relations suggesting that they result in *'complete disintegration of the CoC'*, as Service values and standards had been undermined, consequently all respect was lost.

As demonstrated participants related to members of Command Staff in one of three ways: supporter, disciplinarian or contemporary. While Service did not appear to have any significant impact upon how the Command Staff were perceived, entry status appeared to exert some influence particularly in the formation of atypical relations with the CoC. It was evident that the majority of participants were expecting to relate to Command Staff as disciplinarians and the strategy they adopted to manage this relationship was avoidance.

### **5.3.3 Support Staff**

Support was an extremely important feature of the nurse education experience and there was a consensus that MNS as a whole, received greater and more varied support compared to their civilian peers, which ultimately conferred an academic advantage. Support came from many sources and took many forms and while some participants were able to distinguish those employed in support roles, from those whose roles included the provision of support, a number of participants lacked this level of clarity, which proved problematic for the formation of appropriate relationships, as outlined above. Participants identify distinct varieties of support including pastoral, welfare and academic with the PT considered the principal source of academic support. Consequently the PT featured heavily in some participants recollection of support staff, while the MNL did not.

All participants appeared to draw the distinction between a lecturer and PT perceiving them as two mutually exclusive appointments, rather than two facets of the MNL role.

Consequently when participants were asked about their memories of MNL many indicated that they had no recollection of them or that they *'can't remember having any lessons from MNL'*. However when subsequently asked about their memories of their PT they were able to recall that relationship and its impact upon their experience in greater detail, furthermore this appeared to be a seminal relationship for a small number of participants.

As previously outlined less than half of all participants interviewed confirmed that they expected to see MNL working within the university and by far the majority of those were DE. However there was no obvious trends relating to recollections of MNL, although again less than half of those interviewed indicated that they had any memories of them and this was equally split between DE and TT. Memories of MNL did not appear to be strongly influenced by cohort as they varied both between and within cohorts. Overall those who could recall MNL also tended to be able to recall their PT, although not in every instance.

### **Recollections of the Personal Tutor**

A third of all participants were unable to recall their PT, however the majority of those who could, did so positively; in some instances affectionately and with gratitude. A very small number of participants suggest that their PT was instrumental in their overall academic success as demonstrated by Fin who said, *'to be honest if it wasn't for her I probably wouldn't even have finished the course'*.

In practical terms participants sought out their PT primarily for assistance with assessment and they identify *'red penning'*, *'feedback'* and *'proof reading'* as the key outputs. Some participants also suggest that their PT was an advocate, sounding board and in some instances the fixer of problems. There was a perception that many military PT, although not all, were prepared to go above and beyond to support their students and this was met with much gratitude. Participants were also appreciative of the availability and accessibility of their PT and they were acutely aware that this level of support was not replicated amongst their civilian peers, therefore they felt that this gave them an *'unfair academic advantage'*.

### **Recollection of Military Nurse Lecturers**

No participants appeared to have especially vivid memories of MNL. Broadly speaking those who did recall receiving tuition from them indicate that they were *'good'*, well informed and *'passionate'* teachers, comparable in quality to their civilian counterparts, although more accessible. Kit suggested that MNL were indistinguishable from their civilian peers as they purposefully transformed their military persona upon entering the classroom, Kit described *'seeing their military head disappear ...like Worzel Gummidge and their lecturer head was on and that's who they were at that moment in time'*.

However Sal suggested otherwise, indicating that it was possible to *'tell it was a military person delivering the lesson'* due to their military demeanour. Sal suggested that this demeanour altered the dynamics and atmosphere in the classroom as MNL employed a robust approach to classroom management, which military and civilian students alike



responded to. A number of additional participants also commented that MNL altered the classroom dynamic and while some found this conducive for learning, like Ina who described being more engaged in lessons as *'heads down, pens up'* because *'you always want to impress the person who is essentially going to write your report'*. A very small number of participants considered it detrimental, indicating that rank was a barrier to learning as students were fearful of asking questions and they were distracted by efforts to ensure that they *'were seen to behave'*. Describing the impact of rank for learning Lumi said *'you don't feel that 'equal-ness', it's always, always, always about rank and superiority ....I mean you know about it, but I just wasn't expecting it to be so strong'*. Lumi was not the only participant to recognise that rank could be a barrier to learning Kit, coining the phrase *'hierarchically scared'* described the situation where military students, particularly DE were unable to look past *'rank'* and *'a commission'* to see the lecturer beyond and this deterred them from fully engaging during lessons.

Although it was evident that recollections of MNL varied, participants were unanimous in their agreement that they did not relate to them as nurses, the principal reasons being *'they did not work together clinically in a ward'* and *'they were never seen in clinical uniform'*. When participants were subsequently asked how they did relate to MNL responses included *'administrators'*, *'CoC'*, *'the boss'*, *'Top Corridor'*, *'authority figures'* and Ina said, *'I just identified with whatever role they played at the time'*.

### **Impact of the Withdrawal of Military Nurse Lecturers**

Neither those who expected tuition from MNL with no recollection of receiving it, nor those who did receive tuition only to have it withdrawn when MNL were removed from teaching articulate any significant feelings of loss or disappointment, nor did they indicate feeling disadvantaged in any way, suggesting that it was a *'nicety'* rather than a necessity. This leads to the conclusion that the withdrawal of MNL from nurse education was not in itself a destabilising event, what is more it went totally unnoticed by many participants, although not all as Ina remembers it being *'a big thing'* at the time. Participants did not demonstrate any particular affinity for MNL and neither were they sentimental about lecturers in general, therefore who taught was of lesser importance than what was taught as is evident from Ari's response to being asked about the impact of MNL withdrawal from teaching: *'I don't know it didn't really bother me as long as I was taught what I needed to know ...it wasn't really a big deal'*.

Pip demonstrated a similarly strategic approach to learning when asked about the impact of MNL withdrawal from teaching, which Pip reported was rumoured to be as a consequence of their incompetence, replying:

*‘to be perfectly honest I didn’t have much of a feeling....on a completely selfish level I thought “well that’s good if I can get more out of the civilian ones then I want the civilian ones, I don’t want the military ones”’.*

A minority of participants even suggested that the absence of MNL was advantageous, as less scrutiny permitted more ‘*ill-discipline*’.

Perhaps not unsurprisingly those with no recollection of receiving tuition from MNL indicated that they were ‘*unimpacted*’ by their withdrawal or felt ‘indifferent’ towards it. Moreover a number of participants suggested that the civilian nature of their nursing course accounted for their indifference, as MNL were not delivering anything directly related to military nursing, therefore the curriculum could be delivered by any nurse lecturer.

### **Utility of MNL**

Participants were initially invited to share their recollections of ‘*the involvement of MNL within their course*’ the aim of which was to illicit if they made a unique contribution to the students’ educational experience. However as interviewing proceeded it became increasingly apparent that participants did not have experiences to share, therefore the line of questioning was revised so that going forward, those participants unable to recall engagement with MNL would also be asked to consider ‘if and what value MNL might have for their educational experience’.

Notwithstanding the narratives outlined above, three quarters of participants responded in the affirmative when asked if MNL could add value, two thirds of whom were TT and the inference made was that MNL had been an ‘*underutilised resource*’ therefore their withdrawal was perceived as a missed opportunity to improve the educational experience of MNS. However their utility was orientated less towards what they brought to the academic domain and focused more on their impact for promoting belonging and identity. Although, it was suggested that MNL might be able to bring ‘*more interesting aspects*’ or ‘excitement’ to some topics and ‘*contextualise*’ lessons in a way that their civilian counterparts could not as illustrated by Ash who said:

*‘a civilian lecturer doesn’t have any idea of what you will experience as a military nurse and doesn’t have that knowledge, so if you’ve got somebody who is a nurse and has everything else in their arsenal, well that’s a winner for me.... because at the end of the day I didn’t join to be a civilian nurse, I joined to be a military nurse’.*

However this position was tempered by an acknowledgement that civilian students may not appreciate theory being brought to life using military or operational references and as civilians formed the majority of the student body, this had to be considered. Furthermore as the aim of their course was to produce a Registered Nurse the military context had no direct bearing upon the curriculum, therefore whilst it might be useful and interesting, it was not strictly necessary. Although it was suggested by a number of TT that it may prove beneficial for the DE to be exposed to military anecdotes, as they lacked military exposure generally. Overall participants with little recollection of receiving tuition from MNL felt that a 'better balance' between military and civilian lecturers would be welcome, although some respondents did not go on to elucidate how benefits would be realised.

Participants articulated a need to feel that they 'belonged' not only to the military but also to the Unit and university. Articulating the experience of being estranged particularly from military colleagues Jaz, who had no recollection of receiving tuition from military mental health nurse lecturers said: *'It felt like you had the top corridor, the university and the military students and we didn't really fit with either'*. Belonging was described quite simply by Sal as *'feeling the love'* and the opportunity to engage with MNL in the 'classroom' was considered important for fostering a sense of inclusiveness and military belonging, as it facilitated a type of interaction with military staff which other environments could not emulate. Therefore the learning environment helped MNS to *'feel closer to'* and relate with military staff.

Being visible in military uniform was also considered an important means by which MNL could promote belonging and identity, Fin suggested that uniform provided a tangible source of identification and recognition, which in turn fostered a sense of personal military pride and in doing so reinforced identity and belonging. Participants indicated that MNL also had a part to play in cultivating *'military ethos'*; *'maintaining values and standards'*; and acting as *'role models'*. Although it was acknowledged that these functions were not unique to MNL, as other military staff could fulfil these functions.

It was also asserted by those with no recollection of engagement with MNL that receiving tuition from them would have had a *'humanising'* effect which in turn might facilitate a better relationship, thereby *'softening'* the *'disciplinarian'* identity and reducing avoidance. This was considered beneficial both during the educational experience and beyond once participants qualified and began working clinically alongside Nursing Officers and those of a higher rank.

Feeling educationally valued and invested in was another benefit derived from engaging with MNL in the learning environment. Consequently the MNL became an integral part of the students' learning journey rather than some distant observer, watching it from afar, which is how it was perceived by some who recalled engaging with MNL in their capacity as PT only if they failed an academic assessment, therefore engagement had negative connotations. Jaz also speculated that seeing uniformed lecturers in class would '*normalised*' the presence of military personnel more widely, thus facilitating acceptance from civilian staff and students alike and promote belonging within the university, as uniformed personnel would no longer be perceived as an '*anomaly*' or '*novelty*', instead they would become part of the fabric of the university.

Notably those participants who were unable to recall their PT also indicated that it would have proved useful if MNL were to undertake elements of the PT role, providing academic guidance; tutorial support; feedback and '*supervision*'. Clinical practice was another domain where participants identified that MNL could add value to both '*support*' and '*assess*' students during clinical placement. It was felt that this would not only increase their overall credibility as lecturers, by dispelling the myth that '*those who can't do, teach*' but would also help students relate to MNL as nurses, rather than perceiving them as the 'CoC' or 'Top Corridor'. Furthermore it was indicated that by undertaking clinical practice alongside students, MNL could provide an additional layer of assurance, that placements were fit for purpose and equipped to support students learning needs, thus addressing the perception that securing a quality placement was a matter of luck rather than design. However it was intimated that MNL may not possess the clinical currency necessary to supervise clinical practice.

Finally it was proposed that MNL could add value and better assist students to become military nurses by delivering a bespoke programme of military nursing education alongside, but separate from the university curriculum, as there was ample time within their existing nursing programme to accommodate additional learning. Some suggested that such a programme should focus upon the operational skills needed to practice on deployment and this could be achieved by undertaking military clinical exercises. While others suggested that it would be useful if MNL utilised their specialist clinical knowledge to provide a clinically orientated classroom-based programme of learning. In doing so this would not only enable MNL to share military nursing expertise but it would also give MNS insight into future career options and provide a forum to discuss military nursing in the wider sense.

## **5.4 Summary**

Relationships frequently proved contentious thus exerted a powerful influence upon the nurse education experience, not least because of their impact upon sense of belonging and association with support. The overriding perception was that support was everybody's responsibility regardless of their role, and broadly speaking all participants described feeling supported, although most could also recall instances where support was not as forthcoming as they would have wished. Varying types of support were described but the provision of academic support was not attributed to the MNL per se, as might have been expected. Failure to identify positively with MNL lead to the underutilisation of what was subsequently acknowledged as a potentially valuable resource for supporting belonging, identity and to a lesser extent learning. However it was not relations with military staff which dominate participants narratives, it was peer relationships which prevailed, evidently having a much greater impact upon their experience of nurse education, than the withdrawal of MNL, which by all accounts was unimpactful.

## **5.5 'Self in Context'**

'Self in context' has at its core identity, however it is evident that how participants perceive themselves varies depending upon the context they find themselves in. Participants identify with four distinct but inter-related social contexts, namely the 'military', 'university', 'clinical' and 'real world' and these in turn give rise to multiple distinct identities. Although each context is presented here as if it were discrete, in reality the boundaries between them are permeable therefore they interact, inform, and influence one another and in doing so shape the individual's identity and their experience (Diagram 8).

The narrative is dominated by the identities derived from the military and university context however the experience is overwhelmingly impacted by the identity which MNS bring with them from the real world. Those facets of personal identity which appear to exert the greatest influence over the experience, across all contexts are entry status, age, maturity, life stage, attitude and self-efficacy.

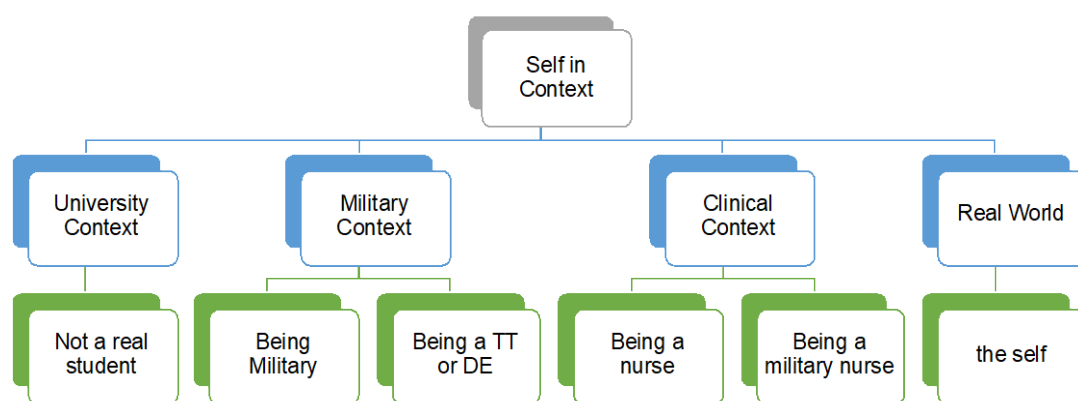


Diagram 7 Theme: 'Self in Context'

### 5.5.1 The university context

Within the context of the university participants adopted the identity of 'student' however without exception all participants indicated that they felt like neither a *'proper student'* nor a *'real student'* and this was attributed to the benefits associated with their military status. The inference made by many participants was that to be a real student one had to endure hardship, especially financial hardship and by virtue of their salary MNS did not experience financial difficulties, ergo were not real students as Jaz illustrates saying *'I didn't really feel like a student to be honest, like a proper student because I was getting paid.'* All participants regardless of Service, entry status and rank describe feeling *'privileged'* as they acknowledged that they did not face many of the domestic and life pressures which their civilian peers encountered, consequently they had a different student experience. Their privilege extended beyond financial remuneration and many participants indicated that their military status conferred additional benefits within the university context particularly in relation to educational opportunities and academic support and this proved advantageous for their overall educational experience as Lumi illustrated saying *'you just got that little bit more I think, as the military student'*.

Military students were considered distinct from their civilian counterparts not only on the basis that they were privileged but because *'they couldn't do the normal things that students did'* like *'miss lecturers'*, *'attend class hung over'*; or *'arrive late for lessons'*; because they were held to a higher standard of behaviour, both perceived and real. Therefore in this sense MNS were disadvantaged in comparison to their peers, as they were operating within the same context, but bound by more stringent rules and this created friction between the university and military context. In addition, military students had responsibilities which their civilian counterparts did not have, Physical Education (PE) and military duties foremost

amongst them, and this too was a source of tension between the military and university contexts, as learning and duty were frequently seen as competing.

However a number of TT suggested that they were not inclined towards what they considered '*normal student*' behaviour as they possessed higher standards, by virtue of their military status, therefore regardless of the restrictions it conferred, they were content to assume a unique military identity. What is more it was acknowledged that in doing so, this could impact upon their ability to integrate and feel accepted within the university as Jaz illustrates saying '*my experience as a student...I felt part of the university, but I think the military, as a military student I didn't feel part of the university*'.

Therefore military identity was not always celebrated and at times it was actively concealed in order to '*fit in*' and this too was a source of friction. Whilst it is clear that many participants considered themselves distinct from their civilian counterparts there was also a perception that civilian students sought to distinguish themselves from their military peers, creating the label of '*the military student*' which participants' suggested was an insult used to degrade them as Fin recalls: '*we were "oh that's the military, we don't talk to them" ...it never got nasty, but it wasn't pleasant at times*'.

Participants indicated that their experience of university and of being a student was significantly impacted by their maturity and life stage. Many participants, particularly although not exclusively DE, expressed regret that they did not '*make more*' of their university experience or did not take their '*studies as seriously as they should have*' and as a result their academic grades suffered and this was largely attributed to their 'immaturity', Ina summed up these sentiments saying:

*'If I knew what I know now about education and how much effort's put into it then I think my experience would be slightly different academically.... we had all the resources there, but I think personally and I probably can speak for a lot of my colleagues, being young and new into freedom and having lots of money isn't a good combination to putting education and academics first'*.

The extra-curricular element of the university context was synonymous with the civilian world and choosing to prioritise extra-curricular activities over study was perceived as embracing or '*slipping into*' ones '*civilian mindset*', however doing so was considered weak, as civilian values and behaviours were considered inferior. Therefore the student identity was not to be embraced in all respects.

Conversely those participants who identified as '*being older*' or more '*mature*' indicated that they were not seduced by the social trapping of university life and as such they directed their energies into their studies, therefore age was considered an advantage, as was the life stage referred to as being a '*grown up*'. Grown-ups were identified as those '*in a relationships*', '*with children*' or possessing a more responsible attitude and no one who considered themselves grown-ups indicted that this identity proved detrimental for their learning experience except one participant, who identified themselves as a single parent. Being a single parent proved challenging as it necessitated '*juggling*' several competing demands associated with '*being in the military, being a student, academic work, and placements*' alongside the everyday stresses of parenthood, therefore in this respect the '*full university experience*' was not realised.

The student identity was also influenced by participants perceptions of their academic self-efficacy and over a third of all participants, all of whom were TT, either described themselves as '*not academic*' or indicated that they experienced SpLD consequently academia proved one of the most challenging aspects of the entire university experience. Whilst those with diagnosed SpLD are complimentary of the academic support made available to them there was a suggestion that seeking assistance caused '*embarrassment*' or was a source of '*shame*' particularly as a '*military student*' and this deterred some individuals from seeking academic support, despite being aware that it was in their educational interests to do so.

Friction occurred because the desire to embrace a student identity and have the full university experience was at odds with the '*Phase 2 trainee*' identity conferred by participants military status, describing this Fin said, '*the difficulty with uni was they wanted you to be in the military but they also wanted you to be a student and that got blurred quite a bit*'. The inference being made was that it was permissible to engage in those aspects of student life which would yield academic results and awards, but a requirement to refrain from those activities which could detract from achieving academic excellence or damage the reputation of the organisation. However this was tempered by an understanding that striking a balance between the military and university contexts was challenging for the organisation not least because the military Unit was embedded within a civilian environment.

### **5.5.2 The military context**

The military context gave rise to an identity with multiple facets related to Service, status and rank, however it was the complex interplay between them that was particularly challenging for participants, as they sought to reconcile the entangled identities being enacted within an unfamiliar social context.



Service identity was variable, consequently a small number of participants articulated very strong identification with their sS be that Royal Navy or Army, while others did not, preferring instead to refer to themselves as '*military*', which is to say that they were serving members of the Armed Forces. '*Being military*' was by far the most common means used by participants to identify themselves. Strong sS identity was most evident in TT however it by no means dominated their narrative, furthermore those with strong Service identities experienced very different challenges associated with them. Comparing the accounts of Fin and Sal who serve in the Royal Navy and Army respectively Fin says: '*We were stripped of our identity very early on... it was always, "it's the Army way" and that was that*'.

Fin went on to say that loss of Service identity was in fact the '*hardest thing*' about the entire educational experience. Fin's account suggested that the challenge to Service identity came from within the military context as a result of the prevailing Army culture and a fellow Naval participant concurred therefore their experience contributed to erosion of their Service identity rather than creating the conditions required to cultivate it. Conversely Sal suggested that Service identity was challenged from out with the military context as a result of operating within a civilian environment saying, '*I struggled from being full on green to all of a sudden being in more of a civilian mode*'. A number of participants voiced similar sentiments suggesting that it was difficult to cultivate their military identity whilst immersed in a '*civilian bubble*' and this appeared to be felt more acutely by the DE, whereas many Army TT suggest that the '*little snippets*' intended to remind them of their military status was sufficient to maintain their military identity.

Status was the second most dominant means of identification by participants and two distinct forms of status were evident. The first differentiated professional status between 'trainee' and 'qualified' SP and the second modes of entry, giving rise to the TT and DE. Reinforcement of 'trainee' status was experienced by all participants as by definition they were undertaking Phase 2 trade training in the form of a diploma in HE leading to qualification as a Registered Nurse. However the trainee identity proved difficult to reconcile for those participants who had already completed prior trade training therefore the return to trainee status was seen as a backwards step in their career, as illustrated by Mo who described it as '*a shock to the system*'.

A number of TT concurred and suggested that stepping back caused resentment towards the CoC as they failed to acknowledge the experience, skills and knowledge which TT possessed. Moreover it created friction as the trainee identity was at odds with the status conferred by rank, therefore TT were expected to conduct themselves in a manner befitting

their rank, but without being afforded the privileges associated with it and this was considered unpalatable. DE also found attempts at reinforcing a trainee identity disagreeable as demonstrated by Lumi who said: *'It's very much soldier first, trade second, that's what's always drilled into you and this is Phase 2!...but it's not like that, we're at university'*. Lumi's account illustrates the uniqueness of Phase 2 nurse education and in doing so perhaps points to a fundamental incompatibility between aspects of the trainee and student identity, as MNS are not undergoing military trade training in the conventional sense, they are completing a civilian programme of professional education.

Participants were acutely aware of their entry status and the impact which it had upon their identity and the experience overall, although TT appeared to identify with it more strongly than their DE counterparts, leading TT to make a number of assumptions about the experiences of DE, which they themselves did not articulate. The defining characteristic of a TT which differentiates them from their DE counterparts is experience within the Regular Force, fully qualified in their chosen CEG, accordingly TT possess military knowledge, skills and experience which DE do not.

Being a TT conferred privileges inaccessible to DE but it also came with responsibilities, which DE were not encumbered by. On the whole TT expressed gratitude for the privileges this identity conferred, as the knowledge and skills they had previously acquired enabled them to direct all their energies toward their studies and alleviated the pressures associated with learning to operate within the pseudo-military environment as Ash illustrated by saying *'I'm just lucky because I'd had all that experience before, so for me it was lovely...I get to just study, do a bit of PE, a bit of adventure training... like I say my previous experience carried me through'*.

The inference made by Ash and echoed by other TT participants was that DE were doubly disadvantaged, as they neither commence training with the necessary military experience to operate in the military context nor do they acquire it sufficiently during training and this further highlights the privileges of being a TT. Furthermore although it was acknowledged that being a TT came with additional responsibilities none of the participants considered these onerous and there was even the suggestion that the opportunity to share their experience was relished, as it reinforced their identity as junior leaders.

While it was evident that some DE felt inferior to their TT counterparts there was only a hint of a suggestion that TT consider themselves superior to their DE peers, and this was by no means the prevalent perception amongst the TT. However it was suggested that TT were

more deserving of the training opportunity because of the sacrifices they had to make to secure it, such as taking a professional step backwards and losing their rank. A telling statement made by Kit also alludes to a perception of superiority, when during a discussion of the challenges of maintaining one's standards in a civilian environment kit said '*I wouldn't say I'm a golden child... even as a transfer, it would be very easy to slip into a civilian mindset*'.

DE were aware of their entry status however they tended to identify less with being a DE and more with not being a TT. It was evident that DE acknowledged their subordinate standing in terms of rank, and it was intimated that some TT seemed to relish exercising their authority over their DE peers. However these feelings of subordination appeared to permeate beyond rank to impact perceptions about military identity more widely and for one participant this went even further impacting perceptions of the self, and as a consequence they reported '*being made to feel not me at all*'.

Although the nurse education experience served to reinforce the inequity between DE and their TT peers, it was not evident that it facilitated cultivation of a rounded military identity particularly for DE and those TT from the Royal Navy. Furthermore DE overall, did not appear to experience the same friction between student and military identity as the TT counterparts.

### **5.5.3 The clinical context**

Clinical placement is considered an essential element of learning to become a nurse, as it is the setting where nursing students put theory into practice and actualise their nursing identity. Every participant without exception indicated that '*placement*' was one of the highlights of their educational experience, however this does not translate into the cultivation of either a strong nursing or military nursing identity. Furthermore the narrative suggests that participants were unable to relate to either their own nursing identity or that of other nurses, out with a clinical environment. Considering what it meant to participants to be a nurse, revealed a unidimensional construct, in which nurses were perceived literally as clinicians, situated in a ward, wearing a white uniform and nursing was seen largely as a series of psychomotor skills and tasks with virtually no acknowledgement of the behavioural, professional or affective domains associated with nursing practice. Consequently when participants were asked if they felt prepared to become a nurse, those indicating that they felt ill-prepared attributed this to their lack of clinical skill as Fin's recollections demonstrate:

*'we didn't learn how to be a practical nurse and that's the hardest thing once you've qualified...I went on a ward and they said right there's your patients off you go and I said I can't do a drug round; I can't do IV's; I can't do phlebotomy; I can't cannulate...I just felt like I was this dead weight'.*

The practice theory gap articulated by Fin was attributed to a failing on the part of the university to adequately prepare nurses for their role and it was suggested that the commodification of nurse education had in part contributed to this, as the priority was on quantity of throughput rather than quality of product. However this position was in the minority and most participants indicated that they felt ready to become qualified nurses, whatever that meant, and this was largely attributed to the amount of time spent in placement. A number of participants likened the process of becoming a nurse to learning to drive, the inference being that one could not appreciate what it meant to be a *'real nurse'* until they had qualified and were in the driving seat, and this perception is perhaps reflected in their lack of nursing identity as they recollect their pre-registration experiences.

Although participants nursing identity per se was weak, all but one drew the distinction between being a nurse and being a military nurse however there was virtually no reference made to sS nursing identity. Participants distinguished themselves from their civilian peers largely based on their dual identity as *'soldier'* and nurse. The duality of the military nurse was a source of tension for a number of participants, particularly TT from combat arms as they sought to reconcile their identity in the face of competition between the military and clinical context as demonstrated by Sal who says *'I think I may have always struggled with that nursing side and the military side...because I'd come across as a soldier I was more, I probably still am more military first, nurse second'.*

The ability to effectively employ field skills in the Operational environment or *'live out of a bag'* was evidently one of the defining characteristics of a military nurse and it was acknowledged that this skill set was difficult to cultivate in the university context. Consequently when participants were asked if nurse education prepared them to become military nurses perhaps unsurprisingly more TT indicated that they felt ready to be military nurses than did DE, but this was attributed to the military skills which they brought to university with them.

The reliance on previously acquired military knowledge and skills was identified by a number of TT as central to their preparedness to qualify and assume their role as military nurses, without which the experience would have failed to prepare them adequately. What is more TT indicated that they believed DE were disadvantaged as they had not been afforded sufficient military exposure to prepare them to become military nurses as a result

of being immersed in a civilianised environment for an extended period of time. However it was intimated by both TT and DE that preparedness to become military nurses could be enhanced further by additional military medical exposure, so that their clinical operational role would be more apparent.

The pre-eminence of context for reinforcing identity continued beyond nurse education and a number of both TT and DE articulated the challenge of maintaining their military nursing identity whilst working ostensibly as '*civilian nurses within the National Health Service (NHS)*'. Therefore to validate and maintain their military identity many participants sought Operational deployments or undertook specialist post-registration clinical training which would secure their ongoing employment out with the civilian healthcare sector.

#### **5.5.4 The 'real world'**

What constitutes the '*real world*' is influenced by a myriad of factors not least the individuals' life experience which shapes their frame of reference. Within participants narratives the real world had various meanings. At times it was specifically '*civilian life*' which was considered analogous to the real world and as a result of being immersed within a civilian environment the university was frequently construed as the real world too. However life outside the military context was also referred to as the real world and the inference made was that military life fails to reflect the norms and values which operate beyond its borders, and this created tension as demonstrated by AI who says, '*it's been an eye opener seeing actually that the things I was taught were normal, in the real world are far from normal*'.

The concept of the real world exists within the military context too and it was used to differentiate between different types of military establishments where the inference made was that pseudo-military environments, particularly training environments, cosset their inhabitants protecting them from the trials of '*real military life*', where 'real' indicated Regimental, Field or Operational. Based upon these distinctions it was evident that participants did not consider their experience of Phase 2 nurse education representative of real military life, thus it contributes to their lack of preparedness to become military nurses. Furthermore a number of participants appear to compartmentalise the constituent parts of the experience, therefore the university aspect was distinct from the military element and the academic aspects were differentiated from the clinical components and this enabled them to more accurately distinguish the self-affirming elements of the experience from the self-destructive aspects and align their identity more effectively with the context as illustrated by Lumi and Mo respectively: '*I enjoyed the nursing side of it, but the military side*

*of it, I didn't enjoy as much' and 'I struggled quite a lot with the academic side of it, but I absolutely loved the placements'.*

For a small number of participants the experience of nurse education resulted in disintegration of their 'self' to varying extents. As previously discussed, such was the strength of identification with a Service identity that Fin perceived its '*stripping away*' as a loss of self. Consequently Fin experienced difficulty navigating across contexts and described feeling lost and unable to '*cope*' upon entering nurse education, however the impact has been long lasting and Fin stated that '*identity*' and '*belonging*' continued to pose a challenge. Lumi experienced a similar breaking down of the self and described becoming a '*shell*' of a person and this had a profound impact particularly within the military context and proceeded to spill out into the real world. Kit was yet another participant profoundly changed as a person by aspects of the educational experience and describes a significant loss of confidence, resulting in social withdrawal across contexts. Kit identifies this as '*the start of a downward spiral*' that ended in discontinuation of Service.

In all these cases and in this context, age and maturity did not appear advantageous and they quite possibly compounded the loss of self-identity. However there was a suggestion that the '*right attitude*' could provide a buffer between the four contexts, alleviating the friction which can occur and in doing so help MNS navigate effectively. The right attitude varied a little depending upon the context but core constituents appeared to be a willingness to co-operate with others; compliance or deference to authority and a strong work ethic, there was also a suggestion that personal charisma proved advantageous too. Addressing the matter of the right attitude for the military context Hari said, '*I was always like "I've joined the Army, I'm getting paid, if I have to go and do a duty student, or I'm on placement over Christmas"...that sort of thing didn't frustrate me*'.

From participants accounts it is unclear if the right attitude was something which the individual brings to their educational experience or whether it can be cultivated. DE appear to believe the former and TT the latter. Regardless of whether it was innate or learnt it would appear that the right attitude conferred advantages across the various contexts.

## **5.6 Summary**

Participant's narratives demonstrate that the identity of the MNS is complex. Moreover that facets of their identity was challenged by the unique milieu in which they found themselves

and this had implications for their integration within HE, the relationships they established and, in some instances, their personal well-being. Narratives were dominated by participants military and student identities therefore noticeable by its absence was a sense that MNS connect with a nursing identity.

## Chapter 5 Findings

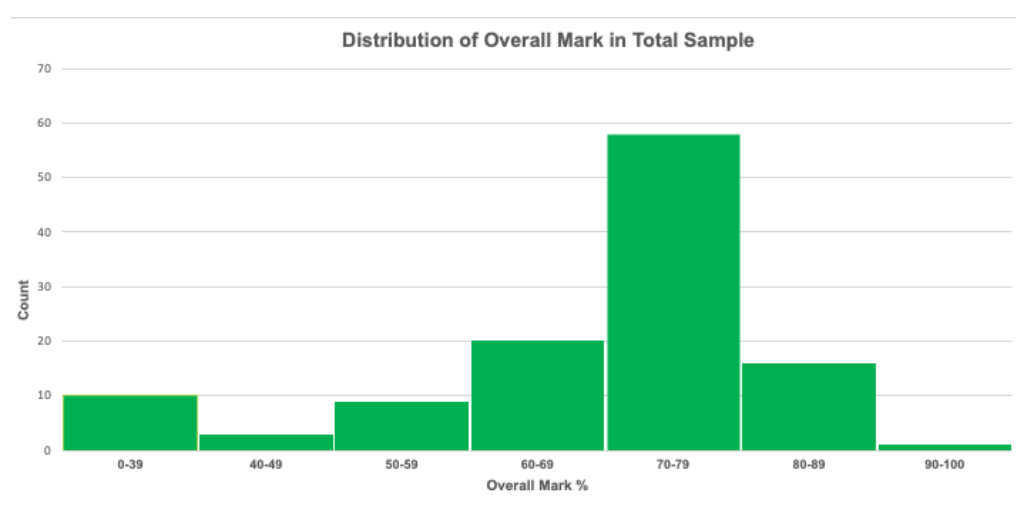
### Part 2

#### Quantitative Data Analysis

Academic performance data offers an alternative perspective upon the student experience, thus it is intended to '*complement*' (Halcomb & Hickman, 2015) narrative data. Moreover against a backdrop of performativity, wherein grade is conflated with fitness for purpose (Jarvis, 2014; Lyotard, 1984) the examination of academic data it intended to highlight to stakeholders its limitations. Students' academic grades were analysed from the population of interest to determine if and how they correlated with exposure to MNL and to establish if the withdrawal of MNL had any measurable effect upon academic performance. This section explores the academic performance data obtained from SITS for cohorts 04/08 through to 09/10.

#### 5.7 Between Cohort data analysis

The Overall Mark Awarded (OMA) represents the final mark given upon completion of academic study. The OMA calculation is based upon the amalgam of individual module assessment marks however, it is not simply the sum of marks acquired. Graph 2 presents the frequency distribution of OMA for the entire sample (n=117). When cohort summary statistics were prepared (Table 15) students who failed to secure a final award were removed from the data (n=10) as including a mark of zero skewed the results, distorting the academic trends of those who successfully completed their studies.



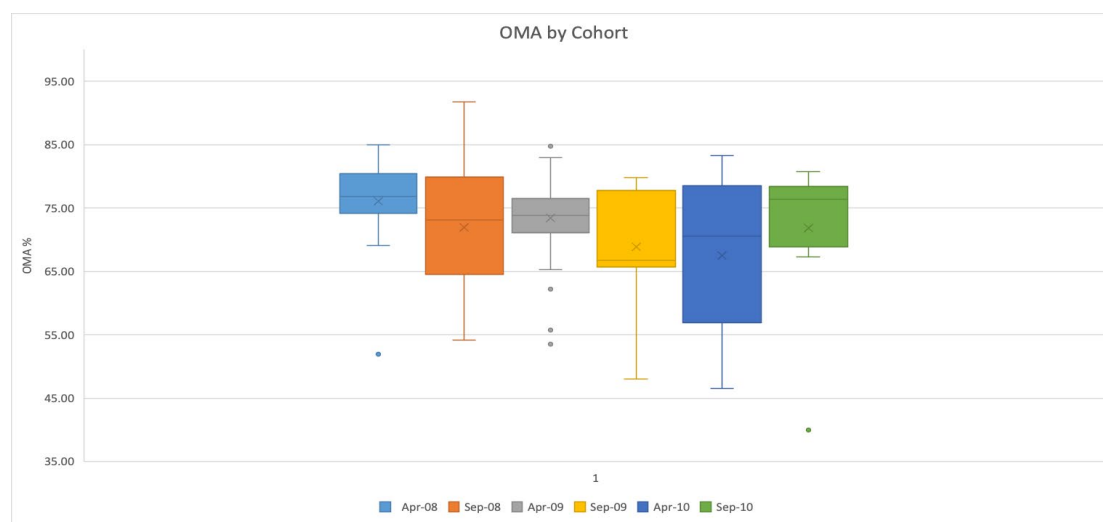
Graph 2 Frequency Distribution of OMA



In total 91.45% (n=107) of all students who enrolled between April 2008 and September 2010, successfully completed their diploma, giving an adjusted mean OMA of 72.32% (SD 9.11). Successful completers achieving an OMA of 60% or above, which equates to a pass with Merit and Distinction totalled 89.7% (n=96). The sample attrition rate was 8.55% (n=10) this represents students who were formally withdrawn from study without award. Summary data for completers with the 6 cohorts examined are presented in Table 15 and Graph 3. This data appears consistent with the narrative reported by Defence that MNS have an 'excellent' academic performance, high completion rates and low wastage (DMETA, 2007).

Summary Statistics Overall Mark Awarded by Cohort						
Cohort	Apr-08	Sep-08	Apr-09	Sep-09	Apr-10	Sep-10
Mean	76.083	71.99	73.48	68.86	67.54	71.90
Median	76.875	73.13	73.88	66.75	70.63	76.38
Mode	#N/A	73.75	73.50	66.75	#N/A	78.00
Standard Deviation	7.402	10.35	6.67	9.39	11.66	12.01
Range	33	37.62	31.25	31.75	36.75	40.75
Minimum	51.95	54.13	53.5	48	46.5	40
Maximum	84.95	91.75	84.75	79.75	83.25	80.75
Count	18	14	40	11	14	10

Table 15 Summary Statistics OMA by cohort



Graph 3 Box Plot OMA by Cohort

A single factor ANOVA (two tailed, based on an alpha of 0.05) was performed to establish if there was a statistically significant variation in the academic performance between cohorts, thus a variation in academic performance over time (Table 16). This yielded a P-value of 0.096 which means that there is insufficient evidence to reject the null hypothesis that there is no statistically significant difference in the OMA between cohorts.

Anova: Single Factor						
SUMMARY						
Groups	Count	Sum	Average	Variance		
Apr-08	18	1369.5	76.08	54.79		
Sep-08	14	1007.88	71.99	107.02		
Apr-09	40	2939.01	73.48	44.47		
Sep-09	11	757.5	68.86	88.15		
Apr-10	14	945.53	67.54	135.99		
Sep-10	10	719	71.90	144.24		
ANOVA						
Source of Variation	SS	df	MS	F	P value	F crit
Between Groups	763.162838	5	152.6325676	1.925859187	0.096522	2
Within Groups	8004.68146	101	79.25427187			
Total	8767.8443	106				
Anova: Single Factor						

Table 16 ANOVA Overall Mark Awarded by cohort

### 5.8 Correlation between length of exposure to MNL and OMA

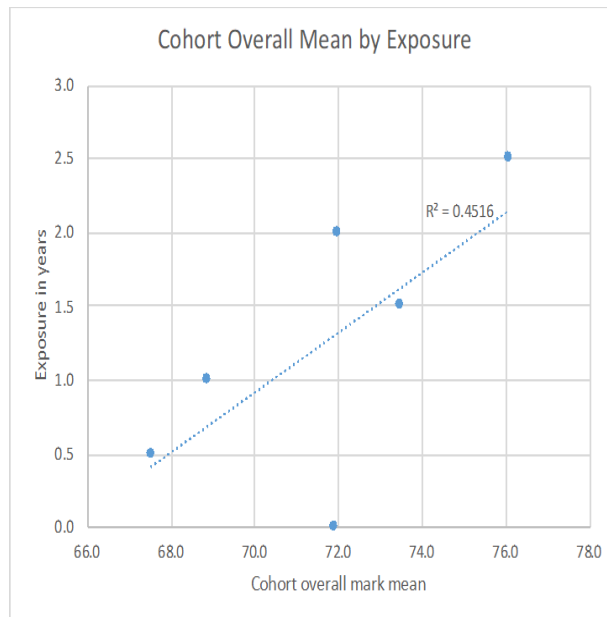
To establish if there was a relationship between exposure to MNL and academic performance, correlation analysis was undertaken. The mean OMA for each cohort was cross referenced against length of exposure to MNL (calculated based upon month and year of course commencement).

Exposure to Military Nurse Lecturers (in Years and Months) based upon Entry Cohort													
Entry Cohort	Exposure (Yrs)	Apr-08	Sep-08	Apr-09	Sep-09	Apr-10	Sep-10	Apr-11	Sep-11	Apr-12	Sep-12	Apr-13	Sep-13
Apr-08	2.5	Yr 1		Yr 2		Yr 3							
Sep-08	2		Yr 1		Yr 2		Yr 3						
Apr-09	1.5			Yr 1		Yr 2		Yr 3					
Sep-09	1				Yr 1			Yr 2		Yr 3			
Apr-10	0.5					Yr 1							
Sep-10	0						Yr 1		Yr 2		Yr 3		

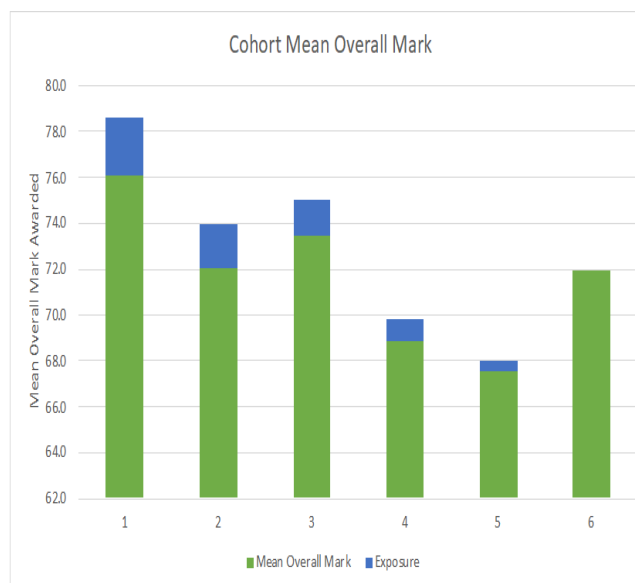
Table 17 Academic calendar cross referenced against exposure to MNL

As is evident from Table 17 MNL withdrew from teaching in August 2010 consequently from April 2008 onwards each successive cohort had progressively less potential exposure to MNL until September 2010 which had none. However it should be noted that this is a crude indicator as the actual amount of exposure to MNL by any of these cohorts is unknown.

Data was initially plotted on a scatter plot (Graph 4) after which correlation analysis was performed. A Pearson's correlation coefficient of  $r = 0.67$  was calculated, this indicates a moderately strong positive correlation between academic performance and length of exposure to MNL.



Graph 4 Correlation OMA by Exposure to MNL



Key 1=Apr 08, 2=Sep 08, 3=Apr 09, 4=Sep 09, 5=Apr 10, 6=Sep 10

Graph 5 Cohort OMA by Exposure to MNL

Graph 5 presents the 'OMA by exposure to MNL' in an alternative format, better demonstrating the complexity of the relationship between the two variables. Therefore while the Pearson's correlation coefficient supports the narrative that students' grades increase with exposure to MNL graph 5 enables alternative conclusions to be drawn as Sep 10 cohort (bar 6), which had no exposure to MNL secured a mean OMA comparable with Sep 08 (bar 2) and higher grades compared to both Sep 09 (bar 4) and Apr 10 (bar 5). This might

indicate that for some students, academic performance improves in the absence of MNL, while others benefit from it. Or equally that the absence of MNL had no impact upon academic performance, as students have comparable grades both with and without MNL. That being the case it may support the argument that factors unrelated to the teacher impact students' academic performance such as the complexity and perceived relevance of the subject, method of assessment and motivation of the student but to name a few.

MNS academic performance data was not analysed for the purpose of drawing academic comparisons between them and their civilian peers, it was analysed in order to provide an alternative perspective and to identify if the withdrawal of MNL was experienced in a way which narrative data failed to capture. When considered in isolation from narrative data and accepted uncritically academic performance data would support the narrative that MNS are academically successful and more often than not, high achieving learners and that this trend is replicated across cohorts, with little clear evidence as to the impact of MNL.

## **5.9 Summary**

Chapter 5 presented the findings from the analysis of intensive interviews and academic performance data. Inability to refute the absence of variation in academic performance over time may substantiate participants narratives with respect to the lack of impact felt following the withdrawal of MNL from nurse education. That being said, there was evidence of a moderately strong correlation between length of exposure to MNL and OMA, although the results observed can be equally well explained by non-teacher related factors. Ambiguous statistical findings support the argument that quantitative data must be viewed critically and employed judiciously as they provide a very particular perspective upon the students' educational experience thus are open to misrepresentation.

Participants narratives also appear to suggest that their experience of nurse education was significantly impacted by what might be considered non-teacher related factors as accounts are dominated by reflections upon the socio-cultural context and the challenges which arose as a result of it; the people and the relationships that were established with them, particularly peers and the identity which MNS brought to nurse education and how that was impacted as a result of the experience. These narratives were organised into three themes reflecting the multiple categories identified during data analysis.

## Chapter 6 Discussion of Theory Generation

This enquiry is broadly situated within the field of teaching and learning in HE, using an exploration of the student experience to identify what unique contribution, if any, MNL made to the nurse education of MNS. As a corollary of this a secondary aim was to examine the impact which the withdrawal of MNL had for MNS educational experience. By employing cGT to explore MNS narratives, in tandem with academic performance data, the resultant analysis has enabled a theory to be constructed, which identifies those factors which shaped MNS experience of nurse education and explains the relationship between them.

Although it was not a conscious decision at the outset, to undertake this research utilising a relational framework, it has become apparent that the enquiry has been greatly influenced by relational theories. However this is arguably a good fit, as the relational lens resonates with both the research findings and research approach which is underpinned by symbolic interactionism, therefore enables identity, relationships and socio-cultural context to be explored both in relation to one another and their impact upon transition; sense of belonging, learning and support which dominate MNS narratives (Diagram 8).

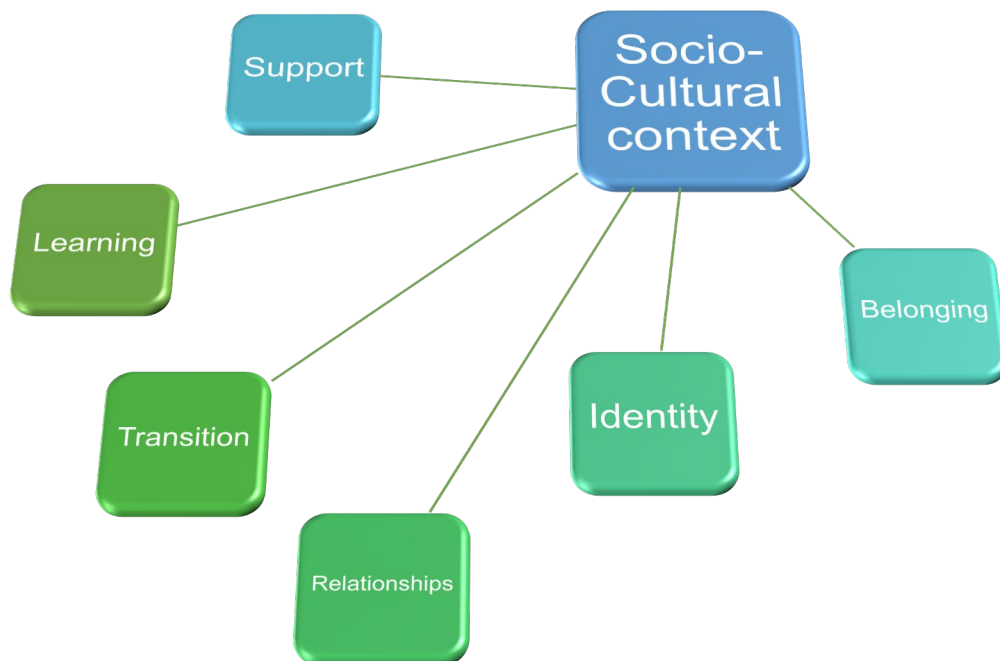


Diagram 8 Key Findings

MNS were asked to share their memories of nurse education and in doing so, it became evident that recollections of MNL were limited and that their withdrawal from nurse education was not experienced as an ‘event’ (Zizek, 2014). However by following the data, generating codes then categories from the analysis of varied data this research was able to identify those factors which did impact upon their nurse education and which have subsequently become the more compelling and credible narrative to report and use to form the basis for the substantive theory. Although the findings were organised into three distinct themes in reality the boundaries between them are blurred. Therefore rather than attempting to tease these tangled threads apart, the discussion aims to capture the complexity of the experience, relating it to the wider literature as it does so, thereby demonstrating how this research contributes to the field of enquiry.

### 6.1 Antecedent-Self

MNS bring to nurse education their unique life history which shapes their values, beliefs and expectations about the journey that lies ahead. In essence they bring their ‘self’ to the experience (Adam & Marshall, 1996). The elements which constitute the self can be thought of as antecedents to the experience, which, when mobilised, become either assets or liabilities, mediating a stabilising or destabilising effect for the individual. Those facets of the self which significantly shape MNS educational experience are outlined in Diagram 9. However these antecedents are not inherently stabilising or destabilising, their effect is situated, depending upon time, place, person and context. Therefore an antecedent which proves an asset in one social context, time or place may prove a liability in another. Moreover antecedents are not universal, therefore what proves a liability for one person in a given situation may prove an asset for someone else. This is evident within MNS narratives as they recount their experiences and accounts for many of the apparent contradictions. As will become evident not only does the antecedent-self shape expectations and perceptions of the experience, but the experience in turn impacts upon the identity of the aspirational-self which is under construction during nurse education.

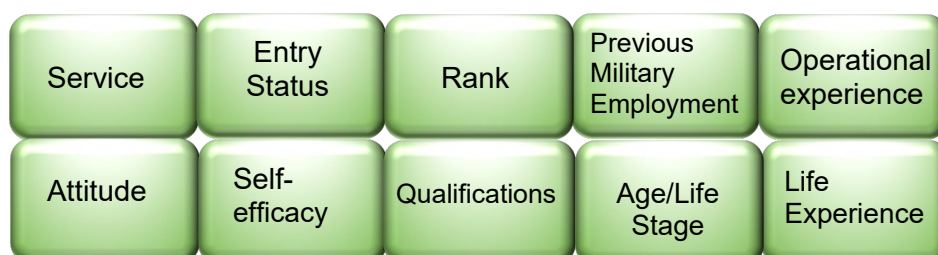


Diagram 9 Constituents of the Self

## **Relationships**

The findings reveal that not only did relationships have a significant effect upon the educational experience, influencing integration, support, belonging, learning and identity but facets of the experience, along with the identity which MNS brought to it impacted upon the nature and formation of relationships, especially the socio-cultural context and the attitudes and behaviours derived from it. Thus the findings of this research are consistent with a growing body of evidence within education which suggests that relationships matter (Aspelin, 2012, 2020; Hagenauer & Volet, 2014; Mishra, 2020).

### **6.2. Relations with the Cohort**

MNS relationships can be distilled into two overarching groups, peer and non-peer and there is an abundance of research which demonstrates the importance of peer relationships for the university experience impacting upon transition and integration (De Clercq et al., 2018; Meehan & Howells, 2019; Subethra & Nirmala, 2018; Schlossberg, 2011), persistence (Tinto, 1998), sense of belonging (Baumeister & Leary, 1995; Glass & Westmont, 2014; Read et al., 2010), engagement in learning (Groves et al., 2015; Zepke & Leach, 2010) motivation (Deci & Ryan, 2000) academic achievement (Aspelin, 2012) identity (Bliuc et al., 2011; Smyth et al., 2019) and support (Cable et al., 2021; Mishra, 2020). For MNS peer relationships were significant predominantly for their impact upon support, sense of belonging, identity and integration.

#### **Belonging**

There was clearly a need for MNS to feel that they belonged to the military, the university and a peer group which Baumeister and Leary (1995) contend comes from the basic human need to connect with and feel that we matter to others and relationships are borne out of this need for connectedness and relatedness. Empirical research has demonstrated both the positive effects of belonging and the negative impact of not belonging upon health, wellbeing, cognition, motivation and behaviour (Osterman, 2000). Belonging is more than affiliations or occasional social contact, it is characterised by a sustained, enduring and meaningful reciprocal bond, which if achieved is associated with an array of positive emotions and positive effects (Baumeister & Leary, 1995). Conversely feeling that one does not belong is accompanied by negative emotions such as loneliness, anxiety, and isolation which can diminish well-being (Osterman, 2000) which correlate with the findings of this enquiry, especially during the transition period when MNS first enter HE.

Education has becoming increasingly interested in the impact of belonging for the learning experience and the research has demonstrated a positive correlation between belonging and motivation, and, engagement and commitment, which in turn translate into quality learning and academic achievement (Hagenauer & Volet, 2014; Zepke & Leach, 2010). Within HE a sense of belonging has been shown to be related to and enhanced by connections with people, place and subject especially during the early days of university (Meehan & Howells, 2019), in particular friends, peers and social groups are considered important for cultivating a sense of belonging within HE. Belonging is reportedly enhanced when students feel connected to '*other students who were like them*' (O'Sullivan et al., 2019), moreover it has been shown to buffer the negative effects of discrimination, with empirical data confirming that belonging exerted a positive effect on the academic success of minority students when compared to their domestic counterparts (Glass & Westmont, 2013).

The literature also demonstrates a positive correlation between belonging, identity and academic attainment wherein social identity is shaped by those groups an individual believes they belong to. Consequently the more strongly an individual identifies with a given social identity, the more likely they are to conform to normative behaviours, such as deep approaches to learning in those who strongly identify with being students in a given discipline, which in turn results in academic success (Bliuc et al., 2010). Or conversely the negative impact of performance-undermining behaviours derived from possessing an identity considered incompatible with HE, which has been empirically observed by Smyth et al. (2019). Therefore the importance of cultivating a sense of belonging and the impact which peer relationships have upon this should not be underestimated, especially for minority groups such as MNS who may intuitively feel that they don't belong within a dominant civilian HE setting (Webb, 2014).

Developing a sense of belonging and feeling connected to a peer group is essential for students' successful transition into HE (Subethra & Nirmala, 2018) and the principal peer group for MNS was *the cohort*, consisting of both military and civilian students. The cohort functioned as a social network (Moolenaar et al., 2012), social support (Wilcox et al., 2005), surrogate family and source of collective student identity (Jetten et al., 2017). However relationship between peers, civilian or military, proved one of the most challenging aspects of the nurse education experience due to a lack of integration and group cohesion.

Group cohesion and identity rely upon shared values, beliefs, attitudes and behaviours communicated through signs, symbols and meanings (Ashforth & Mael, 1989) and the



reported lack of shared meanings between military and civilian students, explains the lack of cohort cohesion and challenging transition into HE. The most visible symbol which distinguished a military 'in-group'; favoured social group which individuals consider themselves members of, from the civilian 'out-group'; a social group which an individual does not identify with, was uniform (Hogg & Abrams, 1988). Indeed, Kit's account that a '*divide*' was established at the very outset between civilian and military peers was based upon the wearing of military uniform at induction, thus fracturing the cohort before it even had the opportunity to form.

There was also a perception that values and beliefs differed between MNS and their civilian peers with MNS, particularly TT strongly identifying with values such as respect, discipline, and diligence however indicating that their civilian peers were deficient in these qualities, which echoes Jones' (2013) findings discussed previously. Divisions between military and civilian peers were fuelled further by overt displays of prototypical in-group behaviour (Hogg, et al., 1995) which Jaz referred to as being '*in your face army*', which compounded by their privileged position, meant that not only did MNS feel different from their civilian peers but their civilian peers felt different from them, as evidenced by their negative stereotyping and this was counter-productive for integration, group cohesion and unified cohort identity. Keane (2011) observed similar prototypical behaviour which she called '*social peacocking*' in her study of social class and identity in HE, in which the 'traditional student' in-group sought to differentiate themselves from their working-class out-group peers to protect themselves from being tainted by working class values, in much the same way MNS do not wish to be tainted by civilian students and their inferior attitudes, standards and behaviours.

Cohort cohesion was also undermined by anti-military attitudes consistent with the '*civil-military gap*' which is characterised by a lack of: understanding, shared history and support for the military mission, between military personnel and civilians (Hines et al., 2015). This led some MNS to report feeling stigmatised by their civilian peers as a direct result of their military identity, as evidenced by name calling. In turn this negatively impacted upon MNS sense of belonging which led Fin to suggest that '*Birmingham definitely was not the best place to have a university for military people*'. As alluded to within the literature review there is also a growing body of student veteran research which has identified that anti-military attitudes and a lack of shared values are detrimental for the cultivation of peer relationships and integration within HE.

This research has found that MNS both feel different from and experience '*othering*' (Jensen, 2011) by their civilian peers, therefore as a means of addressing this; promoting

mutual understanding and facilitating integration, students and staff alike may benefit from undertaking education aimed at enhancing their respective cultural competence. Although originating from the US, Cox (2019) in her integrative review exploring '*Undergraduate MNS in the civilian classroom*' suggested that formalised cultural competency training for nursing faculty should explain military concepts such as rank structure; value system, language and customs, which is arguably a sound place to start. More recently Cable et al. (2021) endorsed the case for a better understanding of the needs of SP entering HE, both serving and retired, suggesting that the UK could learn much from the US approach. Moreover the findings of this research indicate that MNS would also benefit from learning about the culture, customs and practices not only of HE but of their civilian peers, given the cultural and ethnic diversity of the student population at BCU.

### **Identity complexity**

Identity can be understood from a variety of disciplinary perspectives, which gives rise to a multitude of different theories of identity including; social (Hogg & Abrams, 1988; Tajfel & Turner, 1979), relational (Sluss & Ashforth, 2007), communication (Jung & Hecht, 2004), role (Stryker & Burke, 2000) self-categorisation (Turner et al., 1992) and identity theory (Stets & Burke, 2000). MNS narratives demonstrate that identity is perceived as something which both resides within them and between them, therefore reflecting their position this research drew upon identity theory and social identity theory, which set out to explain '*individuals' role-related behaviours*' and '*group processes and intergroup relations*' respectively (Hogg et al., 1995: 255).

MNS are evidently being pulled in opposing directions with the desire to feel that they are '*real students*' who belong to the university necessitating identification with the cohort and their civilian peers, but to achieve this they needed to disidentify with the military, which impacts upon their military identity and sense of belonging derived from it, resulting in '*identity complexity*' (Roccas & Brewer, 2002). This tension between the student and military identity appears to be predicated upon the belief that student identity is synonymous with being civilian and the civilian mindset and behaviours associated with it are considered inferior, thus it is shed as part of the process of becoming military (Godfrey et al., 2012). Consequently MNS are conflicted about identifying with or assuming the student identity, and what it means for their military identity. Although, DE overall, do not appear to experience the same degree of friction between the student and military identity as their TT counterparts, which perhaps reflects their youth, inexperience and fundamental lack of military identity or it may reflect the prevailing military culture within the university at that point in time.

Identity complexity creates a state reflective of '*reverse culture shock*' (Bergman et al., 2014) which is typically experienced by veterans transitioning back into civilian life. However MNS experience it upon entering HE as they are in essence entering a dominant civilian context and as a result feel anxious, disorientated and report interpersonal difficulties particularly TT. These findings are consistent with Palmer et al.'s (2009) supposition that as '*inclusion*' takes hold, '*exclusion*' necessarily gains traction, reflecting the inherent tensions between spaces during transition. This situation also resonates with what Sluss and Ashforth (2007) refer to as a state of '*ambivalent relational identification*' where they conclude that '*disidentification is not a viable basis for a co-operative relationship*', which the findings of this research substantiate. Furthermore unlike Roccas and Brewer (2002) who state that multiple group membership is a favourable state, as it diminishes the reliance on any one group to satisfy the need for belonging, some MNS, indicate that identity complexity resulted in them feeling like they '*belonged to no one*'.

## **Managing Identity complexity**

### **Merger**

Although it is evident from the findings that the cohort by-and-large represented an out-group, it may have proven advantageous had MNS been able to accentuate their commonality as nursing students thus perceive their cohort as an additional social in-group. This would have enabled MNS to employ 'merger' in order to manage their competing identities. Roccas and Brewer (2002) argue that merger is the most inclusive and productive approach to managing membership of multiple social groups, as it gives equal recognition to the multiple facets of an individual's identity thus enables them to cultivate relationships in various contexts, although Ashforth and Mael (1989) disagree, arguing that it is too cognitively demanding and compromises the utility of individual role identities. Moreover Smyth et al. (2018) in their research exploring the impact of identity upon academic performance, concluded that when an existing identity is incompatible with a new identity, attempts to internalise it can prove detrimental for learning, therefore merger comes with its own challenges. Notwithstanding the criticisms, the findings of this research indicate that adopting merger during nurse education may enable MNS to extend in-group identification to their civilian peers on the basis that they are all nursing students, within the same year group and as such the fact that they do not share a military identity would be irrelevant for cultivation of their shared cohort identity and group cohesion. This in turn, may have aided belonging and transition into HE.

## **Dominance**

However it is not evident from the findings that MNS were able to, or even wished to employ merger, particularly the TT who possessed stronger sS identity compared to their DE peers, thus resisted merger because of the threat it posed to their Service identity. Equally it cannot be assumed that merger is desirable from the Defence perspective, as the goal of military enculturation is to promote dominance of the military identity above all others (Redmond et al., 2015) reinforced by the '*soldier first, trade second*' discourse. Thus the majority of MNS appeared to adopt a '*dominant*' (Roccas & Brewer, 2002) military identity and as such all other competing social identities such as student, Service and nurse were subordinated to it. Although the military identity dominated it was evident that some MNS were conflicted, thus struggled to reconcile their competing identities as student and SP, which is consistent with the wider body of military research which explores the challenges of the dual role.

Such was the importance of being military that MNS regarded their civilian peers as out-group members', despite all else that they had in common and dominance was evidenced by those who indicated that they did not seek to cultivate relationships with their civilian peers preferring instead to '*stick*' with their '*military cohort*'. This reflects the findings from research exploring the HE experiences of 'non-traditional' learners for example Keane (2011) who found that working class students resist integration with their 'traditional' peers to prevent the loss of identity associated with participation in HE.

## **Compartmentalisation**

There is evidence of attempts at '*compartmentalisation*' (Roccas & Brewer, 2002) when MNS seek to keep facets of their social identity distinct, such as opting to '*hide*' their '*military-ness*' to cultivate relations with their civilian peers in order to '*fit in*'. This strategy is also reported within the veterans' transition research where former SP conceal their Service identity to avoid being negatively stereotyped by civilian employers (Burkhart & Hogan, 2018). However this is problematic as the very nature of the nested context makes compartmentalisation largely untenable, as the primary social identity activated in compartmentalisation-mode is context dependent, furthermore multiple identities cannot be activated simultaneously.

What is evident from the findings of this research is that the pseudo-military-university context in which MNS find themselves challenges them to determine which identity they should be cultivating and in what situation an individual facet of their complex identity should be salient. Zägenhagen (2016) made similar observations leading her to conclude that the

tension between the military and nursing context resulted in MNS being unprepared to function in either, although I have not come to such bold conclusions. Moreover Schlossberg (2011) contends that the greater the difference between the old and new contexts in which people have to operate, the greater the stress caused by transition. This was evident within MNS narratives where those students who encountered a culture not dissimilar to that they were accustomed to found transition easier. Equally those whose expectations were congruent with the experience encountered also report a less stressful transition into nurse education. Therefore the context impacts MNS differently, further evidencing that MNS are not homogenous and the factors which impact upon their experience are very much situated.

The challenge MNS encountered in adopting identity compartmentalisation were compounded further by the perception that they needed to be undertaking identity work (Brown, 2017), cultivating their aspirational military selves, as demonstrated by Ash who said, *'you're not just making a nurse though are you, you're making a soldier as well'*. Consequently, MNS may favour dominance over either merger or compartmentalisation as they are seeking to cultivate the military identity they believe they will require once qualified. However for some this was hampered by both the context and the culture in which they found themselves and as such they felt that their military identity was being eroded rather than cultivated by the educational experience. This was particularly evident in TT possessing strong sS identities. Therefore if one accepts that cultivation of a particular social identity is an inherent part of professional education, as many do (Farnsworth et al., 2016; Simmonds et al., 2020) then compartmentalisation may inhibit construction of the very identity nurse education seeks to cultivate for military nurses.

### **Mind the Gap**

The cohort lacks cohesion as the fundamental nature of social categorisation emphasises and exaggerates the distinctions between social groups to make one look more favourable compared to another (Tajfel & Turner, 1979). However despite the obvious difference in access to resources and restrictions placed upon MNS by virtue of their military status, it can be argued that the gap between the prototypical *'good student'* (Bell, 2014) and that of a *'good soldier'*<sup>3</sup> (Lunde, 2007) is not as wide as MNS believe it to be, if it exists at all, which might account for the academic success of MNS despite their overwhelming lack of student identity. This resonates with Webb's (2014) assertion that the values found in soldier-hood can be employed for the benefit of student-hood, a position echoed in the student veteran

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<sup>3</sup> I use the term 'Soldier' generically to refer to Non-Commissioned Officers (NCO) from all 3 Services

research. Thus it is possible that a strong military identity compensates for a weak student identity, precisely because the values and behaviours derived from the good soldier/student are one-and-the same and what distinguishes MNS from their civilian peers is the degree to which they internalise and enact those values. Therefore accentuating the positive qualities which make military and civilian students similar to one another, may foster peer cohesion; promote a sense of belonging, reduce identity complexity and aid transition into HE.

Furthermore cultivating the qualities of the good student/soldier may promote the mediators of academic achievement such as motivation, engagement and persistence, thus raising the standards of achievement for all students. Bell (2014) made similar observations with civilian lecturers indicating that the '*good qualities*' of MNS '*rub off on everyone*' therefore have a positive effect upon student attainment. Therefore given the potential gains to be had from facilitating integration and cohesion it arguably should not be left to individual students to establish, instead it should be managed at organisational level and there is a significant body of research which explores how this can best be achieved (Gale & Parker, 2014; Wood et al., 2016).

MNS identity is complex and multi-faceted, moreover it is challenged by the very situation in which it should be cultivated. Consequently nurse education has enabled formation and affirmation of some aspects of MNS identity whilst it has neglected or eroded others and noticeable by its absence was a nursing identity and by extension a military nursing identity. This finding was as troubling as it was intriguing given that one of the aims of professional education is to inculcate learners with the relevant professional knowledge, skills, values and beliefs to enable them to cultivate their professional self (Goodolf & Godfrey, 2021). It is my contention that MNS failed to articulate a strong nursing identity as they were being asked to recall their student experiences, during which it was intimated that feeling like a '*real nurse*' was not possible as professional registration was considered essential to validate the nursing identity. As a corollary of this being asked to consider their educational experiences, which are associated with the university context, meant the nursing identity was not activated. This fits with the pattern evident in MNS narratives whereby identity is situated and dependent upon context.

### 6.3 Relations with Military Peers

Although it was evidently more important for MNS to distinguish themselves from their civilian peers than from one another, the findings demonstrate that a military identity was not homogenous. The various facets of the military identity reflect entry status, rank; previous military employment; Service and life history. Therefore the tensions encountered between military and civilian students were to a lesser extent also evident between military peers, especially in relation to differing values, with some TT intimating that their DE peers had yet to fully shed their civilian identity and the values associated with it. This suggests that in certain conditions, such as the absence of an external threat, an in-group can become fragmented and particular members relegated to out-groups, which subsequently impacts upon cultivation of a dominant identity. This perhaps explains why some DE were more inclined to embrace the '*civilian mindset*', as they were aware that they were different compared to their TT peers and this impacted upon their affinity to a military identity. An equally valid supposition is that social identity is fluid and situated thus the strength of affiliations can and do change depending upon the context. Based upon this premise it may be possible to facilitate positive peer relationships by manipulating the socio-cultural context.

#### In-group Hierarchy

All social groups, even in-groups require differentiation to function, thus hierarchies form and in doing so establish within them social roles which define the structure and functioning of the group (Matsumoto, 2007). This differentiation enables individuals to establish where they fit within the group and informs how they should interact with one another, this is particularly true of hierarchical organisations such as the military. Entry status evidently formed the basis of differentiation within military cohorts. Consequently TT held an elevated position relative to their DE peers as they not only outranked them, but they also brought to their nurse education a wealth of symbolic resources (Hale, 2008) which DE were yet to acquire. These resources included military knowledge and skills; Operational experience; awareness of custom, practice and language, which further affirmed their superiority. Although one might question, as some DE did, the utility and relevance of such resources within the university context and this in itself was a source of tension between military peers. Moreover the resources possessed by TT may have proven advantageous in the military context but it was not always evident that they conferred an academic advantage and in some instances may even have been deleterious, these findings resonate with those exploring the experience of veterans as they transition both out of Service and into HE.

## Relational identity

It is through relationships with others that MNS construct and affirm their own military identity (Adams & Marshall, 1996) however this necessitates socially appropriate relationships in the first instance. Inherent to any social role are a set of expectations that serve to inform the nature of the relationship between individuals in a given social context. Furthermore as a consequence of the disposition towards bond making, which is accentuated within the military context (Hale, 2008) MNS expected peer relationships built upon trust, respect, loyalty and camaraderie. However relations between military peers did not always live up to expectations therefore the military in-group was also vulnerable to discord. This discord did not appear to form along Service lines as might have been expected in a Tri-Service environment, rather it was entry status which created the discord. It was evident that there was an expectation that TT would provide DE with support, guidance and comradeship however DE believed that this expectation was frequently unfulfilled and this placed strain upon relationships; diminishes cohesiveness and sense of belonging to the group and threatened the identity of MNS particularly the DE who were still trying to make sense of what it meant to be military. Easterbrook and Vignoles (2013) made similar observations leading them to report that interpersonal bonds and perceived intragroup similarity were antecedents to sense of belonging within social categories.

## Unit Culture

Tensions within military cohorts appeared to be fuelled further by the Unit culture, perceptions of which varied widely reflecting Service, entry status, and prior military experience therefore MNS drawn from the same cohort did not necessarily share similar recollections. The accounts offered by those MNS serving in the Army pointed to an inversely proportional relationship between length of military service and perception of 'military-ness' whereby the more military experience the SP had, the less military the nurse education experience was perceived to be. Thus culture was described as 'civilianised', 'lax', 'atypical', however it was also described as 'unsupportive', 'green'; 'Army, Army, Army' and 'competitive' which is at odds with the military culture that was expected or even necessary to cue and reinforce what was perceived as appropriate behaviour (Turner et al., 1992).

In defining culture Spencer-Oatey (2008) states it is '*a set of basic assumptions and values, orientations to life, beliefs, policies, procedures and behavioural conventions that are shared by a group of people, and that influence (but do not determine) each member's behaviour and his/her interpretations of the "meaning" of other people's behaviour.*' In short culture is a road map for social co-operation, but for co-operation to exist everyone must share a



common understanding, which evidently was not always the case for MNS, with divisions forming along the lines of entry status and experience.

Military culture is widely considered to be both unique (Meyer et al., 2015) and distinct from civilian culture, not least because many of the values which underpin ethos and practice are enshrined in military law. Consequently agency is sacrificed in favour of conformity thereby making military culture '*collectivist*' in nature (Hofstede, 2001) which promotes identification and social bonding. Whilst military culture is not homogenous in all respects, arguably no culture is, (Meyer et al., 2015) there are core values shared, to a greater or lesser extent, by all who serve, based upon respect, loyalty, courage, discipline, integrity, and commitment (MoD, 2018a; 2019c; 2019a). These values establish expectations about, and in some instances prescribe the nature of relationships between SP based upon the roles they occupy, which in turn is heavily influenced by rank.

However it is evident that there was a challenging dynamic at play between the individual, their social role expectations and the cultural context in which they found themselves. Consequently military cohesion was threatened by MNS behaving in a manner inconsistent with prototypical norms influenced by the atypical culture, or as a result of MNS failing to meet the cultural expectations of their specific role, which proved damaging for cultivation of identity and self-esteem, through loss of *relatedness* (Deci & Ryan, 2000), and dissonance (Beech, 2017).

Given the volume of research demonstrating the value of peer relations for transition into HE, and subsequent engagement, persistence and academic success it is essential that Defence have a better understanding of the meaning of entry status and its impact upon peer relationships and identity. Therefore this is an area ripe for further exploration. In the interim research drawn from student veteran and minority students may prove useful in establishing how best to foster productive relationships between military peers.

#### **6.4 Relations with non-peers**

Relationships are frequently perceived as mediator of some other desirable educational outcome (Hagenauer & Volet, 2014) which is reflected within these research findings as relationships with non-peers were considered important for access to resources, support, sense of belonging and identity. The non-peer group contained a wide variety of military staff of differing occupational roles and it was by role that MNS related to them, which Sluss and Ashforth (2007) contend is common in the organisational setting.

However the combination of role ambiguity, which arose because non-peers fulfilled multiple roles and some MNS were unclear about their nature, and non-peers' failure to enact a given role in accordance with military convention, resulted in some MNS being unable to determine how to engage with them. Ultimately this lack of role appropriate engagement was disruptive for both the cultivation of appropriate relationships and reinforcement of a military identity, particularly for the DE. Therefore it is evident that like the antecedent self, relationships also exert either a stabilising or destabilising effect and as such are powerful mediators within the field of military nurse education.

### **Unit culture**

The challenges outlined between MNS and their peers are replicated somewhat with non-peers, especially the effect of culture upon relationships. It is evident that Unit culture was not as expected for anyone therefore while Army TT were, on the whole, experiencing something akin to respite from '*typical*' Army life, their DE and Royal Navy counterparts were having to adjust to a culture which was either more excessive, restrictive, isolating or intrusive than they were expecting and this impacted upon perceptions of and relationships with military staff. Furthermore culture varied over time, influenced by the subjective interpretations of those in the CoC who were responsible for establishing, maintaining and instilling it and this lack of consistency in and of itself was problematic for determining how to behave, especially for those unfamiliar with the Tri-Service environment. It was also suggested that sS ethos contributed towards variation in culture with a number of Army students indicating that RAF staff adopted a more relaxed management style compared to their Army colleagues, therefore as staff moved on and were replaced by members of a different Service the culture could change considerably and this impacted upon relationships and perceptions of what was considered acceptable.

Holman (2016) made similar observations about changes in organisational culture, reporting that '*ethos changed dramatically*' following the appointment of a new head of school who was '*embedded into the university*' (pg. 91). The inference being that military culture was eroded (Holman, 2016) as a result of SP choosing to identify with civilian values, standards and practices. This atypical military culture perhaps accounts for the demise in discipline; the relaxed atmosphere; the overfamiliarity and unprofessionalism identified by several MNS. Moreover social cues can be lost or misconstrued when removed from their familiar cultural context, as such responses that would be almost automatic in a military setting become conspicuous, thus generate uncertainty about the best way to enact one's role. These findings appear to be somewhat at odds with Bell (2013) who concluded that a distinct military sub-culture was strongly felt and considered positive, although she also

identified the negative impact of being embedded within a civilian environment however the challenges appeared to be more logistical than cultural.

### **Relational Typology**

Despite the wide variety of both occupational appointments and social roles occupied by non-peers a relational typology emerged consisting of three classifications: supporter, disciplinarian and contemporary. These classifications established expectations about the nature of the relationship and how non-peers, especially those identified as being members of the CoC and MNS should engage, often with limited regard for the context or appreciation of role saliency, as would normally be the case. This highlights a significant contradiction in MNS narrative as socio-cultural context typically functioned as a mediator between relationships and identity, however power evidently disrupted cultural norms. Moreover, it appeared that non-peers' relational typology was assigned to them by MNS rather than being negotiated or self-selected through the process of self-recognition (Hogg et al., 1995) which in itself may go some way to explain why MNS felt that non-peers failed to behave as they expected.

Notwithstanding the typology which emerged, it is essential that MNS learn how to engage appropriately, not only to facilitate relations during nurse education but to enable them to conduct themselves once they qualify and assume their place within the CoC. However to learn what constitutes an appropriate relationship with non-peers, MNS must be exposed to staff who are themselves behaving in a manner befitting their rank and role (Baldwin et al., 2017) which evidently was not always the case. Consequently this impacted upon particularly the DE preparedness for transition to their first Unit as military nurses, as they lacked the benefit of prior military experience which the TT suggested '*carried them through*'. These findings are consistent with the wider military research addressing the issue of transition and preparedness to become a military nurse. Moreover the relational typologies seen at the Defence School were also evident in the international military nursing research, particularly the disciplinarian (Murphy et al., 2012; Zägenhagen, 2016) and a variant of the contemporary typology which similarly challenged the boundaries of relationships between staff and MNS.

The combination of an atypical culture, incoherent social context and ambiguous roles presented a significant challenge for MNS in determining how to engage with non-peers which in some cases resulted in avoidant behaviour; inappropriate relationships, improper help seeking and ultimately failure to adequately enculturate MNS into the complex social

milieu which operates within the military. This in turn impacted upon their understanding of the identity they were seeking to cultivate and ultimately their sense of belonging.

These challenges were accentuated during the initial transition into nurse education as transition by definition involves disruption to the known reality and the roles, relationships, routines and assumptions associated with it, resulting in disequilibrium until the individual adjusts to their new reality and new identity (Duchscher, 2008; Hart & Swenty, 2015; Schlossberg, 2011). And whilst transition and the shock which accompanies it is a common experience shared by many new students (De Clercq et al., 2018) transition into HE is arguably more complex for MNS (Wilson et al., 2015) as they are learning to adjust to multiple new social contexts, most notably the university and military, in which expectations, norms and practices occasionally conflict thus creating uncertainty about how to engage and who to be. Moreover all MNS are having to adjust to the unique social dimension created at the point of intersection between university and military life, which in itself is historically situated and as such is unfamiliar to all, thus adding to the challenge of transition. Therefore while Caka et al. (2015) speak of dual transition the findings of this research suggest MNS at the Defence School are experiencing multi-transition, which raises the question of how and who is best placed to support them.

## **6.5 Support**

Support was a concept which dominated MNS narratives and it was apparent that all MNS felt privileged to have access to a support system the likes of which was not afforded to their civilian peers. When support was expected and when that expectation was fulfilled MNS articulate much gratitude and perceive the experience positively. Thus it appears that support functioned as a type of positive mediator during nurse education influencing in particular a sense of belonging, transition and learning. Conversely when the support expectation was unmet, MNS expressed a range of negative emotions and reported unfavourable outcomes, which are equally well documented within the literature.

Support is central to military discourse; thus the provision of support is far beyond that offered by many employers, but this is in recognition of the uniqueness of military service and the demands which it places upon the individual (HM Government, 2016). Consequently SP very quickly establish an expectation of support. Military support is highly organised and multi-agency in approach, but it is also integral to the role of every SP thus it resembles a social network in which resources can be '*exchanged, borrowed and leveraged*' between

network members for the benefit of the individual and or the collective (Moolenaar et al., 2012).

Support appeared nebulous to MNS, thus it was everywhere, just as it was everyone's responsibility, but its form varied. Consequently support meant different things to different people, at different times and places, although it was always intended to mediate a desirable outcome. For some support took the form of tangible resources which were described as a '*life-line to the things they needed*' such as money and accommodation. Support was also constructed as guidance, direction and information and DE indicated that this type of support was necessary for them to determine how to behave in the military context. Additionally support was perceived as advocacy or protection, which reflects military doctrine where the CoC are charged with ensuring the welfare of their subordinates and TT appear to identify strongly with this support expectation. MNS also allude to the provision of emotional support, feeling that they are cared for, being nurtured and developed. These findings are consistent with the typology of social support outlined in the literature (Langford et al., 1997; Mishra, 2020).

Regardless of how support was defined it was always mediated via a relationship. It was evident that the type of support influenced the nature of relationship necessary to mediate it, just as the quality of the relationship itself impacted upon perceptions of support derived from it, which is consistent with Cohen and Syme's (1985) appraisal of social support and the factors which impact it. Consequently if relationships failed to live up to expectations; broke down or the source of support was lacking the qualities necessary to validate it, this was perceived as a loss of support. For example, when MNS lost trust and respect for their Cohort Leader as a result of their '*unprofessional*' behaviour, they were disinclined to engage with that individual and this was perceived as a loss of support.

The expectations of support which MNS articulate from both their peers and military staff is juxtaposed against a disinclination towards help-seeking behaviour, which is widely reported within military research, attributed to military culture which promotes robustness and resilience thus perceives help-seeking as a sign of weakness (Britt et al., 2020). In the academic context this translated into '*embarrassment*' as MNS believed that as military students they should be excelling academically, thus it was considered shameful to ask for help. While for others the disinclination towards help-seeking was entangled with perceptions of power, which fostered fear. This perspective was in stark contrast to the attitudes demonstrated by students with a recognised SpLD, where it appeared that a confirmed diagnosis legitimated their right to seek help and they seemed content to do so.

Given the extent of the support provision in place within both the Defence School and university and the weight of research demonstrating the benefits associated with effective academic and social support systems for students in HE (Mishra, 2020; Mudaly & Mtshali, 2018; Thomas, 2012; Vacchi et al., 2017), MNS must be encouraged to engage. Although addressing mental health Britt et al. (2020) found that a Unit culture which is positive about help seeking increased the likelihood that those needing help sought it. A perspective shared by Zepke and Leach (2010) who in their extensive literature review exploring student engagement concluded that while tangible support is invaluable for enhancing engagement, a culture of support is even more important. Therefore as a means of promoting MNS engagement the discourse surrounding academic help seeking must be positive and as a corollary of this I contend that support should be dissociated from discipline, both symbolically and physically in time and space.

If military nurses are to continue being educated within a dominant civilian environment then the Unit culture needs to be both stable over time and consistent with tri-Service values, otherwise it will compound the challenges MNS have identified in obtaining support. Furthermore given that support is mediated via relationships it is essential that military staff and students cultivate effective interpersonal relations with clearly defined boundaries and to achieve this both parties must have their role expectations managed by the organisation.

## **6.6 Relationship with military teaching staff (Lecturers and Personal Tutors)**

It has been argued thus far that the complex role dynamic of military staff made it difficult for MNS to determine what types of relationships to cultivate and how to behave. This was particularly apparent when exploring the relationship between MNS and military teaching staff. What is more because it was common practice for those in non-academic roles such as Support Officers to undertake teaching qualifications whilst in post, completing practice hours by teaching on the nursing curriculum, this undoubtedly added to the role confusion. As stated previously MNS appeared to draw the distinction between a lecturer and PT hence recollections of each vary, as does the nature of their respective relationships.

The importance of the relationship between teacher and student for learning has been the subject of much research and there is increasing evidence which indicates that learning is impacted by the quality of the Teacher-Student-Relationship (TSR). The nature and thus relative importance of the TSR is largely determined by pedagogy, which in turn is informed by theories of learning (Biggs & Tang, 2011). Whilst pedagogy is based upon learning

theory its application is impacted by the dominant discourse within the discipline and more widely by the socio-political climate within HE, which it was argued is currently neoliberal within the UK. As such education has become commodified consequently students see themselves increasingly as consumers (O'Leary & Cui, 2020) which is altering the TSR dynamic (Groves et al., 2015) and perceptions of what it means to learn and MNS are not immune to this.

### **Attitude towards learning**

MNS relationship with military teachers was reflective of their attitude towards learning, which in turn was heavily influenced by entry status and life stage. The prevalent attitude towards learning was perfunctory, technical, and strategic, although a very small number of students embraced attitudes more consistent with an adult approach to learning. Bell (2013) also identified pockets of strategic learning within the MNS she interviewed, despite which she contends that on balance MNS were more focussed upon achievement than assessment. Classically a strategic approach to learning is assessment oriented, therefore the student, guided by awareness of assessment criteria, direct their study towards acquiring the knowledge necessary to maximise academic success (Entwistle & Peterson; 2004, Entwistle & McCune, 2004). MNS appear to have upscaled this concept strategizing towards their end goal, which is to '*pass the course*' by the most efficient means possible.

Entwistle and Petersen (2004) argue that strategic learners' motivation to succeed originates from a '*sense of responsibility*' to the organisation which has facilitated the learning opportunity. This is reflected in MNS narratives in which they express gratitude for the sizable investment which Defence has made in them, but this is tempered by an awareness that they are expected to succeed in return, which is felt as '*pressure*', and is considered positive for learning by some MNS, although not all. This perhaps explains MNS pre-occupation with assessment, which in itself is not unique as Ramsden (2003) argued that assessment is the single most significant influence upon student learning. Although Hattie (2009) disagrees, claiming instead that this accolade belongs to teachers (cited in Aspelin, 2012) and as much as I would like to advocate for Hattie's position, experience leads me to agree with Ramsden.

By conceptualising learning as the acquisition of knowledge and skills, the student becomes the recipient and the teacher necessarily assumes the reciprocal role of provider. Although MNS are being educated within a mainstream HEI and despite the fact that most find the '*trainee*' identity disagreeable, the dominant military discourse reinforces their identity as trainees, thus perpetuating their behaviourist attitude towards learning. This may account

for the difficulties TT in particular experience adjusting to HE, as a behaviouralist pedagogy is more deeply ingrained. A challenge, which according to the veterans research previously discussed, MNS have in common with student veterans. Therefore it is evident that the military training ethos which serves to disempower the trainee and the HE ethos which strives to liberate the learner (Chinn & Falk-Rafael, 2018) are incompatible and this must be addressed to better facilitate MNS transition into HE and better prepare them for the demands of adult learning.

That being said much of the research exploring the 1<sup>st</sup> year students experience suggests that new students are academically unprepared to enter HE, especially if prior learning established expectations, skills and knowledge which are misaligned with HE pedagogy (De Clercq et al., 2018; Wood et al., 2016). Therefore in this respect MNS are perhaps not too dissimilar from their civilian peers at the outset. Equally the reliance upon a competency-based curricula and biomedical pedagogy within nurse education itself, may serve to perpetuate MNS performative approach to learning (Chinn & Falk-Rafael, 2018; Simmonds et al., 2020) as evidenced by their preoccupation with '*doing*' rather than knowing or being. Although Woodward and Jenkins (2011) contend that performativity is inherent to the military identity, a position which the findings of this research further substantiate. Thus the emerging nursing identity is shaped by both the pre-existing military identity and the dominant discourse in which it is located.

The nature of the TSR is informed by the student's concept of what it means to be a teacher. Therefore by conceptualising the '*teacher*', be that a civilian lecturer, MNL or PT as a resource or tool, MNS enter a transactional engagement rather than an inter-personal relationship with them. Consequently, the teacher's knowledge and how skilful they are at imparting it, assumes far greater importance to MNS than who they are and what personal qualities they possess, which is perhaps evidenced by their struggle to recall any teacher who made a lasting impression upon them. These findings are at odds with the literature which espouses the positive effects of relational pedagogy for learning such as Aspelin (2020) who argues that the TSR is the foundation upon which education is built and as such teaching is an expression of bonding. Or Case (2015) who speaks of the '*teaching-learning interaction*' to convey both the importance and nature of the relationship between these concepts. Similarly Groves et al. (2015) whilst examining the factors which impact upon student engagement concluded that TSR were crucial for promoting student engagement. Moreover when they compared the responses from fee and non-fee-paying students they found that students who paid fees had greater expectations from the TSR, leading them to conclude that the TSR may become even more important as HE becomes increasingly



commodified. Additionally Richardson and Radloff (2014) speak of the teacher and student as '*allies in learning*' thus the relationship between them is fundamental to the quality of student learning, mediated through sustained and substantial contact. Results from their large-scale survey, involving 9 academic institutions found that less contact between students and teachers increased dissatisfaction; diminished engagement and ultimately impacted negatively upon learning. An outcome which is contrary to the findings of this enquiry.

### **Relationship with PT**

MNS indicated that they could be appointed a military or civilian PT or both depending upon the resources available. The relationship between MNS and their PT, for those who could recall it, differed from their relationship with; attitude towards and experience of MNL. The most significant difference between the two relationships was in the '*affective dimension*' (Hagenauer & Volet, 2014) with connectedness evident between a small minority of MNS and their PT, which was not replicated with MNL. However the very nature of the PT role arguably provided the conditions necessary to foster an interpersonal relationship (Hagenauer & Volet, 2014). Those MNS who articulated a connection with their PT identify the qualities which Brady (2014) contend are essential within the TSR such as being non-judgemental, empathetic, authentic, respectful, caring and decisive. MNS also indicate that they benefitted from the approachability, accessibility and availability of their military PT, which is consistent with findings in the research literature (Groves et al., 2015; Long et al., 2014; Richardson & Radloff, 2014).

Although it is evident that a small number of MNS derived emotional support from their PT the majority of MNS engaged with them seeking tangible academic support, which apparently necessitated no emotional connection with its provider. Moreover if one accepts that the nature of TSR reflects the culture and prior educational experience of the student (Hagenauer & Volet, 2014) then the lack of connectedness between MNS and military teachers may be attributed to their lack of expectation, either that they would encounter MNL or that they should expect to have an interpersonal relationship them. This further emphasises the need to manage MNS expectations as previous military training has taught them that military instructors, particularly in Phase 2 training establishments, are not permitted to cultivate personal relationships with their trainees, a message further reinforced by the rank system and military conventions which prohibit fraternisation within the CoC. Thus it would be logical that those with the greatest exposure to military discourse would be most resistant to establishing interpersonal relationships with teaching staff ergo the TT,

which many of their narratives substantiate. And conversely that DE may feel more comfortable establishing interpersonal relationships, which again their narrative reflects. Paradoxically, TT were also amongst those who reported feeling most at ease '*respectfully integrating*' with military staff, particularly those who previously attained the rank of SNCO, which perhaps suggests that with experience comes a better understanding of what constitutes an appropriate relationship in the military context. Which I contend is not significantly different from the type of relationship which the TSR literature suggests students should cultivate with lecturers to maximise learning (Brady, 2014). However boundaries are still required therefore whilst relations should be '*friendly*' the relationship should not be confused for a '*friendship*' (Hagenauer & Volet, 2014) and this applies equally to the military and HE context.

### **Relationship with MNL**

This research has concluded that the withdrawal of MNL from nurse education was not experienced as an impactful event, as evidenced by participants' narratives and to a lesser extent their academic performance which 'appeared' stable over time. MNS did not appear to possess vivid memories of MNL at all, therefore attitudes towards and perceptions of them varied. This lack of recall may indicate that this was not a particularly important relationship for MNS although Giles (2011) contends that TSR always matter for students' educational experience, however because they reside out of sight, they are frequently taken for granted. Equally MNS lack of recall about engagement with MNL may be a feature of course delivery and teaching allocation, whereby participants genuinely had less contact, therefore this accounts for the absence of any sense of loss following their withdrawal. This is consistent with Hagenauer and Volet's (2014) assertion that the frequency and quality of TSR determines the extent of the bond between the student and teacher.

Alternatively the lack of vivid recollections may reflect the passage of time and the impact of life events in the intervening years. Nevertheless, a lack of clarity about who they were and what they did meant that more often than not MNL were not seen as teachers, coaches or mentors but were perceived as managers, administrators; another resident of the top corridor or member of the CoC and this informed beliefs about their actual or potential utility. MNS feelings about MNL were divergent therefore negative, positive or indifferent feelings were articulated, although no obvious pattern was evident in regard to antecedent factors. However there was unanimity that MNL were not perceived as nurses, which further supports the supposition that identity is situated.

### **Negative perspective**

Although in the minority, those MNS who considered MNL detrimental for their learning experience did so based upon the premise that rank was an obstacle to meaningful engagement. Consequently MNS avoided MNL where possible and when in class they refrained from drawing attention to themselves indicating that they were afraid to ask questions, instead choosing to focus their energies upon appearing attentive rather than being engaged. Zägenhagen (2016) also reported a fear of asking questions believing it would result in disciplinary action, as it was considered disrespectful to challenge anyone of rank. However MNS are not unique in feeling intimidated by lecturing staff as Richardson and Radloff's (2014) research found that the more senior the teacher was perceived to be the less likely students were to engage with them and lower engagement correlated with poorer academic outcomes. Hence the emphasis placed on the importance of the lecturer being approachable and relatable (Groves et al., 2015) however it is less clear how the barrier of rank could be overcome.

### **Positive Perspective**

Alternatively there were those who looked more favourably upon MNL and their contributions to learning, precisely because of their stereotypical military characteristic and demeanour, believing they positively influenced the class dynamics thus promoted engagement. These findings are consistent with Murphy et al. (2012) whose civilian nursing students came to view the structure and directness of MNL as constructive for learning. Bell (2013) also found that MNS responded positively to discipline believing that it enhanced motivation. However while the importance of motivation for learning is largely uncontested, multiple studies have shown that feeling threatened diminishes internal motivation (Deci & Ryan, 2000), therefore the threat of discipline may be less productive for learning than either Bell or the MNS intimate. Indeed Meens et al. (2018) in their research exploring the relationship between identity, motivation and academic achievement found that autonomous motivation was positively associated with achievement, leading them to conclude that the quality of motivation is more important than the quantity for academic attainment. Therefore in the educational domain a discourse built upon fear of punishment is not necessarily the most efficacious for promoting learning, however these research findings are unlikely to take into consideration a military demographic, who may possess a different relationship with discipline compared to their civilian peers.

### **Motivation**

Indeed the findings of this enquiry indicate that MNS possessed varying levels of motivation which were polarised at either ends of a continuum. Consequently motivated students were

driven either internally or externally to achieve their academic best, whatever that may be. In contrast, a-motivated students demonstrated an absence of motivation to excel, instead their goal was to achieve an acceptable standard, thus avoiding any unnecessary attention from the CoC, which fits with the strategic approach to learning and resonates with Wilson et al.'s (2015) findings when they explored the identity complexity of the scholarly soldier. Whilst TT comprised the majority of the motivated and DE the a-motivated group there were exceptions, for example mature DE did not share the same attitude towards learning as their younger DE peers. Therefore age, or perhaps maturity in this context had a more significant and positive impact upon motivation than military status alone, which a number of DE identified themselves, when they attributed their lack of motivation and self-discipline to their immaturity. Thus demonstrating that life stage comes with its own challenges therefore is not always an asset in the educational domain. Moreover the divergence seen in student motivation also reflects inconsistencies between military and university discourse wherein the military endorse maximum effort and the pursuit of excellence whilst the university set an academic benchmark for success at 40%, which several MNS stated was demotivating.

### **Indifferent perspective**

Indifference ranged from irrelevance to apathy. Irrelevance was borne out of the belief that MNL were indistinguishable from their civilian counterparts as they purposefully transformed their military persona upon entering the classroom. Consequently their military identity and its bearing upon the TSR was moot. Holman (2016) also contends that MNL considered themselves comparable to their civilian peers in many respects, although there was no indication that they sought to transform themselves to conceal their military identity.

'Irrelevance' is a particularly interesting finding as it appears that within the educational context, exposure to other military nurses was not considered important for learning and yet in the clinical context relations with military nurses was considered valuable, essential even, hence the value placed upon military clinical placements. This apparent contradiction in perspective might be explained by the civilian nature of the course thus MNS believe that military input was not required as they were not learning about military nursing. Therefore rather than increasing their appetite for military participation as might be expected, the civilian nature of the course diminished it, compounded by the perception that their civilian peers, who formed the majority of the student body, would not appreciate militarisation of the curriculum, which in itself was a surprising finding. Therefore it is my contention that some MNS consider themselves minorities, without legitimate claims to relevant pedagogy content knowledge and more concerning still that some appear to dissociate cultivation of their military nursing identity from the nurse education experience. Which begs the question

when, where and how do MNS believe they will develop a military nursing identity, if not during the process of professional education? And more important still who is going to help them to cultivate it?

Conversely those who were apathetic towards MNL appeared to align their attitude vis-à-vis teaching and learning with the 'teacher-effectiveness' position. In contrast to the literature which places the TSR at the heart of successful teaching and learning, the teacher-effectiveness research, particularly within the compulsory education sector has substantial evidence which demonstrates a positive relationship between teacher quality and student attainment (Hanushek, 2010; Jackson et al., 2014). Similarly, although somewhat less unanimous within HE is research which demonstrates that lecturer competence is related to both student satisfaction and attainment. For example, Muzenda, (2013) measuring the impact of lecturers' subject knowledge, teaching skill, attitude and attendance upon academic performance found that each domain had a statistically significant impact upon students' attainment with lecturers teaching skill exerting the greatest effect.

Similarly Alshammari et al. (2018) investigating factors which affect the academic performance of student nurses in Saudi Arabia also found that teacher-related factors had the greatest impact upon students' academic performance when compared to student, school and home factors. Therefore based upon the premise that more effective teachers produce more successful students, it is logical that MNS as strategic learners would place greater emphasis upon teacher-effectiveness than on TSR, to maximise the likelihood of success, although there was no suggestion that MNL per se were superior teachers.

However the wider research has yet to reliably identify specific teacher characteristics which relate to student attainment as Kalender's (2017) research findings demonstrate when he sought to address this very issue by testing the taken for granted assumption that students who are taught by the most effective teachers make for the most effective learners. Using data gathered from student's ratings of their instructor and academic performance data Kalender found a non-linear relationship between quality of instructional practice and instructional effectiveness, moreover several types of instructor profile were associated with high student learning. This lead Kalender to conclude that there is no single definition of an effective teacher and that the perception that good teachers create good learning is naive and simplistic. Which fits with the position in the wider literature, that much of a teacher's impact is to be found in places other than test results (Jackson et al., 2014).

This research also sought to establish if there was a relationship between students' academic performance and the teacher, indeed cGT was employed specifically to facilitate analysis of various data. Statistical examination of MNS assessment results proved inconclusive as they were open to various interpretation, therefore like Kalender (2017) this research has also found that the relationship between teacher and learning is complex, non-linear and multi-faceted. Significantly more statistical testing was conducted, but it is not reported within the thesis ostensibly because the findings led to the same conclusion: that quantitative data is open to interpretation and can be presented to support a wide variety of narratives. Therefore the perception that academic performance metrics are objective, 'explicit' and 'transparent' (O'Leary & Cui, 2020) thus provide a more truthful account of the phenomena they purport to measure is flawed (Biggs & Tang, 2011).

Indeed there is much criticism in the literature about the overuse, inappropriate application and misinterpretation of statistical testing particularly P-values (Nazzo, 2014; Van Calster et al., 2018; Wasserstein & Lazar, 2016), so much so that guidelines which explicitly state that a P-value is '*not a measurement of the importance of a result*' and that '*policy decisions should not be based solely upon them*' were produced by the American Statistical Association (Wasserstein & Lazar, 2016). Nazzo (2014), a professor of statistics, suggests that quantitative data should not be used in isolation and that numbers should be the starting point for enquiry, not the conclusion, as has become the norm in scientific enquiry. Indeed the findings reported in Chapter 5 following analysis of the variation between cohorts' OMA produced a  $P=0.096$  which could be used to support the argument that MNS performance was unimpacted by the withdrawal of MNL although this would arguably be drawing conclusions well beyond what statistical significance actually support.

Moreover in the context of academic performance, particularly within nurse education the utility of quantitative data is further brought into question over the implicit assumptions about what both grading and the grade represents. Therefore whilst '*measurement model*' convention dictates that a grade is a standardised measure of knowledge and skills acquired which facilitates comparison between academic performances, upon closer examination this proves contestable (Biggs & Tang, 2011). And so whilst it is widely accepted within the educational community that academic performance is a highly complex phenomena influenced by multiple factors both internal and external to the learner, the systems within which education must operate continues to reduce student performance to a metric. Therefore just as Collini (2012) argued that QA regimes '*tell us nothing of value about what actually happened*', so too the OMA provides little assurance as to the knowledge, skill, competence, confidence or professionalism of the MNS upon qualification. Indeed the

findings of this research emphasise the incongruence between MNS academic performance and their embodied experience captured by narrative data.

Whether indifference is through indistinguishability or apathy there is a narrative within MNS accounts which suggests that MNL failed to make a unique contribution to their learning experience which is contrary to Murphy et al.'s (2012) findings, where military faculty provided an '*invaluable*' and '*memorable* experience'. It is also at odds with Bell's (2014) findings where the presence of military staff were thought to exert a positive impact as a result of them being perceived as '*highly organised*', '*disciplined*', and '*confident*'. The findings also run contrary to the beliefs held by MNL themselves as reported in Holman's (2016) research, that they brought vital '*military seasoning*' to the nursing curriculum, precisely because it was a civilian programme of study. Thus MNL pedagogy content knowledge and teaching praxis was considered essential for ensuring that the final product was a military nurse rather than a civilian nurse, a position which I share, but which is not shared with the majority of MNS within this enquiry.

### **What impacts learning**

Although the TSR was not considered important for learning the strong theme of support which runs through MNS narratives may provide insight as to why MNS were unimpacted by the withdrawal of MNL from nurse education and why academic attainment appeared consistent over time. Furthermore it may go some way to explain why MNS were academically successful despite weak student and or military identities.

Despite MNL withdrawal from the classroom this apparently had no impact upon the provision of academic or social support, indeed MNS themselves indicate that their perception of the military support available to them remained unchanged. Therefore it is my contention that MNS persist and are successful not only as a result of their extensive support network, which buffers them against the stresses they encounter but that the experience itself is associated with fewer stresses because it is being undertaken via the military route. Indeed, MNS make multiple references to their privileged position; their lack of financial hardship or requirement to take on additional employment; the provision of accommodation; a ready-made social network and additional opportunities not afforded to their peers. These findings are consistent with Grant's (2012) who in her exploration of the first-year nursing students' experience identified that unrealistic expectations, financial pressures, part-time employment and living off campus all contributed towards student attrition, which in turn is consistent with the wider research investigating nursing student success (Dante, et al., 2011; Lovegrove, 2018; McCarey., et al., 2007; Pitt et al., 2012).

Furthermore unlike Caka et al. (2015) and Zägenhagen (2016) whose MNS reported that military duties were burdensome therefore interfered with learning, this enquiry found that the military demands made upon MNS were not considered onerous and neither did they interfere with learning, which was unexpected. Quite the opposite, there was a perception that MNS had the capacity to undertake additional learning and they expressed the desire for this to be '*military-medical*' in nature, so that they were better prepared for their role once qualified.

The findings of this enquiry strongly suggest that the educational experience of MNS at the Defence School is unique compared to both their civilian peers and other military students, largely because of the military support network they are embedded within, which eliminates some stresses and minimises others which are typically faced by HE students. As to the exact nature of the support required by students, the literature is less clear about what strategies prove most effective (Thomas, 2012), moreover the strategies adopted will be influenced by the intended purpose of the support (Cohen & Syme, 1985). Therefore further research identifying the precise nature of support which is most beneficial for MNS today would enable resources to be targeted where they will have greatest effect, although initial findings demonstrated that TT preferred academic support while DE sought pastoral military guidance.

## **6.7 Utility of MNL**

The research findings, in respect of identifying MNL unique contribution to the educational experience of MNS were inconclusive, as MNS offered limited insights and conflicting perspectives. However by employing cGT it was possible to modify lines of enquiry to address gaps in narrative data thereby enabling those participants without direct experience of MNL to offer their opinions as to where they add value.

The utility of the MNL is derived from the amalgam of three separate roles: nurse, lecturer and SP, an observation also made by Holman (2016). Each role can be enacted in isolation, dual roles can be activated in a number of different configurations or all three roles can be enacted simultaneously, which I believe demonstrates that the MNL has the potential to become greater than the sum of their parts. Therefore whilst it is evident that discrete elements of the MNL role can be undertaken by others, both serving and civilian, MNL fundamental uniqueness or 'value added', lies in their interoperability and versatility across varied contexts, which enables them to deliver an effect non-replicable by another.





Model 1 Utility of MNL

However the utility of the MNL will not be realised by Defence until such times as it reconsiders how it defines a successful output from nurse education and recognises that academic attainment is but one of many important outcomes.

The credibility of this model would benefit greatly from further exploration and I recommend drawing upon the experiences of those with greater exposure to MNL to advance understanding of their potential contribution to nurse education.

## **6.8 Constructivist Grounded Theory Model**

### **‘The factors which Shape MNS Experience of Pre-Registration Nurse Education in the Absence of MNL**

The preceding discussion is captured visually within Model 2 and although it is not essential for cGT to be presented visually, (Charmaz, 2014a) models are frequently employed as they provide a level of clarity which can be difficult to capture in narrative form. The model has been deliberately simplified to enhance the level of abstraction, however a visual representation of constituent parts are located in Appendix 11.

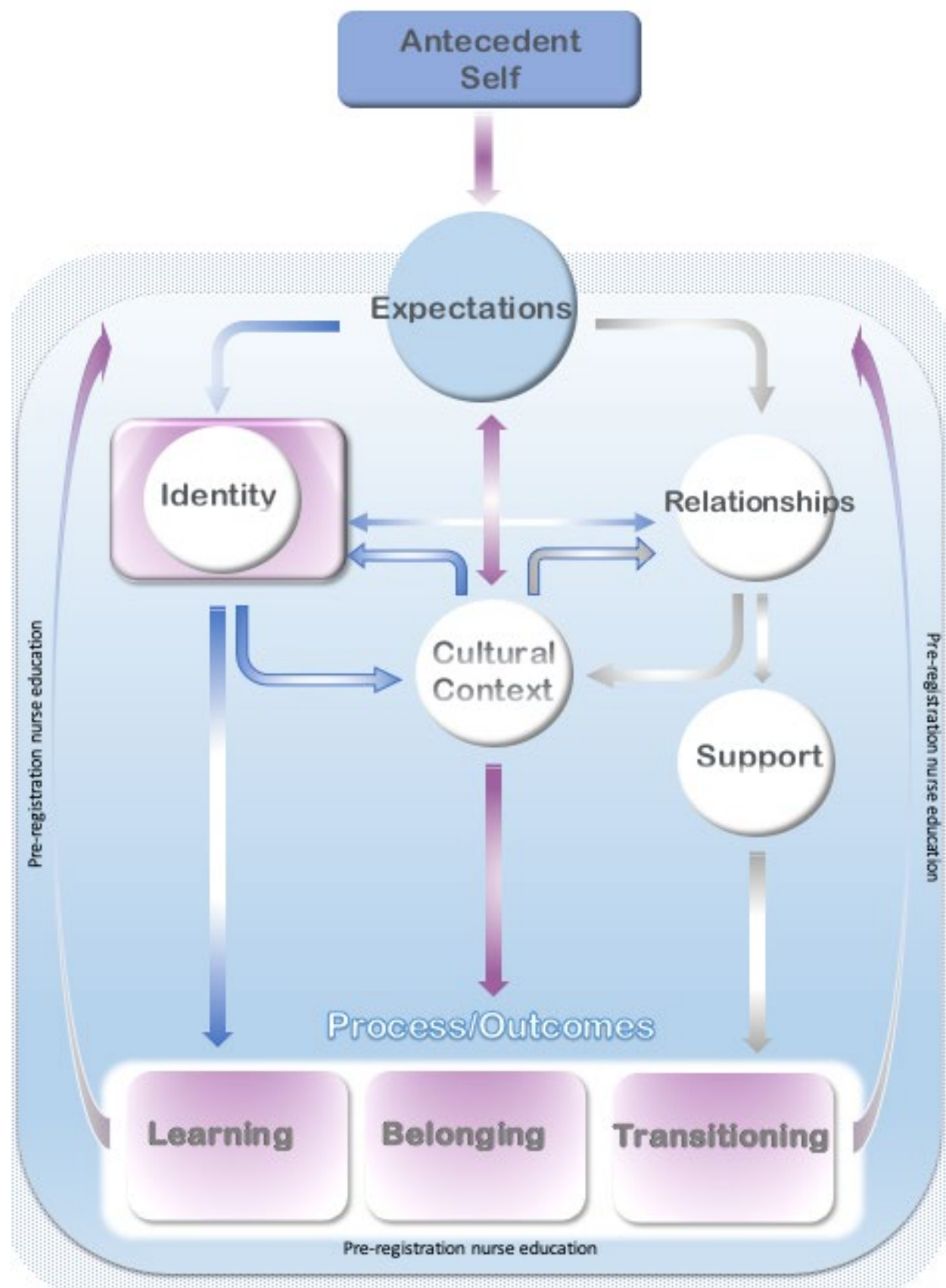
The experience of nurse education is represented by the large blue area graduated in colour. The graduation is intended to represent the permeable nature of the boundary between the experience and all that exists outside it, but which exerts an influence upon it.

The outer field surrounding the experience of nurse education represents its situated nature within time, space and the wider geo-political context.

Circles represent mediators within the nurse education experience. Therefore expectations, relationships, support and cultural context all act as mediators exerting either a stabilising or destabilising effect not only upon one another but upon the desired outcomes. Identity is both a mediator and outcome within the field of nurse education.

Rectangles represent the processes taking place to achieve a given outcome thus the interaction between mediators either facilitate or inhibit a given process, thereby promoting or impeding the outcome.

Arrows represent the relationship between the various elements of the nurse education experience. Double headed arrows indicate a two way relationship, for example between relationships and identity, indicating that they are free to impact upon one another. Whilst unidirectional arrows, for example between relationships and support indicate supports reliance upon relationships to exert an effect.



Model 2 Grounded Theory

## **6.9 Summary**

This chapter has explored the research findings in greater detail by drawing upon the wider research and theoretical literature to help make sense of MNS experience of nurse education. It is evident that MNS are a unique group of learners; exposed to a unique learning context, although it appears they share similar challenges to non-tradition, minority; student veteran and international MNS within HE.

Guided by the theoretical assumptions underpinning symbolic interactionism and drawing upon a relational lens this research has been able to identify and explore those factors which were significant for MNS experience of nurse education and offer explanations why their experience was not impacted by the withdrawal of MNL. The findings demonstrate a complex interplay between identity, socio-cultural context and relationships which in turn impact upon the ability to mobilise support, whilst exerting either a stabilising or destabilising effect upon four key processes: transitioning, belonging, learning and identity formation. These elements and the relationship between them were subsequently captured within the substantive grounded theory model of MNS experience of nurse education and the factors which shape it.

## Chapter 7 Conclusion, Limitations and Recommendations

This final chapter will look to draw this research to a close by reflecting upon its intended aims, considering the extent to which they were met and how that in turn has enabled this research to make a unique contribution to knowledge. By means of closing the research limitations will be addressed and recommendations for both the implementation of research findings and suggestions for possible further research will be made. Finally I will offer my personal reflections.

### 7.1 Conclusion

The Neoliberal agenda is pervasive across UK Government consequently economy, effectiveness and efficiency are the hallmarks of Health, Education and Defence policy. These policies translate in to operating practices which create and perpetuate the culture of measurement, supported by positivist epistemology and methodology. This research was born of that discourse hence the decision to employ constructivist grounded theory to explore the utility of the MNL from the perspective of the MNS, and in doing so draw upon data which challenges the assumptions which dominate Defence decision making.

The findings of this research in respect of establishing what unique contribution, if any, MNL made to the educational experience of MNS are not definitive, as accounts were divergent and occasionally contradictory. By drawing upon various theories of identity, in addition to both the TSR and 'teacher-value-added' research; this enquiry has demonstrate that the learning experience of the student is impacted by the identity of the teacher, therefore who the teacher is matters, even if the student fails to recognise it. However a lack of recall about engagement with MNL, combined with role ambiguity meant that a number of participants believed that MNL made very little contribution to their educational experience. Although this contrasted with assertions that MNL did impact upon the student experience, with a small minority suggesting this was negative in effect, whilst others asserted that MNL contribution was positive. Combining positive assertions with the strong narrative of support which permeated participants accounts, indicates that MNL can make a unique contribution to the student experience and their absence represents a '*missed opportunity*'.

Conflicting accounts notwithstanding, MNS identified where they believe MNL could add value, much of which resided outside the classroom. This narrative was subsequently used to develop a model of the utility of the MNL, wherein it was suggested that the uniqueness of the MNL lies in their interoperability. However for Defence to realise this potential

requires not only the political will but the policy and resources necessary to better support role incumbents to maintain competence in three distinct professional domains.

The findings in relation to the impact of MNL withdrawal for MNS were less ambiguous and it was evident that this was not experienced as a destabilising '*event*' thus MNS describe feeling unimpacted by MNL withdrawal from the classroom, which was attributed ostensibly to their strategic attitude towards learning and ongoing support provision. These findings were further supported by the quantitative data which demonstrated that academic performance appeared stable over time, although the discussion highlighted the potential for misrepresentation of quantitative data.

By employing cGT this research was flexible, responding to data as it was sourced and analysed. As a result the substantive theory identified five key mediators which interact variously upon four key outcomes comprising the nurse education experience.

### **Key Mediators:**

#### **Expectations**

Expectations were the lens through which MNS judged their experience of nurse education, and they were divergent and significantly impacted by identity. The findings have shown that when there is a gap between expectations and experience this produces discord, which is destabilising. MNS identified several measures which they believed would help manage their expectations, two of which were military clinical placements and relevant military training.

#### **Identity**

MNS identity is complex, multi-faceted, situated and challenged by the nurse education experience, therefore whilst some facets of their identity was reinforced others were being eroded. Despite their lack of a strong student identity MNS were academically successful and this was attributed in part to the dominance of their military identity, wherein it was argued that the '*good soldier*' is synonymous with the '*good student*'. Nevertheless the question remains as to which identity the nurse education experience should be cultivating for the MNS. It was intimated that merger would support integration; facilitate peer relationships and reduce identity complexity in the short term. However when, where, how and from whom will MNS cultivate their military nursing identity, if not during the process of professional education from military nurses?

## **Context**

The immediate socio-cultural context and wider political discourse in which MNS found themselves exerted a powerful effect upon the nurse education experience. Although perceptions of the culture varied widely, MNS were troubled by the nested environment in which they had to operate. In particular the Phase 2 training discourse was considered objectionable and inconsistent with the ethos engendered by HE.

## **Relationships**

Relationships, be they with fellow MNS, civilian peers or military staff, proved one of the most challenging aspects of the nurse education experience. Relationships, as the principal mediators of support, impacted upon transition; sense of belonging and learning, whilst exerting their effect upon identity through relational role enactment. When relationships were positive, they mediated a stabilising effect conversely when they were negative, they proved a de-stabilising influence.

## **Support**

MNS expect to be supported during nurse education and for the most part that expectation was fulfilled and this was met with much gratitude. This was in stark contrast to a disinclination towards help seeking which arose for several reasons, not least the association made between support and discipline.

## **Outcomes**

The processes of transitioning, belonging and learning dominated MNS narratives as they articulated the challenges and reflected upon the achievements associated with their journey into, through and out of nurse education. Whilst there was commonality of experiences there was also a great deal of divergence and in the process of looking for patterns to make meaning from the students' experiences it became evident that entry status exerted a significant impact, indeed identity work, establishing what it meant to be a military nurse was an ongoing process for all.

## **7.2 Limitations**

Restricted access to personal data and the lack of interoperability between university and Defence data capture systems necessitated a substantial re-working of the research design. Consequently student performance data could not be used to support theoretical sampling as intended therefore purposive sampling, using a non-specific recruitment strategy was

employed. This in conjunction with the Covid 19 pandemic may have negatively impacted participant recruitment.

The premise underpinning participant selection was that those MNS undertaking their nurse education at the time when MNL were withdrawn, would have experience of both phenomena of interest. Thus one sample population could address both research questions, however this premise was unfounded in a number of cases, as such this is recognised as a potential limitation of the research design, although subsequent theoretical sampling sought to remedy this.

Remaining consistent with the practice of meaningful coherence, it would be incongruent to cite a lack of transferability of the findings beyond the study sample or socio-historical context as a limitation of this research, as this is not what cGT aims to achieve (Tracy, 2010) although it is a criticism typically levied against interpretivist research (Rolfe, 2006). Instead constructivist research seeks to create knowledge about the field of enquiry by entering a relationship with the research participant, who has been purposefully selected because they have experiences to share. Thus cGT accepts that knowledge is situated, therefore truths are many and often contradictory. As such the goal of the resultant grounded theory was resonance; the feeling of recognition one gets when they hear about the experience of others, as it provides meaningful insights into their own experiences (Tracy, 2010).

This research was intended to be Tri-Service in nature however no RAF participation was secured, therefore the findings should be viewed in light of what they potentially failed to capture. Moreover the findings reflect the experiences of those former MNS enrolled upon the diploma pathway only therefore again this should be borne in mind as a potentially limiting factor, alternatively it can be seen as an opportunity for future research.

The participant recruitment phase of this research commenced as the national lockdown was implemented within the UK in response to the outbreak of Covid 19 (HM Government, 2020). Given that this research sought participation from military nurses it is probable that the pandemic had a negative impact upon participant recruitment, although it is not possible to determine to what extent. Pandemic restrictions also impacted upon research design therefore FtF interviews were not permitted and as such the opportunity for elicitation was also lost, again this should be borne in mind when considering the findings.

The researcher as insider is considered a particular strength of constructivist research however within the context of a hierarchical organisation such as Defence it also poses a



significant risk (Aburn et al., 2021). Consequently my former rank and position may have promoted socially desirable responses, equally they may have encouraged or discouraged participation, however as explained in Chapter 4 measures were taken to mitigate these risks.

### **7.3 Recommendations for actioning research findings**

1. **Strategic level decisions:** Defence in conjunction with sS Nursing must think differently about the goal of pre-registration nurse education for MNS, defining success beyond academic performance. Once goals have been established these should be used to inform the provision of resources at the Defence School to enable it to achieve said objectives. Being clear about what nurse education aims to achieve will enable the expectations of future MNS to be better managed at the outset, enhancing the student experience.
2. **Define the military nurse identity:** MNS undertake nurse education in preparation to assume the professional identity of the military nurse and yet participants military nursing identity was weak. Confounded by a recruitment system which draws personnel from inside and outside the Armed Forces, the military nursing identity requires urgent exploration so that it can be defined and articulated to MNS during nurse education. As 'insiders' military nurses are best placed to carry out this research. Defining the military nursing identity is an essential first step in validating military nursing, enabling it to raise its professional standing and begin to cultivate the capital required to construct a unique body of knowledge that will challenge anti-intellectualism and enhance military nurses' professional legitimacy.
3. **Working in partnership:** Integration and belongingness do not spontaneously happen, they need to be fostered. To that end the Defence School and Faculty need to work in collaboration to actively promote civil-military relations between students and staff, both inside and outside the 'classroom'. The following should be considered:
  - 3.1 Develop and provide cultural competency training for civilian staff and students, giving them insights into military organisation, ethos and values.
  - 3.2 Orientate MNS to HE culture; adult learning and the ethnic and cultural diversity of their peers both pre and peri-course.
  - 3.3 Undertake joint research to develop a cultural competency programme, which runs both parallel to and within the curriculum, facilitating integration and belongingness

within HE. This would not only be an exciting avenue for further research but could have wider utility nationally and internationally as student populations become increasingly diverse.

4. **Reflect upon the discourse at a local level:** Whilst the nested environment is unamenable to modification, the discourse which MNS are exposed to within it is not and as such the Defence School should take measures to address the cultural concerns identified within this research. Pre-registration nurse education continues to be viewed by Defence as trade specific training consequently it is managed alongside other military medical trade training as part of the Phase 2 training establishment. However to better reflect the professional standing of graduate nurse education and move away from the training ethos and the anti-intellectual discourse it perpetuates consideration should be given to the following:
  - 4.1. Remove the Defence School from Phase 2 training and aligning it with other professional medical education within a more appropriate Defence delivery organisation such as the Deanery.
  - 4.2. Review the culture being cultivated and inculcated within the Defence School to ensure that it is congruent with Tri-Service ethos; aligned with the core values of the university; reflects the principles of HE; is consistent in its application and has support as a central tenant.
  - 4.3. Establish clearly defined roles and responsibilities for staff to better enable professional relationships with students to be cultivated. Moreover where staff must adopt multiple roles ensure that they are compatible to avoid introducing ambiguity for the student.
  - 4.4. Support, in particular academic support should be distinct from the systems of military discipline. To facilitate this discipline should be exercised off site within the parent Unit headquarters.
5. **Student transition programme:** The selection and recruitment process for nurse education is protracted therefore provides the scope necessary to manage potential MNS expectations and begin to prepare them for HE. Acquaint visits, briefings and a short induction programme is currently in place however this would benefit from an integrated approach. Moreover transition is a lengthy process which begins long before MNS commence HE and extends well beyond the first week of university, therefore any programme developed to support transition into HE must exploit the opportunity this provides. Establishing what MNS need to facilitate transition particularly in light of their

varied entry routes, offers further research possibilities thereby ensuring that interventions are tailored to the bespoke requirements of this unique population of students and this applies equally to their transition into and out of nurse education. A 'military-medical education' package which reflects rank, status and Service would aid transition into and out of nurse education. While the reintroduction of military secondary care clinical placements would provide both exposure to military nurses thereby aiding cultivation of a military nursing identity and support transition to registered practice.

#### **7.4 Unique contribution to knowledge**

The 'student experience' is widely researched within the academy, however this thesis is unique in that it provides insight into the nurse education experience of a population whose voice is barely represented within the research literature, despite nurses being the largest employment group within the DMS (DCDC, 2013). The findings demonstrate that MNS are not a homogenous group of SP, as the wider literature frequently portrays. Moreover they are a unique group of learners, distinct from their civilian pre-registration nursing peers and the 'traditional learner' within HE. Factors which arguably must be considered by those responsible for supporting and improving MNS experience of HE and SP experience of education more widely.

By adopting cGT and employing reflexive sociology this research has analysed various data and in doing so it has identified incongruence between MNS academic performance and their embodied experience, which challenges the taken-for-granted assumptions underpinning the meaning of success within HE. This knowledge must be used to encourage stakeholders to think differently about how they define and determine success within HE.

Whilst the findings of this enquiry resonate with the growing corpus of student veteran research, particularly in relation to the multiplicity of social identities available to SP and their preference for employing the 'military identity', this thesis has identified a significant factor not reported elsewhere, which is the importance of entry status. Although at the most superficial level entry status indicates the route of admittance into military training, this belies the complexity of the construct which is inextricably connected to the military identity and impacts upon the student experience. Moreover the very process which is intended to cultivate professional identity appears to erode aspects of the military identity, in part because of its location with a dominant civilian environment. Therefore these findings offer significant opportunity for further research exploring the military nurse identity.

No published research was located which addressed the impact of the withdrawal of MNL from pre-registration nurse education for either MNS or indeed the MNL and very limited research was located which addressed the utility of the MNL. Therefore despite somewhat equivocal findings this research provides both empirical evidence and an alternative frame of reference upon which future Defence policy decisions relating to nurse education and nurse educators can be made. Moreover the findings provide a basis upon which further research can be built and I would suggest that employing a relational framework would facilitate further exploration of MNL utility, elaborating upon the idea that their withdrawal represents a 'missed opportunity'.

Although the resultant grounded theory does not seek generalisability per se theoretical sampling in tandem with the cyclical process of data analysis facilitates abstraction thereby giving the theory utility beyond pre-registration nurse education. Consequently it would prove useful to those who operate within the field of Defence education and training, where it can be used to inform decision making related to the recruitment, design and delivery of medical training and education. The findings are also applicable within the post-registration nurse education domain therefore would be of use to Defence Nurse Education Advisors and Recruiting Group. The ongoing shortage of nurses in tandem with the Widening Participation agenda in HE will see student populations become increasingly diverse and this theory provides HE with insights that would enable them to develop policies and practices to support a more diverse student population thus it has national and perhaps international reach.

## **7.5 Final reflections**

I began this research as a MNL whose teaching praxis was aligned with constructivist pedagogy, consequently I innately felt that who I was as a military nurse had a bearing upon my students' educational experience. However I had no evidence to substantiate this feeling therefore armed with my research questions I engaged with those in receipt of the nurse education experience, always in the knowledge that the outcome might be uncomfortable and contentious.

Some findings were expected while others were not and ultimately this research took a path that was not planned and as such has raised more questions than perhaps it answered, however I do not believe that this diminishes its value, it is merely a feature of the inductive design. Moreover the findings are but one small part of my research journey and neither they nor this final thesis can capture the amount of personal learning which has taken place

over the past 6 years, in what has sometimes felt like a game of research snakes and ladders. And whilst the conclusions regarding the utility of the MNL are far from definitive they have not diminished my belief in the value of relational pedagogy, indeed this research has furthered my understanding and strengthened my commitment to it, therefore I will continue to cultivate connectedness with my students and advocate for policies which better facilitate it in practice. However I will do so, not as a MNL as this is a role I relinquished along with my military career to complete this research, although I acknowledge that my former military identity has left its mark upon me, which is no doubt reflected within this thesis, particularly my own status as a DE and 'Professionally Qualified Officer'.

What the future holds for MNL, whose tenure remains precarious, I am unsure, however I believe that my research represents a small win for military nursing, challenging anti-intellectualism and providing a springboard from which further research can follow. Moreover I hope that those who remain in a position to effect change from within the Defence Nursing Service and university will take on board the recommendations and seek to improve the nurse education experience of MNS, who continue to be a group of learners for whom I have great affection.

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## Appendices

## Appendix 1 Descriptive Statistical Analysis

### Demographic Data

The following account describes the characteristic of the sample of interest based upon the data extracted from SITS. It examines the size and distribution of the sample by both academic pathway and entry cohort and basic demographic characteristics such as gender, ethnicity, age and disability are described.

#### Why these cohorts

Cohorts were selected for inclusion based on date of course enrolment. MNL were removed from pre-registration nurse education in August 2010, therefore to establish norms and identify trends, academic performance data was sought from those students in cohorts the years preceding and proceeding MNL withdrawal. Cohort April 2009 were at the mid-point in their academic studies when MNL were withdrawn, as such they were used as a reference point. It was subsequently determined that academic data should be restricted to cohorts a year either side of April 2009, as it was anticipated that other confounding factors would begin to have an impact upon academic performance if the time frame was expanded much beyond this. Although slightly outside the annual time frame September 2010 were included on the basis that they offered a useful comparison, as they had no exposure to MNL during their nurse education.

#### Population of interest.

The population of interest was a retrospective sample of MNS drawn from the Defence School of Healthcare Education, at Birmingham City University during the period April 2008 (enrolment) to September 2013 (completion of course). This gave a sample size of n=117 participants and represented all Army students enrolled on the Diploma in Higher Education (dip HE) Registered Nurse Adult (RNA) and Registered Nurse Mental Health (RNM) over a 5-year period. Figure 1 below visually demonstrates the academic timeline for each of the 6 academic intakes.

Entry and exit Points in the academic calendar												
	Apr-08	Sep-08	Apr-09	Sep-09	Apr-10	Sep-10	Apr-11	Sep-11	Apr-12	Sep-12	Apr-13	Sep-13
Entry Cohort												
Apr-08	Yr 1		Yr2		Yr3							
Sep-08		Yr1		Yr2		Yr3						
Apr-09			Yr1		Yr2		Yr3					
Sep-09				Yr1		Yr2		Yr3				
Apr-10					Yr1		Yr2		Yr3			
Sep-10						Yr1		Yr2		Yr3		

Figure 1

## Programme of Study

During the period April 2008 until September 2010 there were a total of 6 Adult Nursing intakes and 3 Mental Health Nursing intakes (cohorts are named by month and year of course commencement 04/08, 09/08, 04/09, 09/09, 04/10, 09/10 respectively). Adult Nursing intakes took place twice per year in the April and September, whilst Mental Health intakes took place only once per year, either in April or September (Figure 2).

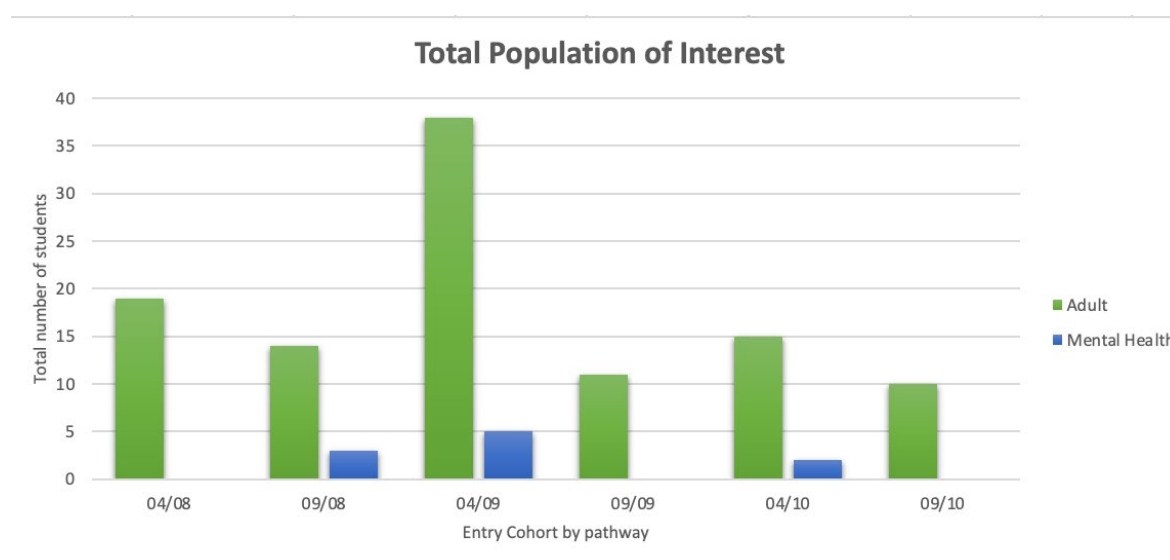


Figure 2

From the programme data available it is clear that the number of students enrolled on the Adult pathway (n=107) far surpasses that of the Mental Health pathway (n=10) with Mental Health nursing students making up only 8.5% of the total sample of interest. The disparity in size between Adult and Mental Health nursing students reflects Service need.

As is evident from Figure 2 above, there is a lack of consistency in the size of each cohort, with the April 2009 Adult (04/09) cohort being larger compared to the other cohorts and the April cohorts in general being larger in size compared to the annual September intakes. These variations reflect Service workforce requirements. However this disparity in cohort size must be factored into the statistical analysis of data when cohort results are being directly compared against one another.

## Service and Rank

As a consequence of the time frame employed the entire sample is comprised exclusively of Army personnel. During the time frame of interest only Non-Commissioned Officers (NCO) were educated at the Defence School. As SITS does not record military demographic data it is impossible to provide any information relating to participant's specific rank, however such

is the career structure within the Defence Nursing Services, it is probably that a number of these individuals would have gone on to commission during their career and this information was captured during interview.

## Gender

The sample is comprised predominately of females 76% (n=89) which is not atypical given that nursing remains a female dominated profession, although compared to recent NMC registration figures (NMC, 2021)<sup>4</sup> where male nurses comprise 11% of the total nursing workforce within the UK, men are overrepresented within the sample with more than double the national average.

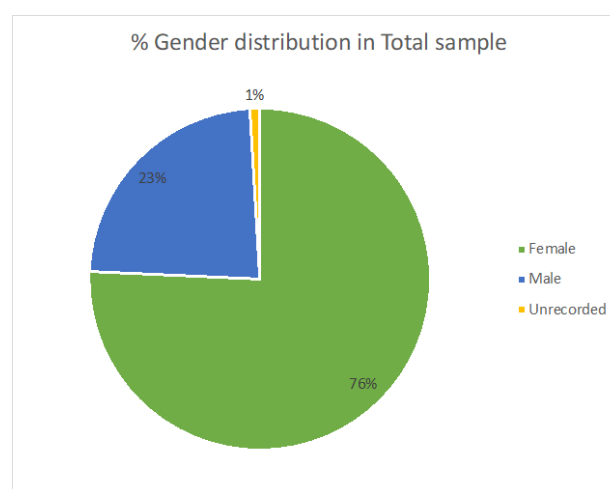


Figure 3

## Ethnicity

From a possible 23 different self-reporting response choices for ethnic origin in SITS, the sample of interest identified with only 9; 4 of which were a variant of White and 3 variants of Black. Evident from Figure 4 the sample is overwhelmingly White in ethnic origin with 82% (n=96) of the population identifying themselves as White, White British/ Scottish/ Other and 15.4% (n=18) of the population identifying themselves as Black, Black Caribbean/African/ Other. With only 1.7% (n=2) of the sample identified as either Indian-Asian or Mixed White Asian.

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<sup>4</sup> NMC (2021) *The NMC register. 1 April 2020-31 March 2021*. Available at <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/annual-2021/0005b-nmc-register-2021-web.pdf> [Accessed 23 Aug 2021].

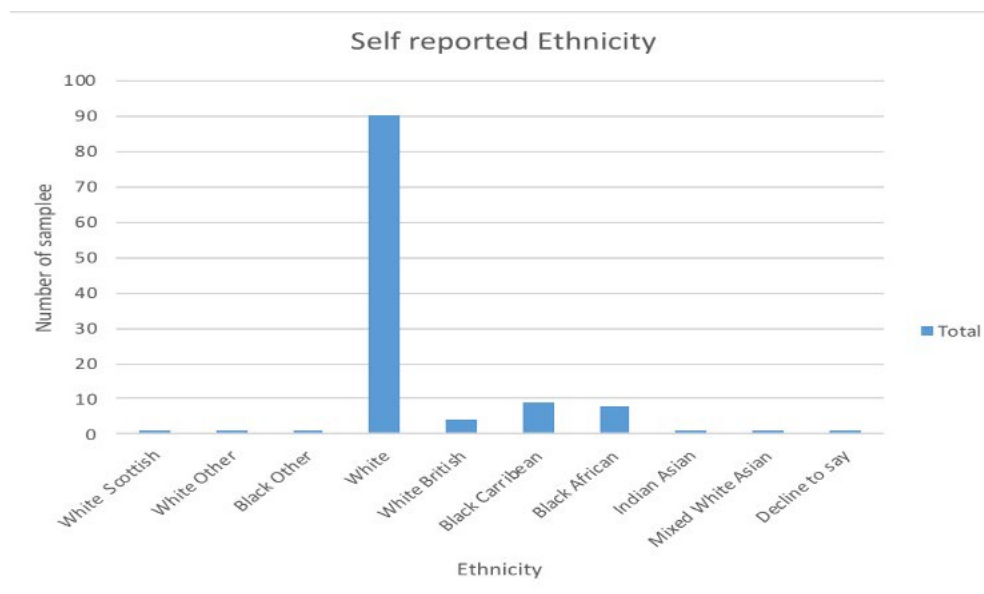


Figure 4

From the demographic data available it cannot be concluded that the sample of interest is not ethnically diverse, as diversity is a relative concept however, caution must always be exercised when interpreting data pertaining to diversity, particularly when it is drawn from a fixed response questionnaire as respondents may not feel that any of the options available reflect their ethnic origin and this can produce invalid data. Equally with no standardized classification for measuring ethnicity it can be difficult to compare the findings from varying sources. The comparison between BCU data and Defence statistics illustrates this very point, as Defence capture the following ethnic categories: White, Black, Asian, Mixed, (BAME) other and unknown. Defence ethnicity statistics (2021)<sup>5</sup> indicate that the White population across all 3 uniformed Services is 91.2% compared to the 82% White population within the target sample, this might suggest that the Nursing Services attract a more ethnically diverse workforce or equally that BCU are able to capture data which is more representative, as a result of offering more response choices.

## Age

The age range across the entire sample is 17 to 41 years old at commencement of course, with the Mean 23.8 years, Median 23 years and Mode 18 years old. The lower 50<sup>th</sup> percentile of the sample are between 17 and 23 years old giving a range of 6 years, with a mean age of 20.06 years (SD of 1.86). The upper 50<sup>th</sup> percentile has an age range of 17 years from 24 to 41 years old with a mean age of 28 years (SD of 3.85) thus confirming what

<sup>5</sup> Ministry of Defence (2021) *National statistics: UK armed forces biannual diversity statistics:1 April 2021*. Available at <https://www.gov.uk/government/statistics/uk-armed-forces-biannual-diversity-statistics-2021> [Accessed 23 Aug 2021].

is evident from Figure 5 that age is not normally distributed across the sample. There is a trimodal distribution with peaks at 18, 20 and 24 years respectively and age is positively skewed with greater variation seen in the upper 50<sup>th</sup> percentile.

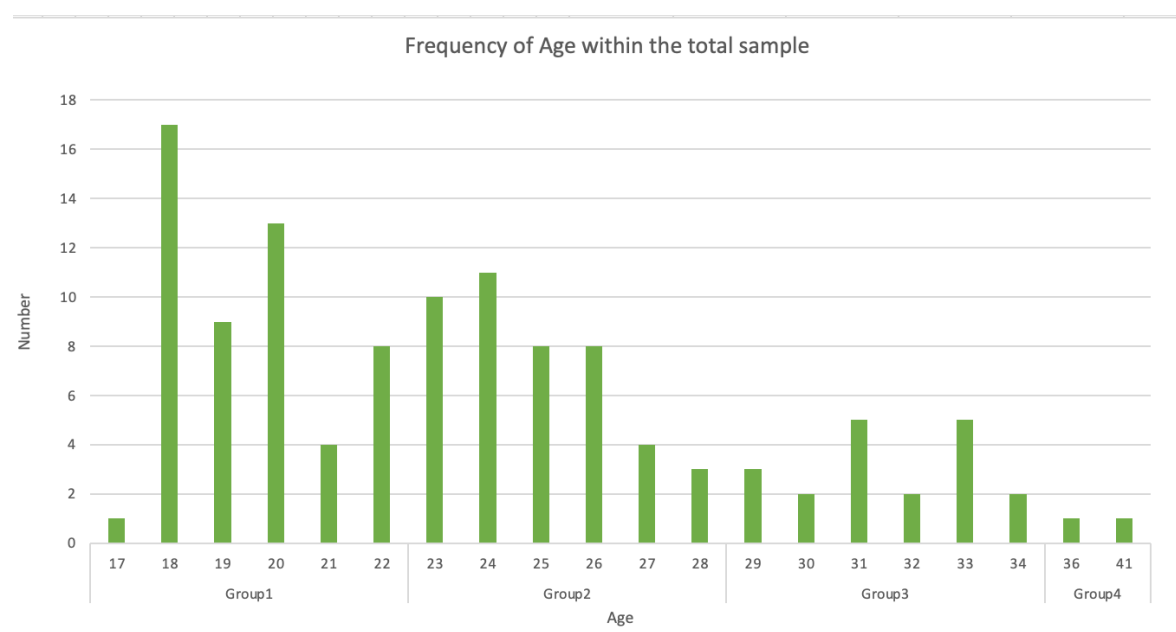


Figure 5

The most frequent age to commence the dip HE pathway is 18 years old and this age group alone make up 14.5% (n=17) of the total population. This demographic reflects recruitment of school leavers directly into the Armed Forces, accordingly Defence refers to this type of recruit as a Direct Entrant (DE). Given the age restrictions which apply to joining the Armed Forces a proportion of those significantly above school leaving age (although the exact figure is unknown) are likely to be drawn from what is referred to as the Trade Transfer (TT) pool. A TT is an individual who already serves in the Armed Forces in a different Trade, Arm or Cap badge, for example an Engineer or Royal Marine, who applies to re-train in a new Career Employment Group such as Nursing. TT therefore bring with them prior military knowledge, skills and experience which potentially confers some advantage over those who join as DE. Equally those DE who commence their studies directly from school may have an academic advantage, as they have recent successful learning experience to draw upon.

A third sub-group of students are those beyond school leaving age, but who are joining the Armed Forces, slightly older, from civilian life, therefore although they are technically DE, they may bring work experience; alternative HE qualifications and additional life experience with them, which school leaving DE may not have. The overall percentage of mature students (classed as those 21years old and over) within the sample is 66% (n=77) which is

significantly higher than the 40% National, undergraduate full time student average reported by the Higher Education Statistics Agency (HESA) in year 2019-20<sup>6</sup>.

## Disability

Much of the biographical data held by BCU is obtained as part of the university application process and relies upon self-reporting by the applicant, disability data is no exception. However data which relies on self-reporting must always be utilised with caution as there is always the risk of under-reporting for fear of discrimination, as is the case with disability, or invalid reporting due to lack of appropriate responses as discussed earlier when ethnicity was explored. Given the physically demanding nature of work within the Armed Forces there are particularly stringent Physical Employment Standards which must be met to secure entry into Service. Consequently this is reflected in the Disability data, as Specific Learning Difficulties (SpLD) are the only type of disability recorded. SpLD is a generic term used for several learning needs which typically include dyslexia, dyspraxia, dyscalculia, dysgraphia, and Attention Deficit Hyperactivity Disorder (ADHD) (The Dyslexia Association, 2021)<sup>7</sup>.

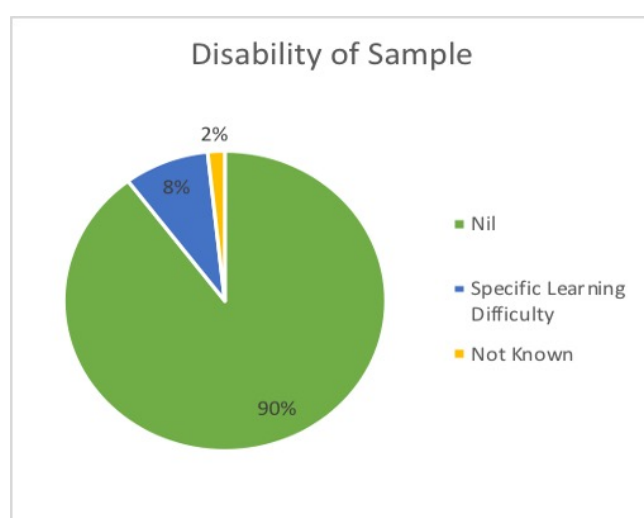


Figure 6

A total of n=10 students declared an SpLD, all of which are found in the Adult nursing pathway. When the distribution is examined by cohort it becomes evident that disability is not uniformly distributed across the sample, with cohort 09/09 having the greatest proportion of students reporting SpLD at 18.18% (n=2) and cohorts 09/08 and 09/10 reporting no cases of SpLD. However there is no legal requirement to declare an SpLD within an application to

<sup>6</sup> Higher Education Statistics Authority (HESA) (2020) *Higher Education student enrolments by personal characteristics*. Available at <https://www.hesa.ac.uk/data-and-analysis/sb258/figure-5> [Accessed 23 Aug 2021].

<sup>7</sup> The Dyslexia Association (2021) *Specific Learning Difficulties (SpLDs)*. Available at <https://www.dyslexia.uk.net/specific-learning-difficulties/> [Accessed 23 Aug 2021].



either the Armed Forces or University therefore there may be instances of uncaptured disability or as yet undiagnosed disability.

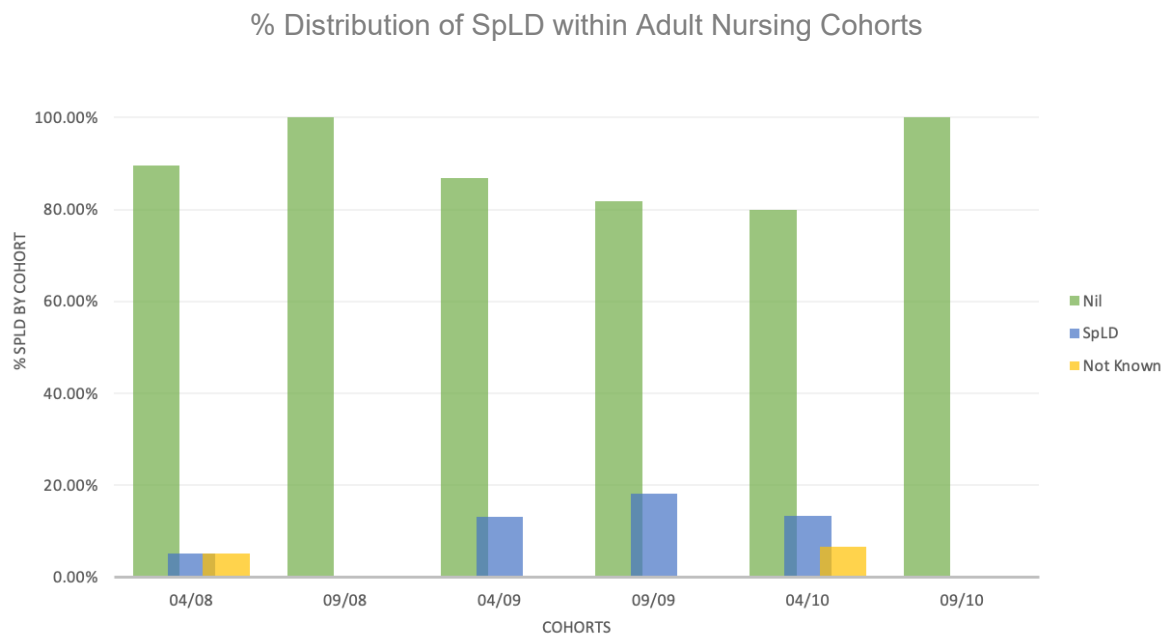


Figure 7

## Summary

In summary the population of interest contains 117 Army nursing students spread across 6 Adult and 3 Mental Health diploma Nursing intakes, enrolled between April 2008 and September 2010. Adult Nursing students significantly outnumber their Mental Health peers by a ratio of over 10:1. Over three quarters of the sample is female, over four fifths identify themselves as being from 'White' ethnic origin and two thirds are classed as mature students. All recorded disabilities are SpLD and these account for 8% of the sample.

## Appendix 2 Email to potential research champions

Salutation X,

Please let me begin by introducing myself. I am Lyndsey Blake and I am currently a Doctoral student and former Army Nurse Lecturer at Birmingham City University (BCU) and it is in my capacity as a research student that I email you today, to ask if you would kindly consider championing my research.

My doctorate in Education is exploring Tri-Service Military Nursing Students' experience of Pre-Registration Nurse Education, in the absence of Military Nurse Lecturers. An essential component of my research is interviewing former Military Nursing Students who underwent their pre-registration education between Apr 2008 and Sept 2010.

My recruitment strategy is designed around using 'reputational snowballing', where I seek research champions from those in key nursing and defence appointments to promulgate information about my research throughout their sphere of influence, so that I might recruit participants who meet my research inclusion criteria.

My target population is very niche therefore in order to ensure that I stand a reasonable chance of recruiting a sufficient numbers of participants I need to promulgate my research as widely as possible and very much hope that you are willing to support me by sharing the attached flyer throughout your Area of Responsibility within the Defence Nursing Service community.

Further information about both me and my research can be found at the link: [Lyndsey Blakes Research information page](#) which is also embedded on the flyer attached.

Many thanks in advance for your consideration.

*Lyndsey*

L Blake  
Post Graduate Research Student  
Birmingham City University



### Appendix 3 Research Flyer

# Calling All Nurses




Are you or do you know of any former or current Military nurses who **started** their Diploma in Adult or Mental Health Nursing at the Defence School, Birmingham City University (BCU) between April 2008 and October 2010. If so, would you be interested in taking part in my **research**. I am looking to explore former students experience of phase 2 nurse training, as part of my Doctorate in Education. If you are interested in taking part or know anyone who may be interested, then please find further Information at the QR code above or follow the link [Lyndsey Blakes Research information page](#) . Alternatively you can contact me directly by emailing [Lyndsey.blake@mail.bcu.ac.uk](mailto:Lyndsey.blake@mail.bcu.ac.uk) .





**Thank you for your consideration and please share my research flyer**



## Appendix 4 Screen Shot Open Access University Web page



Search for people



# Doctoral Research in Education

by Lyndsey Blake

## Description

This page has been set up as a means of providing you with information about my research. The page provides a little bit of information about me; it outlines the aims of my research and gives specific information about the type of participants I am seeking and what that participation will involve. There is direction on how to participate should you be interested and I have provided additional points of contact should you have any further questions. Many thanks for your time and consideration.

Please be advised that as a result of the outbreak of Covid 19 and the introduction of social distancing measures, Birmingham City University have instructed all researchers to comply with Government direction therefore research designed to use face-to-face interviews to collect data are to modify their research design if possible.

This means that until further notice anyone agreeing to take part in my research and be interviewed by me will NOT be asked to attend BCU but instead we will negotiate the use of electronic communication such as Skype, Zoom, and Microsoft teams to conduct our interview.

## About Me

Hi there, I'm Lyndsey Blake and I am a Post graduate research student at Birmingham City University (BCU) where I am studying for a Doctorate in Education. I have very recently retired from the Army where I served as a Nursing Officer. Clinically my background is in Critical Care however for the past 10 years I have been employed in the field of Education, working as a lecturer at the Defence School of Healthcare Education in BCU. Outside of BCU I have fulfilled the role of Army Nurse Education Advisor and prior to retiring from service I returned to the Defence School as the Officer Commanding.

I believe that education has the power to change peoples lives and it is my passion for education, in particular, military nurse education which drives my doctoral research.

## About my research

My research seeks to explore the **educational experience** of Military Nursing Students during their **pre-registration** education (Phase 2 training). I am particularly interested in the relationship between military students and military nurse lecturers and how this impacted upon learning.

I am planning to use a Constructivist Grounded Theory (CGT) design this will allow me to gather a number of different types of data. CGT is underpinned by the idea that the researcher and their participants work collaboratively to construct new knowledge and I intend to gathering data from those of you who agree to participate, mainly by **interview**.

## Eligibility Update


The eligibility criteria has now been expanded in order to enable me to capture the experienced of students who commenced the Dip HE Adult or Mental Health Nursing a year earlier than initially advertised, so this makes those in cohorts 04/07 and 09/07 eligible to participate.


## Eligibility


I am looking to recruit **former nursing students** who fit the following criteria:


- Studied for the **Diploma in Higher Education** either **Adult** or **Mental health Nursing**, at **Birmingham City University** in one of the following **cohorts- 04/07, 09/07, 04/08, 09/08, 04/09, 09/09, 04/10, 09/10**.
- Potential participants can be from **any service**, equally they can have **retired** from service.
- There is no requirement for participants to be currently registered with the **NMC**, so long as they completed their initial Diploma and qualified as a Registered Nurse.

## Participant information

 Research info for CoC Mar 2020.docx



 Blake participant info revise Mar 2020.docx



## Participant Consent form

## Appendix 5 Participant information



### Participant information sheet (Ver 1.0 Feb 2020)

#### 1. Introduction

I am a Doctoral student and former Military Nurse Lecturer at Birmingham City University (BCU) and I am interested in researching the contribution which Military Nurse Lecturers make to the educational experience of Pre-Registration Military Nursing students.

#### 2. Why you have been invited to take part

You have been invited to take part in this research as you fit the very specific inclusion criteria upon which my research was designed, namely that you commenced your Phase 2 Nurse training (Diploma in Adult or Mental health Nursing) at Birmingham City University between April 2008 and September 2010.

Please take time to discuss participation in this research with your peers, colleagues and anyone else you wish, in order to arrive at your decision. You should not feel under any military obligation to participate, the decision to participate is entirely yours.

#### 3. What participation in this research involves

If you wish to participate you will be asked to take part in a single 60 minute interview. The interview will be conducted, on a date and time of your convenience, however it is hoped that you will be able to travel to BCU (this is to help stimulate your memories). For participants who are still serving a Chain of Command information sheet is also provided and this asks if your Unit will support your participation as a duty, so that travel can be facilitated by the Unit. For those no longer serving, or for whom Units cannot cover travel expenses then a contribution towards the cost of rail travel will be available. If traveling to BCU is not feasible then I will travel to a location convenient for you, alternatively the interview can be conducted using a virtual medium.

In this interview you will be asked a number of questions relating to your experience of Phase 2 Training at BCU. I will conduct your interview, and with your permission, will record the discussion using an audio recorder and I will also take some written notes. I may stop the interview if I believe that it is not in your best interests to continue, equally you are free to terminate the interview at any time. Finally no follow up will be required.

#### 4. Risks associated with participation

I anticipate no risks to either your physical or psychological wellbeing, from participating in this research as you are free to decide what experiences you wish to disclose.

#### 5. Benefits of taking part in the study

There is no benefit to you directly from participating in this research, however it does afford you the opportunity to share your unique experiences with the wider Defence, Nursing and Education community, for the purpose of informing the preparation of future Defence Nurses.

#### 6. Data Protection and Confidentiality

In order to keep information about you private, and to protect it from unauthorized disclosure, it will be stored electronically on a secure server in the cloud. I will be the only person to have access to this server and your data will be kept for a period of 5 years before being permanently

destroyed. Your data will not be shared with any other party without your consent, the only possible exception is where you reveal something of a criminal nature or a breach in professional/military standards which may require reporting to the relevant agency (should this be necessary you will be informed in advance).

Your confidentiality will be maintained by use of a pseudonym which will be assigned to you upon entering the research. I will be the only person to know your true identity. Where direct quotations are used within the final thesis, these will be attributed to your pseudonym, and if your recollection of an event risks revealing your identity, then details will be withheld to mitigate any risk to you. If you have any questions relating to data protection please contact the BCU Data Protection Officer on [informationmanagement@bcu.ac.uk](mailto:informationmanagement@bcu.ac.uk).

## **7. Your rights as a research participant**

Participation in this research is entirely voluntary. You have the right to decline this invitation outright, equally, you may accept the invitation to participate and later decide to withdraw. Deciding not to participate or choosing to leave the study will not result in any penalty personally, professionally or militarily. If you agree to participate you will be asked to sign a written consent form, this will be saved electronically on a secure cloud based server and the original document will be destroyed. Should you wish to withdraw from the research you can do so at any time via any means of communication with me. This will result in the removal of all data gathered to date (up until the point at which your data has been integrated into the larger data set).

## **8. Ethical approval**

This study complies, and at all times will comply, with the Declaration of Helsinki<sup>1</sup> as adopted at the 64<sup>th</sup> WMA General Assembly at Fortaleza, Brazil in October 2013. The ethics of this research has been appraised by and deemed sound by Birmingham City University Faculty of Health Ethics committee and the Ministry of Defence Ethics Committee.

## **9. Contacts and complaints**

If you have any questions or concerns about your rights as a research participant please contact me at [Lyndsey.blake@mail.bcu.ac.uk](mailto:Lyndsey.blake@mail.bcu.ac.uk). Alternatively you can contact my supervisor Professor Maxine Lintern at [Maxine.lintern@bcu.ac.uk](mailto:Maxine.lintern@bcu.ac.uk).

If you wish to make a complaint you should contact Monique Gelisbeek, Research Ethics Officer for HELS Faculty Academic Ethics Committee at [HELS\\_Ethics@bcu.ac.uk](mailto:HELS_Ethics@bcu.ac.uk). Alternatively you can contact Ministry of Defence Research Ethics committee at [MODREC@dstl.gov.uk](mailto:MODREC@dstl.gov.uk).

Many thanks in Advance for your Consideration.

Kindest Regards

*Lyndsey*

Lyndsey Blake  
Doctoral Student  
Birmingham City University

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<sup>1</sup> World Medical Association Declaration of Helsinki [revised October 2013]. Recommendations Guiding Medical Doctors in Biomedical Research Involving Human Subjects. 64<sup>th</sup> WMA General Assembly, Fortaleza (Brazil).

## Appendix 6 Participant Consent



### Participant Consent. (Ver 1.0 Feb 2020)

#### **"Military Nursing Students' experience of Pre-registration Nurse Education in the absence of Military Nurse Lecturers".**

By initialing the statements below and signing this form you are consenting to be interviewed by Lyndsey Blake as part of her Doctoral research investigating Military Nursing Students experience of Pre-registration Nurse Education in the absence of Military Nurse Lecturers. Once your consent has been received you will be contact to confirm an interview time, date and location. The content of this consent form will be discussed with you and reconfirmed immediately prior to interview.

Please read and initial the statements below to indicate that you agree:

Statements	Participants initials
I have read the Participant Information and believe that I am informed as to the nature of the proposed study.	
I am satisfied that I understand the purposes of the study.	
I have been given an opportunity to ask questions.	
My participation is entirely voluntary and I have not been coerced in any way.	
I understand that I can withdraw my consent at any time and request that my data is withdrawn up until the point where it has been amalgamated with the wider data set.	
I understand that if I divulge information of a criminal nature or of a breach of military or nursing codes of practice that this information may be shared with the appropriate agency, but I will be informed in advance.	
I consent to the processing of my personal information for the purpose of this research. I understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the General Data Protection Act 2016.	
I give consent to my interview being digitally audio recorded.	
I give consent for my university academic record to be viewed by the principal researcher.	
I consent to the use of my data in peer-reviewed publications and at conferencing.	

I agree to participate in the study as outlined to me.

**Name Of Participant:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of researcher:** Lyndsey Blake **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

#### **Contacts**

If you have any questions or concerns about your rights as a research participant please contact Lyndsey Blake at [Lyndsey.blake@mail.bcu.ac.uk](mailto:Lyndsey.blake@mail.bcu.ac.uk) Alternatively you can contact my supervisor Professor Maxine Lintern at [Maxine.lintern@bcu.ac.uk](mailto:Maxine.lintern@bcu.ac.uk)

## Appendix 7 Faculty Academic Ethical Approval Letter



Faculty of Health, Education & Life Sciences Research Office  
Seacole Building, 8 Westbourne Road  
Birmingham  
B15 3TN  
HELS\_Ethics@bcu.ac.uk

11/Feb/2020

Mrs. lyndsey Blake  
lyndsey.blake@bcu.ac.uk

Dear lyndsey ,

**Re: Blake /1433 /Am /2020 /Feb /HELS FAEC - Learning as Becoming: Using Grounded Theory to explore Military Nursing Students' experience of Pre-Registration Nurse Education, in the absence of Military Nurse Lecturers**

Thank you for your application for approval of amendments regarding the above study. I am happy to take Chair's Action and approve these amendments.

Provided that you are granted Permission of Access by relevant parties (meeting requirements as laid out by them), you may continue your activity.

I can also confirm that any person participating in the project is covered under the University's insurance arrangements.

Please note that ethics approval only covers your activity as it has been detailed in your ethics application. If you wish to make any changes to the activity, then you must submit an Amendment application for approval of the proposed changes.

Examples of changes include (but are not limited to) adding a new study site, a new method of participant recruitment, adding a new method of data collection and/or change of Project Lead.

Please also note that the Committee should be notified of any serious adverse effects arising as a result of this activity.

If for any reason the Committee feels that the activity is no longer ethically sound, it reserves the right to withdraw its approval. In the unlikely event of issues arising which would lead to this, you will be consulted.

**Keep a copy of this letter along with the corresponding application for your records as evidence of approval.**

If you have any queries, please contact HELS\_Ethics@bcu.ac.uk

I wish you every success with your activity.

Yours Sincerely,



On behalf of the Health, Education and Life Sciences Faculty Academic Ethics Committee



## Appendix 8 Permission of Access Letter from Data Controller



[REDACTED]  
Faculty of Health, Education and Life Sciences  
Birmingham City University  
City South Campus  
Westbourne Road  
Birmingham  
B15 3TN  
[REDACTED]

26<sup>th</sup> February 2020

Maj Lyndsey Blake  
Birmingham City University  
Defence School of Healthcare Education  
Seacole Building  
Westbourne Road  
Birmingham  
B15 3TN

Dear Lyndsey,

**Re: Learning as Becoming: Using Grounded Theory to explore Military Nursing Students' experience of Pre- Registration Nurse Education, in the absence of Military Nurse Lecturers**

Following receipt of your application to conduct research within the Faculty of Health, Education and Life Sciences at Birmingham City University, I am pleased to inform you that you have satisfied all the necessary requirements in relation to ethical approval and indemnity cover.

I am therefore able to grant you my formal permission to begin your research project from 26/02/2020. Your access to the Faculty will expire on 30/09/2021. If an extension is required, you must contact me to apply at least one month before the expiry date.

Dr [REDACTED] has been identified as your lead contact from within the Faculty of Health, Education and Life Sciences.

Yours Sincerely,

A handwritten signature in blue ink, appearing to be "J. [REDACTED]".

---

[REDACTED]  
Associate Dean (Research & Enterprise)  
Faculty of Health, Education and Life Sciences

## Appendix 9 Ministry of Defence Research Ethics Committee letter of approval



**MODREC Secretariat**  
**Building 5, G02,**  
**Defence Science and Technology Laboratory,**  
**Porton Down, Salisbury, SP4 0JQ**

Telephone: 01980 956351  
e-mail: [MODREC@dstl.gov.uk](mailto:MODREC@dstl.gov.uk)

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Maj Lyndsey Blake  
DHET  
DMS(W)  
Lichfield  
Staffordshire  
WS14 9PY

Our Reference: 882/MODREC/18

Date: 30<sup>th</sup> March 2020

Tel: 07824153734

Email: [Lyndsey.blake@bcu.ac.uk](mailto:Lyndsey.blake@bcu.ac.uk)

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Dear Lyndsey,

***An exploration of Military Nursing Students' experience of Pre-Registration Nurse Education, in the absence of Military Nurse Lecturers***

Thank you for submitting your revised application (882/MODREC/18) with tracked changes and the covering letter with detailed responses to the MODREC letter. I can confirm that the revised protocol has been given favourable opinion ex-Committee.

This favourable opinion is valid for the duration of the research and is conditional upon adherence to the protocol – please inform the Secretariat if any amendment becomes necessary.

Please note that under the terms of JSP 536 you are required to notify the Secretariat of the commencement date of the research, and to submit annual and final/termination reports to the Secretariat on completion of the research.

Yours sincerely,

A handwritten signature in black ink, appearing to be "D. [redacted]".

Professor [redacted]  
Vice Chair, MODREC

## Appendix 10 Example of Semi-Structured Interview Schedule

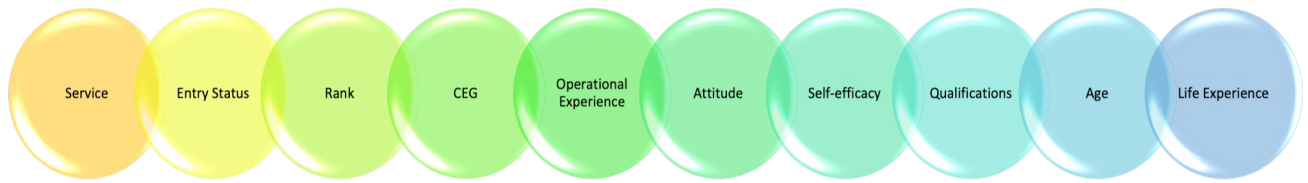
### Semi-structured Interview Schedule. (ver 2.0 May 2020)

All of these questions relate to your experiences during your Pre-Registration nurse education/ph2 trg at BCU.

1. Looking back how would you describe your experience of pre-registration nurse education? (tell me about it, as I haven't experienced it I was a DE).
2. What are your most unforgettable memories from your time in Ph2 at BCU. (what are the things that really stick out either good or bad).
3. Can you tell me about your biggest challenges?
4. Can you tell me about your greatest successes?
5. What if anything would have enhanced your overall educational experience? (More of something or less of something)
6. What if anything detracted from your overall educational experience?
7. Did any of the teaching staff make a lasting impression upon you (if so how and why)? How they made you feel, their engagement/quality of their teaching/ knowledge/skill/availability/credibility
8. What can you tell me about your experience of the involvement of military academic staff MNL on your course? (prompt : were they module leaders; did they teach lessons, mark assignments, were they personal tutors, did you distinguish between SSOs and MNL?).
9. What were your thoughts about the level of exposure you had to MNLs on your course?  
When you thought about becoming a military student nurse what were your expectations about who would be teaching you.  
Any reason you didn't expect or did expect to be taught by MNL  
Was it something that you even thought about,
10. What was your **awareness of the removal** of Military academic staff from the teaching on your course.
11. How did you feel about the withdrawal of MNL from your course?
12. Looking back on your ph2 what are your thoughts now about the level of exposure you had to MNLs on your course?

THANK YOU any final points you think it is important that you share.

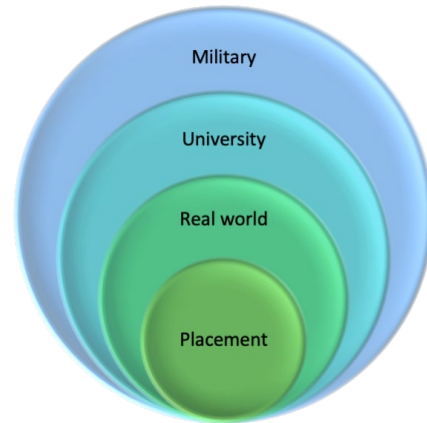
## Appendix 11 Constituent parts of grounded theory model



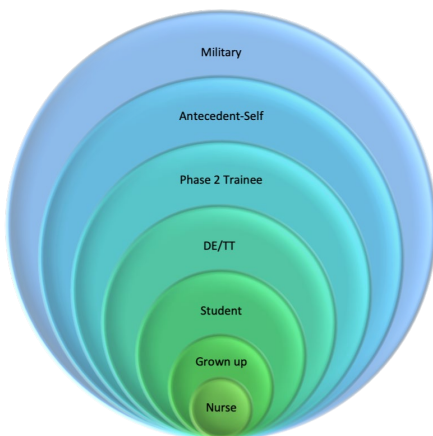
### Antecedent- self



### Expectations



### Context



### Identity



### Relationships



### Support

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